The stigma of mental illness in the labor market

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A B S T R A C T

Mental illness labels are accompanied by devaluation and discrimination. We extend research on reactions to mental illness by utilizing a field experiment (N = 635) to test effects of mental illness labels on labor market discrimination. This study involved sending fictitious applications to job listings, some applications indicating a history of mental illness and some indicating a history of physical injury. In line with research indicating that mental illness leads to stigma, we predicted fewer callbacks to candidates with mental illness. We also predicted relatively fewer callbacks for applicants with mental illness when the jobs involved a greater likelihood for interpersonal contact with the employer. Results showed significant discrimination against applicants with mental illness, but did not indicate an effect of potential proximity to the employer. This contributes a valuable finding in a natural setting to research on labor market discrimination towards people with mental illness.

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1. Introduction

The stigmatization that accompanies mental illness diagnoses is well documented. A label of mental illness engenders broadly negative stereotypes, adverse treatment in interactions, avoidance by others, and various forms of discrimination (e.g., Page and Day, 1990; Phelan, 2005). A body of research on the stigmatization of mental illness focuses on perceptions of those who have been stigmatized (stigma targets), finding that those with mental illness diagnoses generally believe that they face negative treatment based on their illnesses. Much research also addresses attitudes of those who perpetuate stigma — whether consciously or subconsciously, - such as research on public perceptions of mental illness. Less commonly, research focuses on the interactional processes in which stigmatization occurs. Research focusing on interactions (e.g., Farina and Ring, 1965; Farina and Felner, 1973; Lucas and Phelan, 2012; Sibicky and Dovidio, 1986) has also found that mental illness diagnoses are accompanied by stigmatization.

The labor market is one interactional setting in which discrimination can have profound implications. Evidence of discrimination in the labor market against persons with mental illness labels is indicated in higher rates of unemployment and underemployment for persons with mental illness labels than the general population (Baldwin and Marcus, 2007; Cook, 2006; Stuart, 2004). Individuals suffering from mental illness also report being passed over for jobs for which they were qualified, demoted, or fired as a result of their mental illnesses (Cook, 2006; Corrigan, 2003; Stuart, 2004). Further, employers

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explicitly express negative attitudes regarding workers with mental illness and may be hesitant to hire them (Cook, 2006; Stuart, 2004). These findings are suggestive of discrimination toward people with mental illness but do not explicitly test this process.

Employment discrimination is difficult to directly demonstrate. In part because such discrimination is illegal, employers are unlikely to say they discriminate against persons with mental illnesses. Further, persons with mental illnesses will rarely have direct knowledge of discrimination against them, because the reasons for a failed application are seldom known. Approaches to identifying discrimination, such as comparing the employment rates of mentally ill and other persons, suggest labor market discrimination but are difficult to interpret because of the large number of potentially confounding variables.

Field experiments are a uniquely valuable tool for identifying employment discrimination because they measure behavioral outcomes in actual employment situations. This approach has been fruitful in documenting discrimination in employment, housing, and other settings. However, such designs have rarely been used to study discrimination against persons with mental illness (Brand and Claiborn, 1976; Farina and Felner, 1973; Page and Day, 1990). We describe what to our knowledge is the first field experiment using a national sample of employers on the website Craigslist to assess the stigmatizing effects of mental illness labels on discrimination in the labor market. In our study, we systematically test for hiring discrimination based on a mental illness label, holding the candidate's qualifications constant.

2. Theoretical framework

Mental illness, more than any other social attribute, has been widely identified as stigmatizing (Phelan et al., 2008). Stigma is a process that occurs when people make distinctions and assign labels to individuals; certain characteristics are deemed undesirable; a division is created between labeled/non-labeled people; and a power differential exists that allows for stigmatization to occur (Link and Phelan, 2001). Studies typically examine the stigma process from the point of view of the stigma targets or individuals who perpetuate stigma. Research on stigma targets finds that persons with mental illness believe they face social rejection due to their condition, and as a result use various strategies to cope with and adapt to the stigmatization (Fife and Wright, 2000; Goffman, 1963; Link et al., 1989; Ritsher and Phelan, 2004; Rosenfeld, 1997; Sirey et al., 2001). From the stigmatizers' perspective, studies have focused on the stereotypes associated with mental illness labels and the consequences of these beliefs (Corrigan, 2000; Fife and Wright, 2000; Link et al., 1999; Martinez et al., 2011; Weiner et al., 1988). We are aware of few studies that have examined interactions occurring between stigmatizers and stigma targets (Farina and Ring, 1965; Farina and Felner, 1973; Lucas and Phelan, 2012; Sibicky and Dovidio, 1986), and the stigma literature has been critiqued for having an overly individualistic focus (Hebl and Dovidio, 2005; Link et al., 2004). Our study represents a contribution to this small body of interaction-focused research by focusing on relationships between job applicants and persons making callback decisions.

2.1. Stigmatization and discrimination

Stigma is a social process rooted in norms and structured toward creating unequal outcomes. One outcome of the stigma process that may perpetuate negative treatment of individuals with mental illness is the awkwardness that arises in interactions between stigmatized and non-stigmatized persons (Goffman, 1963; Hebl et al., 2000). This awkwardness may arise from the anxiety caused by believing the stigmatized person is dangerous, the uncertainty of interacting with the person, or a potential violation of norms (Hebl et al., 2000). For these reasons, some employers may be hesitant to contact applicants who indicate a history of mental illness, especially if they foresee having to interact with the person on a regular basis in an office setting. Krupa et al. (2009) examined work-related stereotypes for people with mental illness, finding that co-workers may believe the person is incompetent, dangerous, and she or he is not fit to hold a job. Such stereotypes render people with mental illness as distinct and less worthy than workers with no mental illness labels.

The culmination of the stigma process is discrimination and diminished life chances for individuals labeled as mentally ill. The stigma of mental illness leads to demoralization, decreased social support, lowered self-esteem, reduced desire to seek help, and unemployment (Link, 1987; Link et al., 1989; Ritsher and Phelan, 2004; Sirey et al., 2001). Furthermore, mental illness labels lead to negative treatment in interactions, social rejection, and discrimination in several social sectors including employment, health care, and housing (Brand and Claiborn, 1976; Druss et al., 2000; Farina and Felner, 1973; Link et al., 1987, 1999; Page and Day, 1990; Phelan, 2005; Sibicky and Dovidio, 1986).

Past studies have utilized audit methodologies to assess discrimination toward people with mental illness. Audit studies incorporate experimental methods in real-life settings to isolate social characteristics and test for discrimination (Correll et al., 2007). However, past audit studies on our topic were much smaller in scale than allowed by modern methods. Farina and Felner's (1973) study of employer discrimination against people with mental illness had a sample size of 32, while Brand and Claiborn's (1976) audit of job interviews had a sample size of 36. In contrast, our study involved sending out 635 applications, which we believe provides us a greater ability to perform analyses on data drawn from a large, geographically diverse sample and also to determine the extent to which findings from roughly four decades ago still hold today.