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Influences of Mental Illness Stigma on Perceptions of and Responses to Requests for Favors

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ABSTRACT

This article examines mental illness stigma effects on a request for a favor from a mentally ill individual. Four hundred and fourteen participants interacted with a hypothetical target on Facebook who was believed to have schizophrenia, depression, or a tooth cavity (i.e., the control group). Participants were asked to rate the favor request in terms of face threat, in addition to writing a response, which was then coded using message design logics. Results indicated that a request by a schizophrenic target threatened participants’ positive face more significantly than that of a target with depression or without any mental illness. Participants’ responses to the schizophrenic target were more likely to be conventional messages, whereas responses to the depressed target were more likely to be rhetorical messages. Theoretical and practical contributions are considered.

For those with mental illness, daily functioning requires a great deal of effort in various situations such as the workplace or school (Fornos et al., 2005; Sung & Puskar, 2006). Thus, if individuals with mental illness could obtain help by requesting favors (e.g., asking about a new job assignment or borrowing lecture notes) without imposing on another, their quality of life should improve. However, previous research suggests requesting favors without imposing on others is not easy, especially for mentally ill individuals (Segrin & Abramson, 1994). Therefore, this study examines the effect of mental illness stigma on favor requests, assuming that the stigma associated with mental illness is a critical factor that contributes to the difficulty in making such requests.

Requesting favors intrinsically costs the hearer some effort in his or her attempts to help the speaker (Clark & Schunk, 1980; Goldschmidt, 1998). According to politeness theory, the perceived burden (i.e., face threat) seems more significant to the hearer if the speaker and the hearer are not close relational partners (Brown & Levinson, 1978). Because people tend to distance themselves from a mentally ill individual (i.e., weak closeness; Angermeyer & Matschinger, 1997, 2003; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999), a favor requested by a mentally ill individual may seem significantly more troublesome to them. To assess this prediction, the first goal of this study is to test how mental illness stigma impacts face threats of the recipient regarding favor requests.

The first goal focuses on message perception, whereas the second goal of this study is to investigate how people might respond differently to a favor request depending on the type of mental illness. Responses to requests play a critical role in the speaker and hearer developing an interpersonal relationship (Goldschmidt, 1998). In this study, message design logics (O’Keefe, 1988) were used to analyze responses to a favor request in which the perceived mental illness of the speaker was manipulated. This approach helps to examine the different goals that people pursue during an interaction with a mentally ill individual.

The literature on mental illness and its stigma is reviewed in the following section. Next, politeness theory is described, accompanied by a hypothesis and a research question regarding perceptions of favor requests. Finally, message design logic theory is introduced as an important theoretical framework with which to analyze responses to favor requests.

Mental illness stigma

In 2012, 4.1% of U.S. adults had a serious mental illness such as schizophrenia or depression (National Institute of Mental Health [NIMH], 2014a). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013), an individual with depression (major depressive disorder) must experience either a depressed mood or a loss of interest or pleasure in nearly all activities for at least 2 weeks (American Psychiatric Association, 2013). The individual must also experience at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts. According to NIMH (2014b), 16.5% of adults will suffer from depression in their lifetime, and 6.7% of adults have suffered from depression in the past year, with 30.4% of...
these cases classified as severe. Depressed people are seen as lonely, sad, unhappy (Horowitz, French, Lapid, & Weckler, 1982), dependent (Rippere, 1977), and inactive (Rippere, 1980). Due to the helpless images associated with depression, a depressed individual may elicit empathetic reactions in others, such as a desire to help (Angermeyer & Matschinger, 2003).

The DSM-V shows that the major symptoms of schizophrenia include a range of cognitive and emotional dysfunctions that involve perception, inferential thinking, language and communication, behavioral monitoring, and affect. In order to constitute a diagnosis, these symptoms must have been present for at least 6 months. According to NIMH (2014c), 1.1% of the U.S. adult population suffers from this illness. Individuals with schizophrenia are likely to be targets of stigmatization. Stigma is defined as an attribute or characteristic that conveys a social identity that is discredited and devalued in a particular context (Goffman, 1963; Schneider, 2005). Schizophrenic individuals tend to be perceived as dangerous, aggressive, and unpredictable (Angermeyer & Matschinger, 1997, 2003). Thus, people emotionally react to schizophrenic individuals with fear, uneasiness, and feelings of insecurity (Angermeyer & Matschinger, 2003). Due to these reactions, people with schizophrenia may face greater social rejection by others than those with depression or without mental illness (Angermeyer & Matschinger, 1997, 2003; Link et al., 1999).

Those with mental illness (both depression and schizophrenia) tend to experience difficulties in achieving satisfying close relationships through face-to-face (FtF) interactions. For example, they often have less frequent contact with others, less satisfying interactions with others, and fewer supportive relationships (Bengtsson-Tops & Hansson, 2001; Billings, Cronkite, & Moos, 1983). Thus, using computer-mediated social network communities could provide them with another opportunity to develop supportive interpersonal relationships online (e.g., Ellison, Steinfield, & Lampe, 2007; Shpigelman & Gill, 2014). For example, Shpigelman and Gill (2014) surveyed and interviewed people with various disabilities, including mental illnesses, to examine their use of Facebook and found that such people use it to develop relationships with both nondisabled and disabled friends.

Although there may be benefits to developing relationships online, those with schizophrenia may experience more stigmatization on social networking sites, given that people are more willing to distance themselves from schizophrenic individuals than from individuals with depression or without mental illness in FtF interactions (Angermeyer & Matschinger, 1997, 2003; Link et al., 1999). Therefore, investigating whether or not people have a similar negative reaction to those with schizophrenia in computer-mediated communication (CMC) as compared to other mental illnesses (i.e., depression) may reveal the factors that facilitate or hinder online interactions involving those with schizophrenia.

H1: In CMC, participants are more willing to distance themselves from an individual whom they believe to suffer from schizophrenia than from an individual whom they believe to be depressed or not mentally ill.

Politeness theory and requests for favors

Based on politeness theory (Brown & Levinson, 1978), favors requested by a schizophrenic individual may seem significantly more threatening to hearers’ freedom and positive self-image because of the hearers’ perceived psychological distance from the schizophrenic individual. To test this prediction, Facebook was chosen as a research context because e-mails are often used when people request favors (Lee, Park, Imai, & Dolan, 2012). Further, CMC might be preferable to those with mental illness requesting favors because they can control certain negative communication features (e.g., inconsistent subject change and excessively formal speech; Andreasen & Grove, 1986) in an online interaction that they tend to exhibit in FtF communication (Segrin, 2001).

For mentally ill individuals, requesting favors without unnecessarily imposing on others is an important social skill for several reasons. First, by asking for help from others through favor requests, those with mental illness can function more effectively in social situations such as the workplace and school (Fornos et al., 2005; Sung & Puskar, 2006). Second, requesting favors and receiving positive responses could lead to the development of closer relationships between the mentally ill speaker and the hearer (Goldschmidt, 1998). Such positive interpersonal experiences encourage mentally ill individuals to seek help from others for mental health problems (Rickwood, Deane, Wilson, & Ciarrochi, 2005) and when suffering from suicidal ideation (Ciarrochi & Deane, 2001). Thus, examining how people perceive favor requests by mentally ill individuals may reveal important elements that impact the quality of life of those with mental illness.

Politeness theory provides an explanation of how favor requests impose on the hearer (Brown & Levinson, 1978). The theory was developed on the basis of theoretical ideas proposed by Goffman (1955). For example, face is defined as the self-image that people want to maintain through communication during a particular interaction (Goffman, 1955). In politeness theory, Brown and Levinson argue that people manage two types of face: positive face and negative face. Positive face is a desire to gain approval and be positively evaluated by others, whereas negative face is a desire to maintain autonomy from others and to preserve freedom of action and freedom from imposition. Although people generally try to manage others’ face, engaging in behaviors that threaten both positive and negative face is often unavoidable. Such behaviors are called face-threatening acts. Behaviors that prohibit individuals from maintaining positive self-evaluations by others are positive face-threatening acts; behaviors that limit others’ freedom or impose on others are negative face-threatening acts.

Requesting favors is a type of communication behavior with particular relevance to face threat. By requesting favors, a speaker indicates his or her wish or need for a hearer to cause some desired state or event (Goldschmidt, 1998). Thus, favor requests may threaten the hearer’s negative and positive face because requesting favors intrinsically costs the hearer some effort and potentially undermines the hearer’s positive self-image (Clark & Schunk, 1980). Consequently, strategic redress is effective in causing a request to be met (Brown & Levinson, 1978). For example, when requesting a favor, one
can show one’s recognition that the hearer has a desire to be respected by saying, “What cool pens you have! May I use one of them?” (i.e., positive politeness strategy). One can also indicate one’s recognition that one is imposing on the hearer by saying, “I am sorry to bother you, but I was wondering if I could use one of your pens” (i.e., negative politeness strategy). One of the factors that determines which strategy will be selected by the speaker is the psychological distance between the speaker and the hearer (Brown & Levinson, 1978; Holtgraves & Yang, 1990; Yeung, 1997). For instance, if the relationship between the speaker and the hearer is not close, the speaker tends to use more polite strategies because the request is more likely to be seen as imposing. As such, the hearer could perceive the request as more threatening to his or her face than a request from a close relational partner.

As suggested in Hypothesis 1, people would feel less close (i.e., more psychologically distant) to a schizophrenic individual than to a depressed or non-mentally ill individual. This combined with the stigma attached to schizophrenia, such as unpredictability (Angermeyer & Matschinger, 1997, 2003) may lead people to expect more strained communication with a schizophrenic individual, thereby limiting their freedom (i.e., threatening their negative face).

H2: Participants perceive a favor request as more threatening to their negative face when they believe that the favor is requested by an individual with schizophrenia than when they believe that it is requested by an individual with depression or without mental illness.

The effects of mental illness stigma on positive face are less clear. Stereotypes of schizophrenia, such as aggressiveness and dangerousness (Angermeyer & Matschinger, 1997, 2003), may cause people to feel that their security is threatened. As a result, they might not want to help a schizophrenic individual. On the other hand, failing to help may imply that they are not supportive and empathetic, thus threatening the positive self-image that they want to maintain. Furthermore, favor requests by those with schizophrenia could make participants feel good about themselves (i.e., increase positive face). People might perceive that the schizophrenic individual is requesting the favor from them because he or she believes that they are kind and generous enough to help. Due to the presence of these mixed explanations, the following research question is proposed:

RQ1: Do participants perceive a favor request as more or less threatening to their positive face when they believe that the favor is requested by an individual with schizophrenia than when they believe that it is requested by an individual with depression or without mental illness?

Responses to a favor request

The messages that people produce are influenced by the groups to which they believe the message recipients belong (Douglas, Sutton, & McGarty, 2008). Thus, participants’ responses to a favor request may vary depending on the message receiver’s type of mental illness. In turn, responses to a favor request can either facilitate or hinder interpersonal relationship development (Goldschmidt, 1998). Responses with the intention (i.e., goal) to be close to the hearer are more likely to facilitate relationship development than those without that intention (O’Keefe, 1988). Thus, examining the different goals that people pursue while responding to an individual with mental illness can further contribute to our understanding of relationship formation between those with and without mental illness.

According to the theory of message design logic proposed by O’Keefe (1988), differences in the messages that people write result from the various goals that they pursue in a specific context. Design logic is “a description of the way thoughts, transformed as messages, relate to desired message outcomes” (O’Keefe, 1991, p. 47). Taken together, the messages that people write represent their thoughts as related to the goals they pursue. Thus, analyzing responses to a favor request using message design logic helps understand the underlying goals that people pursue when responding to a favor request. As such, in this study, we employed message design logic to examine variations in responses to favor requests by those with different mental health statuses.

O’Keefe (1988) proposed three types of message logics that help people reach their interpersonal goals. Expressive messages are those that convey ideas and feelings without being concerned for another’s face. Using expressive messages, people can convey what they think and feel directly. One goal of the expressive message is to respond to a prior message, so an expressive communicator is not concerned about whether his or her response meets the goal that the interactant is pursuing in the conversation. Through the use of conventional messages, communicators employ politeness strategies in order to meet goals associated with social norms such as behaving in socially appropriate ways. The goals of a conventional communicator are to send an appropriate message, to behave correctly in a social situation, and to be a cooperative hearer. Rhetorical messages are intended to maintain the desired identities of the interactants and harmonious relationships between them. Although conventional messages function to meet fixed social norms, rhetorical messages work to create rules between interactants in order to achieve their goals. The rhetorical communicator sends a message facilitating relationship development because his or her main goal is to negotiate social consensus.

It is expected that people will write different responses to an individual based on his or her mental health status. People might be motivated to write a rejecting response to a schizophrenic individual because of the negative stereotypes attached to this illness, such as dangerousness, aggressiveness, and unpredictability (Angermeyer & Matschinger, 1997, 2003; Link et al., 1999). However, a dearth of previous research on the ways in which people convey their attitudes through

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1Although O’Keefe (1988) proposed message design logics as individual differences, she did not deny the possibility that people use different logics depending on situations. Because message design logics were formulated on the premise that we communicate to achieve goals, different logics can be used according to various situations where different goals are pursued.
written messages to schizophrenic individuals makes it difficult to predict whether they will respond in a straightforward way (i.e., expressive response) or in a polite way (i.e., conventional response). In terms of depression, the helplessness images such as loneliness, sadness, and unhappiness that are attached to depressed individuals (Horowitz et al., 1982) could result in either a rejecting or an accepting response. For example, people may write a rejecting response in order to avoid being weighed down by the depressed individual, or they may write an empathetic response in order to help the individual. Participants might be willing to develop a relationship with a target without mental illness through the use of a rhetorical message. However, considering that the target is a stranger to the participants, the face of the participants will be significantly threatened (Brown & Levinson, 1978) and they might therefore write an expressive response. On the basis of these theoretical accounts, the following research questions have been formulated:

RQ2: Are participants who believe that they are writing to an individual with schizophrenia most likely to respond expressively, conventionally, or rhetorically?

RQ3: Are participants who believe that they are writing to an individual with depression most likely to respond expressively, conventionally, or rhetorically?

RQ4: Are participants who believe that they are writing to an individual without mental illness most likely to respond expressively, conventionally, or rhetorically?

Method

University students participated in this experimental study via an online survey in which they read a message from a hypothetical individual (i.e., target) with schizophrenia, depression, or a tooth cavity (i.e., control group). In the message, the target asked various questions and favors, including asking each participant to let the target stay at his or her place overnight. After reading the message, the participants typed a response to the favor and then answered various closed-item questions. The details of these methods are as follows.

Participants and procedures

Five hundred and ninety-four undergraduates at a large public university in the southwestern United States participated in this study. Among the participants, 180 who did not notice the manipulation of mental illnesses were excluded; consequently, the sample number was 414 (male = 128; female = 286). The participants ranged in age from 17 to 30 years ($M = 20.37$, $SD = 1.55$). The majority were Caucasian ($n = 238$, 57.5%); the other represented ethnicities were Hispanic ($n = 69$, 16.7%), Asian American ($n = 57$, 13.8%), African American ($n = 12$, 2.9%), and others ($n = 38$, 9.2%).

The participants completed an online survey in which they answered questions on the basis of a message sent by the target on a Facebook page. Facebook was used for this study because it offers opportunities for mentally ill individuals to develop supportive relationships online (e.g., Ellison et al., 2007; Shpigelman & Gill, 2014). After receiving the consent information, the participants were asked for demographic information, including age, gender, and ethnicity. Then the genders of the target and the participant were matched through the online survey system because it was not anticipated that people would offer a person of the opposite sex their place to stay overnight, especially if they had never met. The next page of the survey began with the following statement: "Imagine that you receive a message through Facebook from an individual (Nick = male/ Sarah = female) who is a friend of your friend (Chris) who lives in Michigan. Before reading the message, you check out Nick/Sarah’s profile, which is as follows. Please read the details of this profile carefully.” Chris was said to live in a state far from where the participants’ university was located because if Chris were close by, it would be more natural for him/her to help the target than the participant. The participants then saw a profile page that provided the target’s general information in addition to a photo of a face (Figure 1). The participants were randomly assigned to one of three different mental health conditions: (a) target has a cavity (i.e., control group), (b) target has suffered from depression, or (c) target has suffered from schizophrenia.

After reading the profile page, the participants read the following message, which they believed to have been sent by the target (XXX is the name of the city where the university is located).

Hello! I am Nick (Sarah), a friend of your friend, Chris. I am transferring to XXX University next semester. He told me that you might be willing to answer a few of my questions about XXX and XXX University.

I have never been to XXX—what is the city like? What is the university like? I know that XXX University is a great school. What do you like and dislike about XXX University?

I know this is asking a lot, but I was wondering if I could stay with you or one of your friends for the first night when I get to XXX. I found an apartment, but the contract says I can’t move in until a day after I get to town. So, it would be great to find a place to stay for the first night.

Thanks so much!

Nick (Sarah)

This message was designed to elicit a wide range of immediacy in responses. For instance, responses could range from merely answering the target’s questions about the city and school to offering the target a place to stay.

After reading the message, the participants were asked: “Please write a response to this message. Please write exactly the words you would use.” After they typed their responses in a blank space, they answered closed-item questions relevant to the hypothetical message and the message sender (see Measures section). At the end of the survey, the participants in the experimental groups (i.e., depression and schizophrenia conditions) were asked about their experience with mental illnesses (e.g., whether or not they themselves had been mentally ill and whether or not they had interacted with mentally ill individuals). Also, one item was included to assess the perceived realism of the situation (e.g., this event [receiving this message through a social networking site] could happen; $1 = strongly agree, 5 = strongly disagree). No time limit was
placed on the completion of the questionnaire. The respondents received extra credit for their participation.

**Manipulation**

The participants knew whether the hypothetical target suffered from a mental illness due to a comment on the target’s Facebook wall, which was located at the bottom of the profile page. The information about the illness was not revealed by the target to decrease the possibility of demand characteristics, which might have been more likely if the target explicitly revealed his or her mental health status. In all three conditions (i.e., control, depression, and schizophrenia), three comments were posted by three individuals in response to the target’s comment: “I am moving to XXX soon!” Two of the comments were the same across all three conditions: “XXX is a great city” and “I had a great time when I visited XXX.” One comment was different across the three conditions: “Here is the website to find a doctor for your cavity in XXX (www.finddoctor.com). I hope it helps!” A cavity was used for the control condition because the presence of some illness was necessary in order to equate negativity across conditions, and a cavity is considered to have some negativity without any stigma.

**Face photo**

Male participants saw a male face photo and female participants saw a female face photo, but these faces were actually identical with the exception of their hair. The gender-neutral face was developed by Virtual Facial Feminisation (http://www.virtualffs.co.uk/index.html), which combined two real male and female faces. By using this composite face, facial features between genders could be equated, thus reducing potential bias.

**Measures**

The questionnaire contained measures assessing participants’ psychological distance from a target and perceptions of message content (i.e., positive and negative face threat). The order of these measures was randomized. The reliabilities, means, and standard deviations for each of the aforementioned measures are shown in Table 1.

**Psychological distance.** A rejection scale was used to measure psychological distance (Winer, Bonner, Blaney, & Murray, 1981). The scale was composed of 11 items from various sources, such as Coyne (1976a), Hammen and Peters (1977), and Youngren and Lewinsohn (1980). Example items are as follows: “Would you like to meet this person?” and “Would you be willing to have this person eat lunch with you often?” A 5-point Likert scale was used (1 = strongly disagree, 5 = strongly agree), and all items were reverse coded so that higher scores indicated greater distance. The Cronbach’s α was .92.

**Message face threats.** The target’s message was rated regarding the degree to which the message threatened participants’ positive and negative face with ten items for each type of face. This scale was based on Lee et al. (2012), which was used to examine face-threatening acts in asking for favors. Two positive face threat example items are “This message could make me behave inconsiderately” and “This message could make me feel bad about myself.” Two negative face threat examples are “This message will restrict what I do” and “This message is likely to bother me.” A 5-point Likert scale was used (1 = strongly disagree, 5 = strongly agree) and all items were reverse coded so that higher scores indicated greater distance. The Cronbach’s α values of the positive and negative face threat scales were .87 and .85, respectively.

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**Table 1. Reliabilities, Means, and Standard Deviations for Variables.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Psychological distance</th>
<th>Control</th>
<th>Depression</th>
<th>Schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological distance</td>
<td>.92</td>
<td>3.40</td>
<td>3.35</td>
<td>3.22</td>
</tr>
<tr>
<td>N</td>
<td>414</td>
<td>173</td>
<td>105</td>
<td>136</td>
</tr>
<tr>
<td>PFT</td>
<td>.87</td>
<td>2.56</td>
<td>2.52</td>
<td>2.47</td>
</tr>
<tr>
<td>NFT</td>
<td>.85</td>
<td>3.08</td>
<td>3.06</td>
<td>3.01</td>
</tr>
<tr>
<td>Note</td>
<td>Standard deviations are reported in parentheses. PFT = positive face threat, NFT = negative face threat. Different subscripts indicate significant differences within rows on the basis of planned comparison at p &lt; .05.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Example Responses Categorized Based on Message Design Logics.

<table>
<thead>
<tr>
<th>Message Design Logic</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressive</td>
<td>Sorry Nick. I just don’t know you (message #: 38). Hey man no problem! XXX is a great town and I’m sure you’re going to love it here! (message #: 40). Dear Sarah, I have to check my schedule first but I will let you know. I might be going home that weekend. Sorry! (message #: 73).</td>
</tr>
<tr>
<td>Conventional</td>
<td>Hey, Great to hear you are coming to XXX University and that you are so excited. You are going to love it. The school can be a little overwhelming because of its size but do not worry after being here you will soon know it all. As for the city, XXX is beautiful. Everyone is friendly. If you have anymore specific questions feel free to let me know. As for the spending the night, I don’t think I can help with that. My roommate is very picky and doesn’t like having guests over. Sorry, hope everything works out (message #: 30).</td>
</tr>
<tr>
<td>Rhetorical</td>
<td>Hey Sarah. That’s so exciting you are moving here, I’m sure you will love it. XXX is a very laid back city with tons of live music, shopping, and ways to stay active outdoors. The university is very diverse and large. There are a large variety of on campus groups and at Texas there really is a place for everyone. I love XXX University football, my classes, and the campus. One negative is the parking—there’s not much. I would not mind you staying with me for a night when you get in. What day? Let me know! Talk to you soon! (message #: 2).</td>
</tr>
</tbody>
</table>

**Coding of responses**

Participants’ open-ended responses to the target’s message were examined in a holistic manner in order to determine whether the responses could be categorized into one of the three message design logics: expressive, conventional, or rhetorical. These coding schemes were based on Caughlin et al. (2008) with some modifications that made the original schemes more suitable for this study. The principal investigator and a research assistant discussed and determined criteria that helped reliably categorize the responses into the message logic. Example responses are shown in Table 2. A subsample of 90 messages was coded (more than 20% of all messages) into one of the three categories. After obtaining good reliability (Cohen’s $r = .81$) and resolving discrepancies through a discussion with the assistant, the remaining 324 messages were coded by the principal investigator.

**Results**

Participants’ gender and experience with mental illness were not associated with any of the dependent variables, so these variables were excluded from the analyses. Participants also reported that this situation was relatively realistic ($M = 1.96$ out of 5; a lower score indicates higher realism) without differences among conditions ($F (2, 411) = 1.25, p = .289$; control: $M = 1.89$, $SD = 0.98$; depression: $M = 1.95$, $SD = 0.86$; schizophrenia: $M = 2.07$, $SD = 1.07$).

Hypothesis 1 predicted participants would be more willing to distance themselves from a message sender whom they believed to be schizophrenic than a message sender whom they believed to be depressed or not mentally ill. Results of an analysis of variance (ANOVA) indicated significant differences in this variable, $F(2, 411) = 10.30, p < .001, \eta^2_p = .05$. Based on the hypothesis, planned comparisons at $p < .05$ were conducted to test the differences between the schizophrenia and depression groups and between the schizophrenia and control groups. Participants were more willing to distance themselves from a schizophrenic target ($M = 3.61$, $SD = 0.70$) than from either a depressed target ($M = 3.22$, $SD = 0.57$) or a target without mental illness ($M = 3.35$, $SD = 0.73$). The data were thus consistent with Hypothesis 1.

Hypothesis 2 predicted participants would perceive a favor request as more threatening to negative face when they believed the favor was requested by an individual with schizophrenia than by an individual with depression or without any mental illness. Results of an ANOVA indicated no significant differences in this variable between the schizophrenia ($M = 3.16$, $SD = 0.67$), depression ($M = 3.01$, $SD = 0.63$), and control ($M = 3.06$, $SD = 0.77$) groups, $F(2, 411) = 1.47, p = .231, \eta^2_p = .02$. The data were not consistent with Hypothesis 2.

RQ1 asks whether participants believed the favor was more threatening to their positive face when they believed the favor was requested by an individual with schizophrenia than by an individual with depression or without any mental illness. Results of an ANOVA indicated significant differences in this variable, $F(2, 411) = 3.35, p = .036, \eta^2_p = .02$. Results of planned comparisons at $p < .05$ showed that a favor request by a schizophrenic target ($M = 2.68$, $SD = 0.69$) was more threatening to participants’ positive face than a favor request by either a depressed target ($M = 2.47$, $SD = 0.63$) or a target without mental illness ($M = 2.52$, $SD = 0.72$).

RQ2, RQ3, and RQ4 examine the choice of message design logics based on mental health conditions (Table 3). To assess the overall association between the message design logics and the mental health conditions, a chi-squared test for independence was conducted. The results showed a significant association between the two variables, $\chi^2(4, N = 408) = 19.25, p = .001$. RQ2 asks what type of response participants in the schizophrenia condition were most likely to use. Results of a chi-squared test for goodness of fit showed the frequency in use of three message design logics was not equally distributed in the schizophrenia group, $\chi^2(2, N = 133) = 46.436, p < .001$. Results of follow-up chi-squared tests indicated that conventional messages (56.4%) were used most often, compared to expressive messages (8.3%) and rhetorical messages (35.3%).

RQ3 asks what type of response participants in the depression condition were most likely to use. Results of a chi-squared test for goodness of fit showed that the frequencies in use of three message design logics were not equally distributed in the depression group, $\chi^2(2, N = 105) = 38.800, p < .001$.

Table 3. Frequencies and Percentages of Messages With Different Design Logics by Illness Labels.

<table>
<thead>
<tr>
<th>Message Design Logic</th>
<th>Illness Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
</tr>
<tr>
<td>Expressive</td>
<td>$25%$  ($15%$)</td>
</tr>
<tr>
<td>Conventional</td>
<td>$62%$  ($36%$)</td>
</tr>
<tr>
<td>Rhetorical</td>
<td>$83%$  ($49%$)</td>
</tr>
</tbody>
</table>

Note. Percentages are reported in parentheses. Frequencies in the same column that share subscripts differ significantly at $p < .05$. Due to rounding, the proportions for some conditions do not add to 1.00.
$p < .001$. Results of follow-up chi-squared tests indicated that rhetorical messages (57.1%) were used most often, as compared to expressive messages (7.6%) and conventional messages (35.2%).

RQ4 asks what type of response participants in the control condition were most likely to use. Results of a chi-squared test for goodness of fit showed the frequencies in use of message design logics were not equally distributed in the control group, $\chi^2(2, N = 170) = 30.435, p < .001$. Results of follow-up chi-squared tests indicated that expressive messages (14.7%) were least frequent. Unlike the other two groups, there was not a significant difference in the frequency between conventional messages (36.5%) and rhetorical messages (48.8%).

**Discussion**

Requesting a favor in a polite manner is an essential skill, especially for people with mental illness who often need others’ help (Fornos et al., 2005; Sung & Puskar, 2006). However, the way in which people perceive and respond to favor requests from those with mental illness has received little attention. Therefore, this study specifically investigated (a) the face threats that participants perceived in requests for favors by a mentally ill target, and (b) the message design logics represented by participants’ responses to the request. The results showed that participants perceived a favor request as more threatening to their positive face when they believed that the favor was requested by a schizophrenic target than when they believed that the favor was requested by a depressed target or a target without mental illness. Furthermore, responses to the request in the schizophrenia condition were more likely to be conventional messages, but those in the depression condition were more likely to be rhetorical messages. The next sections discuss these findings in further detail.

**Perceived face threats in favor requests based on mental health status**

The results regarding Hypothesis 1 showed that, on Facebook, participants psychologically distanced themselves more from a schizophrenic target than from a target with depression or without mental illness. These results align with past studies that show schizophrenic individuals face greater social rejection than those with depression or without mental illness in FtF communication (Angermeyer & Matschinger, 1997, 2003; Link et al., 1999). These findings contribute to our understanding of the results of Research Question 1, in which a favor request by a schizophrenic target threatened participants’ positive face more significantly than that of a depressed target or a target without mental illness. Positive face is the desire to be approved of and positively evaluated by others (Brown & Levinson, 1978). According to politeness theory, the psychological distance from the schizophrenic target that participants experienced might have made them perceive that the favor request was a greater imposition (Brown & Levinson, 1978; Holtgraves & Yang, 1990; Yeung, 1997).

In addition, Goldsmith (2000) argues that hearers’ positive face might be threatened by the inference the hearer draws about the intention of the request from the speaker. In the context of this study, when participants read the message requesting to stay overnight at their place, they may have inferred that the target wanted to establish a friendship with them. However, as indicated in the results of Hypothesis 1, they wanted to distance themselves from the schizophrenic target more than from targets without mental illness as well as from depressed targets. Thus, the participants might have perceived that their positive face was threatened because they would not meet the target’s hidden expectation to become friends with them.

Contrary to Hypothesis 2, participants did not perceive significant differences in the negative face threat of the favor request based on mental health status. It was expected that the favor request from a schizophrenic target would seem significantly more threatening to participants’ negative face than a request from a target with depression or without mental illness. These results may be due to the imposition of the act itself. Regardless of the mental illness, asking to stay overnight at someone’s home may be highly burdensome (i.e., threatening negative face). Politeness theory suggests that the severity of the imposition of the act itself impacts the face threat (Brown & Levinson, 1978). Thus, the significant imposition included in the message might have mitigated the effect of mental illness stigma across conditions.

These results regarding politeness could extend the application of politeness theory to mental health research. Communication researchers suggest that poor use of politeness by mentally ill individuals contributes to the negative responses that they experience (Segrin & Abramson, 1994). Despite its exigency, research on favor requests has been conducted in the areas of cross-cultural studies (Holtgraves & Yang, 1990; Lee et al., 2012), business (Yeung, 1997), and psycholinguistics (Clark & Schunk, 1980), but not in mental health research. Thus, more studies such as this one are needed in order to reveal the challenges inherent in mentally ill individuals’ requests.

**Responses to favor requests**

Regarding Research Question 2, responses from participants who believed that they were writing to an individual with schizophrenia were more likely to be categorized as conventional than as expressive or rhetorical. In other words, the responses to the schizophrenic target conveyed the necessary information in a socially appropriate manner (i.e., conventional response), but did not indicate a willingness to develop a supportive relationship with the target (i.e., rhetorical response; O’Keefe, 1988). The responses to the schizophrenic target might have been affected by participants’ belief that schizophrenic individuals are dangerous and unpredictable (Angermeyer & Matschinger, 1997, 2003). The results are consistent with the main ideas of self-fulfilling prophecy (Jones, 1977) and labeling theory (Scheff, 1974), which claim people decide how to act based not only on their interactant’s behavior but also on how they believe the interactant will behave.
Why did the participants not send an expressive message to the schizophrenic individual even though they wanted to reject the individual more, as indicated in the results of Hypothesis 1? Participants might have hoped to avoid further positive face threat. As Goldsmith (2000) suggested, participants’ positive face might be threatened because of their inference of the request and their desired response; that is, participants might have inferred the target was trying to make friends with them and were worried they might offend the target in declining their request. Thus, they did not send a straightforward response (i.e., expressive message) because sending such a message might have threatened their positive face further (e.g., fear that they will be perceived or evaluated as unfriendly or uncaring).

Although conventional messages might seem relatively accepting to a schizophrenic individual, the results of Hypothesis 1 showed participants wished to distance themselves from the schizophrenic target more than from the depressed target. Scholars who examine the interpersonal factors (e.g., verbal and nonverbal communication) associated with mental health problems suggest that receiving such mixed messages (i.e., accepting messages with rejecting attitudes) could lead to the message receiver’s cognitive conflict and could jeopardize their development of interpersonal relationships (Coyne, 1976b; Segrin, 2001). On the basis of the current study, a schizophrenic individual may repeatedly receive sophisticated messages from others, but the others behave in ways that hinder friendships. Such experiences could be confusing, both cognitively and interpersonally, thereby leading to difficulties in achieving close relationships (Bengtsson-Tops & Hansson, 2001; Billings et al., 1983). Future research should examine the effect on a mentally ill individual of receiving conventional responses as compared to rhetorical responses.

With regard to Research Question 3, the depressed target in this study most often received rhetorical responses from the participants. Rhetorical messages are intended to preserve desired identities and harmonious relationships between communicators (O’Keefe, 1988). One explanation of these results is that stereotypes of depression, such as loneliness and dependency (Horowitz et al., 1982; Rippere, 1977, 1980), could elicit empathetic feelings from participants (Angermeyer & Matschinger, 2003). People tend to believe that friends are more helpful to a depressed individual than psychologists (Raviv, Raviv, Vago-Gefen, & Fink, 2009). In fact, more than half of college students are interested in learning how to help their friends in distress (American College Health Association, 2008). Thus, the participants in this study used rhetorical messages to pursue their apparent goal of helping the depressed target. Peterson and Albrecht (1996) found that relationships in which people often employed rhetorical messages showed high levels of relational support and trust. Therefore, it appears that those with depression could cultivate interpersonal relationships with people from whom they request favors online.

This interpretation of the results is corroborated by the findings of Research Question 4, in which the frequencies of conventional and rhetorical messages to a target without mental illness did not significantly differ. This indicates that the target in the control condition was not any more likely to elicit empathetic feelings from participants than the depressed target. Future research should thus explicitly investigate the role of empathetic feelings in selecting which message design logic to use in response to favor requests.

**Practical implications**

On the basis of the results regarding face threats in favor requests, schizophrenic individuals are encouraged to use positive politeness strategies to minimize the threat to the hearer’s positive face (Brown & Levinson, 1978). For example, when a schizophrenic individual sends an e-mail to request a favor, he or she could add statements such as “It is nice of you to read this e-mail even though you don’t know me.” This helps the hearer maintain his or her positive self-image. In addition, those with schizophrenia might want to start a conversation with small talk or engage in multiple exchanges before requesting the favor. People tend to judge others, especially in initial conversations, on the basis of superficial features such as appearance, ethnicity, and the groups to which they belong (Denrell, 2005). Thus, if people know that their interactants are schizophrenic, they may develop negative views of such interactants due to the negative stereotypes of schizophrenia. However, as social penetration theory implies (Altman & Taylor, 1973), gradual information exchange can increase familiarity and reduce the psychological distance between people. This reduced distance could lessen the positive face threat that people may perceive in favor requests by schizophrenic individuals (Brown & Levinson, 1978).

The results also suggest implications regarding the costs and benefits associated with disclosing one’s illness in online interactions. Failure to disclose one’s illness cuts off potential social support from friends and family (e.g., Chesney & Smith, 1999). However, the stigma against mental illness makes patients afraid of disclosing their illness to others (Greene, 2009). The results of the current study suggest that, when communicating online, a depressed individual may not have to conceal his or her illness from others because the label of depression does not apparently have a negative impact on how others perceive and react to the depressed individual. Indeed, people may be even more willing to help a depressed individual than an individual without mental illness. This is encouraging, given that a quarter of college students write Facebook comments that meet the criteria for depression (Moreno et al., 2011), which suggests it is now more common than ever to disclose depressive symptoms on social network sites in order to seek help from others.

**Limitations and future directions**

Some limitations on this study deserve comment. First, the hypothetical situation in this study had certain drawbacks. Although participants reported that this situation was relatively realistic (M = 1.96 out of 5, with a lower score indicating greater realism), the probability of someone receiving a Facebook message from a stranger asking to stay at his or her
place is unknown. Also, the faces used in this study were virtually produced by combining two real male and female faces, so the relative reality of these faces is questionable. Future research should use real faces with an effort to equate different face features between men and women and should employ more realistic hypothetical situations, such that a mentally ill target is hypothesized to be the participants’ friend who has disclosed his or her illness.

In addition, one of the purposes of this study was to isolate the impact of the behaviors or symptoms of a mentally ill individual from the influence of illness labels. However, the two types of effects usually occur simultaneously due to the distinct features of communication by those with mental illness (e.g., Segrin, 2001), so future studies are encouraged to investigate the combined effects of mental illness labels and mentally ill individuals’ behaviors.

Conclusion

Despite the importance of requesting favors, the impact of mental illness stigma on favor requests has gone unexplored. This study suggests that the label of schizophrenia has a significant effect on others’ perception of a favor request by a schizophrenic individual. Moreover, in response to a favor request, people tend to send conventional messages to a schizophrenic individual and rhetorical messages to a depressed individual. This study offers theoretical contributions to politeness theory and message design logics research, and provides practical implications to encourage mentally ill individuals to use positive politeness strategies in requesting favors.

References


