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# Would an Obese Person Whistle Vivaldi? Targets of Prejudice Self-Present to Minimize Appearance of Specific Threats

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Rebecca Neel, Samantha L. Neufeld, and Steven L. Neuberg

Arizona State University

## Abstract

How do targets of stigma manage social interactions? We built from a threat-specific model of prejudice to predict that targets select impression-management strategies that address the particular threats other people see them to pose. We recruited participants from two groups perceived to pose different threats: overweight people, who are heuristically associated with disease and targeted with disgust, and Black men, who are perceived to be dangerous and targeted with fear. When stereotypes and prejudices toward their groups were made salient, overweight people (Studies 1 and 2) and Black men (Study 2) selectively prioritized self-presentation strategies to minimize apparent disease threat (wearing clean clothes) or physical-violence threat (smiling), respectively. The specific threat a group is seen to pose plays an important but underexamined role in the psychology of being a target of prejudice.

## Keywords

prejudice, threat, minority groups, racial and ethnic attitudes and relations

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As a young Black man, Brent Staples became an “expert in the language of fear” (Staples, 1994, as quoted in Steele, 2011, p. 20). He observed how people avoided him as he walked down the nighttime street, and to assure them he posed no threat, he began to whistle Vivaldi. This strategy was successful: “The tension drained from people’s bodies when they heard me. A few even smiled as they passed me in the dark” (Staples, 1994, as quoted in Steele, 2011, p. 21). Clearly, Staples’s whistling conveyed to people who held a stereotype that Black men are dangerous that *he* was an exception. Is this a strategy that members of other stigmatized groups would naturally adopt to counteract the perception that they pose a threat to other people? Would obese people, gay men, or Asian immigrants likewise choose to whistle Vivaldi to avoid being targeted by prejudice?

Although intuitively the answer appears to be “no,” traditional theories of stigma management do not predict which specific strategies these groups would adopt. Classic scholarly definitions frame stigma as “an attribute that is deeply discrediting” (Goffman, 1963, p. 3); as a condition that emerges from the believed or actual possession of “some attribute, or characteristic, that conveys

a social identity that is devalued in a particular social context” (Crocker, Major, & Steele, 1998, p. 505); or as a “mark” that defines an individual as “deviant, flawed, limited, spoiled, or generally undesirable” (Jones et al., 1984, p. 6). These characterizations highlight the negative valence of stigma, and thus derived predictions might suggest that individuals bearing stigmatizing attributes would (and could effectively) employ any number of “favorable” impression-management strategies suitable for counteracting general negativity, devaluation, and perceived deviance.

We suggest, however, that this is not the case; whistling a highbrow classical tune may counteract the perception that one is violent, but it is unlikely to counteract perceptions that one is diseased, immoral, or an economic threat. From recent work on the sources of stigma, we derived nuanced, novel predictions about the qualitatively distinct self-presentational strategies that

## Corresponding Author:

Rebecca Neel, Arizona State University, Department of Psychology,  
Box 1104, Tempe, AZ 85287  
E-mail: Rebecca.neel@asu.edu

different stigmatized groups employ to counteract their stigmatization.

### **From Specific Threats to Specific Stigmas to Specific Impression-Management Strategies**

Contrary to many traditional conceptualizations, prejudice is not a simple, single construct (i.e., “negative feelings”). Rather, people hold qualitatively different prejudices against different groups. These prejudices are characterized by different profiles of emotional content (Dasgupta, Desteno, Williams, & Huntsinger, 2009; Fiske, Cuddy, Glick, & Xu, 2002; Mackie, Devos, & Smith, 2000; Tapias, Glaser, Keltner, Vasquez, & Wickens, 2007), and recent research has revealed that these qualitatively distinct prejudices and stigmas are responses to specific threats different groups are perceived to pose (Cottrell & Neuberg, 2005; Schaller & Neuberg, 2012). People are especially attuned to certain social threats—contagious diseases, physical violence, or lack of reciprocation—and these threats become linked to different groups.

For example, communicable pathogens can produce physical abnormality, and thus anomalous physical features presumably have long served as useful, if imperfect, cues to contagious disease (Park, Faulkner, & Schaller, 2003). The disease-avoidance system is biased to over-perceive other individuals as diseased because avoiding someone who is not diseased is generally a less costly error than approaching someone who is diseased (Schaller, 2011). Therefore, perceivers err on the side of identifying as diseased anyone who is physically anomalous, and respond to such people in ways that reduce the likelihood of pathogen transmission through contact (e.g., with disgust and behavioral avoidance). This heuristic association of disease with deviations from a normative human body shape contributes to the stigmatization of obese people (Park, Schaller, & Crandall, 2007) and partially accounts for disgust and avoidance reactions directed toward obese people.

The disease-avoidance system does not, however, necessarily respond to groups bearing cues heuristically linked to threats to physical safety, reciprocity, and so on; these other cues trigger somewhat different systems and engage different cognitions, emotions, and behaviors that function to mitigate the particular threats these cues heuristically imply (Kurzban & Leary, 2001; Neuberg, Kenrick, & Schaller, 2011; Neuberg, Smith, & Asher, 2000). Whereas perceivers respond with disgust to cues implying disease, cues implying physical violence elicit fear, cues implying threats to fair exchange elicit anger, and so on.

Different forms of stigmatization and prejudice may thus be attempts to manage the specific threats other people are perceived to pose. Because such prejudices

may exact a cost from the people who are targeted—for example, via exclusion from important opportunities—targeted individuals have an interest in identifying not only when but also why they are being stigmatized. Stigmatized individuals likely know the specific threats they are seen to pose, because they themselves are attuned to the same threat cues in others (e.g., obese people also possess disease-avoidance mechanisms that may lead them to respond to other obese people with disgust and avoidance); because they have inferred, through repeated stigma-tinged encounters, the threats they are perceived to pose (e.g., Black men may observe fear in White people’s facial expressions or body language); or because they have been culturally exposed to threat-relevant stereotypes of their group (Major & O’Brien, 2005). Thus, the metastereotypes held by the targets of prejudice (Vorauer, Main, & O’Connell, 1998)—that is, the beliefs that targets have about the stereotypes that others hold of their group—may be sensitive to the threat- and emotion-specificity of the stigma. Indeed, some evidence shows that targets’ metastereotypes are threat-specific (e.g., colostomy patients perceive disgust to be a part of anticolostomy stigma; Smith, Loewenstein, Rozin, Sherriff, & Ubel, 2007).

What does threat specificity imply for stigmatized individuals’ impression-management strategies? In general, people tend to engage in different strategies to create desired impressions in others (see Leary & Kowalski, 1990, for a review). Someone who wishes to be seen as competent, for example, may boast about his or her accomplishments (e.g., Bolino, Kacmar, Turnley, & Gilstrap, 2008), whereas someone who wants to be liked may smile or conform his or her opinions to those of other people (e.g., Zanna & Pack, 1975). When targets of stigma seek to make a “good impression,” they have multiple strategies from which to choose. Although it might be ideal for an individual to use every possible impression-management strategy, these strategies typically require cognitive effort and other resources (e.g., Tice, Butler, Muraven, & Stillwell, 1995), so it is necessary to prioritize self-presentational options.

If targets perceive the prejudice directed toward them as negative in a general way, rather than as threat- and emotion-specific, then when their stigmatized status is salient, they should be no more likely to prefer one favorable impression-management strategy over another; in such a case, any favorable impression-management strategy should do. However, if targets perceive that the prejudice toward them is threat-specific and if their metastereotypes are salient, they should employ strategies intended to reduce the appearance of the specific threats they are seen to pose. Thus, we predicted that when choosing among several effective options for making a good first impression—such as arriving on time,

wearing clean clothes, or smiling—targets stereotyped as disease threats will prioritize disease- and disgust-mitigating strategies (e.g., wearing clean clothes), whereas targets stereotyped as physically violent will prioritize violence- and fear-mitigating strategies (e.g., smiling). Although previous work has demonstrated that stigmatized targets are aware of, and sometimes attune their impression-management strategies to, negative perceptions others have of them (e.g., Crocker, 1999; Hopkins et al., 2007; Kaiser & Miller, 2001; Miller, Rothblum, Felicio, & Brand, 1995; Shelton, 2003; von Hippel et al., 2005; Vorauer, Hunter, Main, & Roy, 2000), no work of which we are aware has explicitly employed a threat-specific framework to contrast different groups' strategic responses to the threats others perceive them to pose.

The current studies compared the stigma-management psychology of two groups. As discussed earlier, obese people are perceived to pose a disease threat, and in the United States, Black men are perceived to pose a threat of physical violence (e.g., Eberhardt, Goff, Purdie, & Davies, 2004; Hugenberg & Bodenhausen, 2003; Navarrete, McDonald, Molina, & Sidanius, 2010; Trawalter, Todd, Baird, & Richeson, 2008). We thus hypothesized that these groups will prefer different self-presentational strategies consistent with attempts to mitigate the specific threats and prejudices associated with their groups.

## Study 1

In our first study, we examined whether overweight people's preferred impression-management strategies address threat-specific metastereotypes by using a ranking task that allowed us to assess prioritization of different strategies. To determine whether activated metastereotypes affect only people who see themselves as members of the stereotyped group, and thus to rule out general priming effects, we also sampled people who were not overweight.

## Method

**Participants.** Seventy-five participants (42 women, 33 men; mean age = 19.0 years,  $SD = 1.4$  years; 72% White, 28% other races) were recruited from an undergraduate-student subject pool; to be included, they must have responded either "yes" or "no" to the question, "Are you very overweight for your height?" on a mass prescreening survey.

**Procedure and design.** Participants were recruited via e-mail to an "impressions of groups" study. Participants sat alone in a lab room to complete a survey designed to both activate and measure the stereotypes and emotions they believed other people hold about their group (i.e.,

their metastereotypes). They were randomly assigned to complete the survey either before doing an impression-management task (salience condition) or after doing the task (no-salience condition). The study thus had a 2 (overweight: yes, no)  $\times$  2 (metastereotype salience: salience, no salience) between-subjects design.

For the metastereotype survey, participants were told they would answer questions about 3 groups randomly chosen from 10 possible groups; the 10 groups were listed on a computer screen before the task began. In fact, all participants answered questions for the same 3 groups in the following order: Muslims, Mexican Americans, and obese people.<sup>1</sup> To activate participants' metastereotypes, we employed Cottrell and Neuberg's (2005) measure of group-specific threat stereotypes, emotional reactions, and discriminatory inclinations, including items for perceived disease threat and perceived disgust. However, we reframed Cottrell and Neuberg's items to measure participants' perceptions of other people's responses to the 3 groups (not their own responses to the groups; see the Supplemental Material available online). Participants responded to the perceived-threat items on a scale from 1 (*strongly disagree*) to 9 (*strongly agree*) and to the perceived-emotion items on a scale from 1 (*not at all*) to 9 (*extremely*).

Participants completed the dependent measure either after the metastereotype survey (salience condition) or prior to it (no-salience condition). They were told to imagine they were going to meet someone new, and to think about what would be most and least important for making a good first impression. Eight self-presentational strategies, chosen to reflect several common, positive ingratiation strategies,<sup>2</sup> were listed in random order on the left side of the computer screen. Participants were instructed to drag the items over to the right side of the screen, arranging them from most important (at the top) to least important (at the bottom). The most important strategy was given a value of 1, and the least a value of 8. The focal item was "wearing clean clothes," a behavior that potentially mitigates disgust and threat of disease.

Finally, participants completed demographic measures and were debriefed.

## Results

**Metastereotypes.** We examined the metastereotype survey to check whether participants actually held metastereotypes that included disease-threat prejudice. We found that, indeed, participants thought most other people see obese people as a threat to their health and feel disgust toward obese people (comparisons of metastereotype ratings against the value of 1, indicating no threat, revealed highly significant differences,  $p < .001$ ; see Table 1 for means and analyses). This finding

**Table 1.** Study 1: Overweight and Nonoverweight Participants' Mean Threat-Specific Metastereotype Ratings for Obese People and Differences Between Groups

Metastereotype or metastereotype component	Mean rating		Difference between groups
	Overweight participants' metastereotype of obese people	Nonoverweight participants' metastereotype of obese people	
Overall disease-threat metastereotype	5.46 (1.88)	5.54 (1.49)	$t(73) = 0.21, p = .84$
Disgust items	6.20 (2.25)	6.29 (1.96)	$t(73) = 0.19, p = .85$
Disease-threat items	3.24 (2.13)	3.28 (2.01)	$t(73) = 0.09, p = .93$

Note: The table presents mean scores on a survey assessing whether participants held disease-threat metastereotypes toward obese people. Standard deviations are included in parentheses. Because of missing data, the sample sizes for these analyses were smaller than the full sample. For comparisons in which a significant Levene's test revealed unequal variances, the adjusted degrees of freedom were used.

was true for both overweight and nonoverweight participants. Thus, a necessary condition for exploring our focal hypothesis was met.

**Importance of wearing clean clothes.** Salient metastereotypes should affect the impression-management strategies only of people who believe others will see them as members of the stereotyped group. We thus predicted that overweight participants for whom disease-based metastereotypes were salient would rate the importance of wearing clean clothes higher than would overweight people for whom these metastereotypes were not salient and also higher than would nonoverweight participants regardless of metastereotype salience. To test this prediction, we conducted an a priori contrast analysis (Rosenthal & Rosnow, 1985) comparing overweight participants in the salience condition with the other three groups (i.e., overweight, no salience; nonoverweight, salience; nonoverweight, no salience). The contrast was significant,  $F(1, 71) = 5.99, p = .02, d = 0.40$ , but the test of residual variance was not,  $F(2, 71) = 1.29, p = .28, d = 0.19$ . Thus, overweight participants in the salience condition prioritized wearing clean clothes to a significantly greater extent than did participants in the other conditions.

Independent-samples  $t$  tests comparing overweight and nonoverweight participants within the metastereotype-salience conditions revealed that there was no significant difference between the weight groups when obesity stereotypes were not salient,  $t(34.2) = 1.46, p = .15, d = 0.42$  (nonoverweight:  $M = 3.88, SD = 1.72$ ; overweight:  $M = 3.20, SD = 1.52$ ; lower numbers indicate greater importance), but that the groups did differ when obesity stereotypes were salient,  $t(29.5) = 2.05, p = .05, d = 0.66$  (nonoverweight:  $M = 3.50, SD = 2.23$ ; overweight:  $M = 2.08, SD = 1.32$ ). Although females ranked wearing clean clothes higher than did males, participant sex did not moderate any of the reported effects.<sup>3</sup>

## Discussion

Study 1 provides initial evidence that overweight participants regard wearing clean clothes as an important impression-management strategy when obesity stereotypes are made salient, but nonoverweight participants do not. In fact, overweight participants in the salience condition chose this strategy, on average, as the most important one to adopt, ranking it higher than the strategy all other participants rated to be most important—arriving on time (see Table 2). Our results show that stigmatized individuals choose their impression-management strategies to reduce the specific threat they are perceived to pose, rather than simply prioritizing strategies on the basis of general favorability.

## Study 2

Study 2 was designed to extend these findings in two ways. First, we wanted to replicate the finding that overweight people prioritize wearing clean clothes when obesity metastereotypes are salient. Second, if our hypothesis were correct, we would expect a group targeted with a different threat-based prejudice to respond to salient metastereotypes about their own group by prioritizing a strategy tailored to minimize the particular threat their group is perceived to pose. Thus, for Study 2, we recruited Black men—a group stereotyped to pose a threat of physical violence—in addition to overweight men.

In the United States, stereotypes of Black men often include beliefs that they are dangerous, and prejudices against Black men are in large part driven by fear. Moreover, Blacks perceive the threat of physical violence to be a substantial aspect of stereotypes about their group: In a 1991 representative sample of 504 Black Americans, 82% believed that Whites think Blacks “are more likely to commit violent crimes,” and this was the

**Table 2.** Study 1: Participants' Rankings of Impression-Management Strategies

Average ranking order	Nonoverweight participants				Overweight participants			
	No-salience condition		Salience condition		No-salience condition		Salience condition	
	Strategy	Mean rank	Strategy	Mean rank	Strategy <sup>a</sup>	Mean rank	Strategy	Mean rank
1	Arriving on time	2.44 (1.63)	Arriving on time	2.26 (1.79)	Arriving on time	2.63 (2.36)	<b>Wearing clean clothes</b>	<b>2.08 (1.32)</b>
2	Making eye contact	2.74 (1.43)	Making eye contact	2.79 (1.23)	(2) Making eye contact	3.06 (1.12)	Arriving on time	2.06 (2.06)
3	Smiling	3.11 (1.53)	<b>Wearing clean clothes</b>	<b>3.37 (2.24)</b>	<b>(2) Wearing clean clothes</b>	<b>3.06 (1.59)</b>	Making eye contact	2.92 (1.26)
4	<b>Wearing clean clothes</b>	<b>3.81 (1.73)</b>	Smiling	3.58 (1.46)	Smiling	3.50 (1.97)	Smiling	3.77 (1.01)
5	Listening closely	4.04 (1.37)	Listening closely	4.16 (1.30)	Listening closely	4.75 (1.65)	Listening closely	4.69 (1.18)
6	Laughing	5.70 (1.66)	Laughing	6.26 (1.19)	Laughing	5.44 (1.59)	Laughing	6.15 (1.21)
7	Avoiding controversial topics	6.93 (1.33)	Telling jokes	6.68 (1.73)	Telling jokes	6.19 (1.68)	Telling jokes	6.85 (1.07)
8	Telling jokes	7.22 (1.73)	Avoiding controversial topics	6.89 (1.10)	Avoiding controversial topics	7.38 (1.20)	Avoiding controversial topics	7.23 (1.09)

Note: Standard deviations are given in parentheses. The strategy of focal interest—wearing clean clothes—is in boldface.

<sup>a</sup>Numbers in parentheses in this column indicate tied rankings.

most commonly held metastereotype among Blacks (above metastereotypes of low intelligence, etc.; Sigleman & Tuch, 1997). Because this violence stereotype is held more strongly regarding Black men than Black women (Navarrete et al., 2010; Plant, Goplen, & Kunstman, 2011), we recruited only men for Study 2.

## Method

**Participants.** Participants were 160 men recruited from an undergraduate participant pool. A total of 114 responded “yes” to the question, “Are you very overweight for your height?” on a prescreening survey and were not Black (9 Asian, 72 White, 19 Latino, 1 Native American, 1 other race or ethnicity, 9 multiracial, 3 unknown); the remaining 46 participants said they were not overweight and were Black only ( $n = 37$ ) or multiracial ( $n = 9$ ). The study had a 2 (group: overweight, Black; between participants)  $\times$  2 (metastereotype salience: salience, no salience; between participants)  $\times$  2 (strategy: wearing clean clothes, smiling; within participants) design.

**Procedure.** The procedure was identical to that used in Study 1 except for changes described in this section.

As in Study 1, the metastereotype survey asked participants about the perceptions and emotions of “most people” toward specific groups, but for only two, not three, target groups. For all participants, the first group was Native Americans, and the second group corresponded to the participants’ own self-reported group: Overweight participants answered questions about other people’s prejudice toward “obese people,” whereas Black participants answered questions about other people’s prejudice toward “African Americans.” (See the Supplemental Material for additional details about the items on this survey.)

Participants ranked nine self-presentation strategies according to importance for making a good first impression. Strategies included “wear clean clothes” (a strategy that would reduce the appearance of disease threat) and “smile” (a strategy that would reduce the appearance of a threat of physical violence).<sup>4</sup>

## Results and discussion

**Metastereotypes.** As in Study 1, we assessed a precondition necessary for testing our hypothesis. To examine whether overweight and Black participants held different

threat- and emotion-specific metastereotypes, we conducted a mixed-factor analysis of variance (ANOVA) with metastereotype of threat (physical violence, disease; within subjects) and group (Black, overweight; between subjects) as factors. (An initial analysis revealed no effects of metastereotype salience: Participants reported the same metastereotypes regardless of whether they completed the metastereotype survey before or after the impression-management task, so the analyses reported here were collapsed across conditions.) Missing data from 2 participants resulted in a sample smaller than the full sample for analyses that included data from the metastereotype survey. There was no main effect of group ( $F < 1$ ; the groups viewed themselves as equally stigmatized) and no main effect of metastereotype of threat ( $F < 1.3$ ; the groups' metastereotypes did not reflect greater violence or disease threats overall). However, the predicted Group  $\times$  Metastereotype of Threat interaction did emerge,  $F(1, 155) = 164.72, p < .001, \eta_p^2 = .52$ . Simple-effects analyses (see Table 3) confirmed that overweight participants thought that other people saw their group as posing a threat of disease and that Black participants thought that other people saw their group as posing a threat of violence.

### Rankings of impression-management behaviors.

We predicted that when their metastereotypes were salient, overweight participants would prioritize wearing clean clothes and Black participants would prioritize smiling. Because we had no a priori conceptual grounds from which to predict Black participants' baseline preference for wearing clean clothes or overweight participants' preference for smiling, the contrast-analysis strategy from Study 1 was inappropriate in this case. Instead, we analyzed rankings of smiling and wearing clean clothes using a 2 (strategy: smiling, wearing clean

clothes; within subjects)  $\times$  2 (group: overweight, Black; between subjects)  $\times$  2 (metastereotype salience: salience, no salience; between subjects) mixed ANOVA. As predicted, a significant three-way interaction emerged,  $F(1, 156) = 8.10, p = .005, \eta_p^2 = .05$  (see Fig. 1 and Table 4). The analysis produced no main effects of metastereotype salience,  $F(1, 156) = 3.16, p = .08, \eta_p^2 = .02$ ; group ( $F < 1$ ); or strategy ( $F < 1$ ), and no significant two-way interactions (all  $F$ s  $< 1$ ). We therefore conducted a separate two-way ANOVA for each strategy, with group and metastereotype salience as factors.

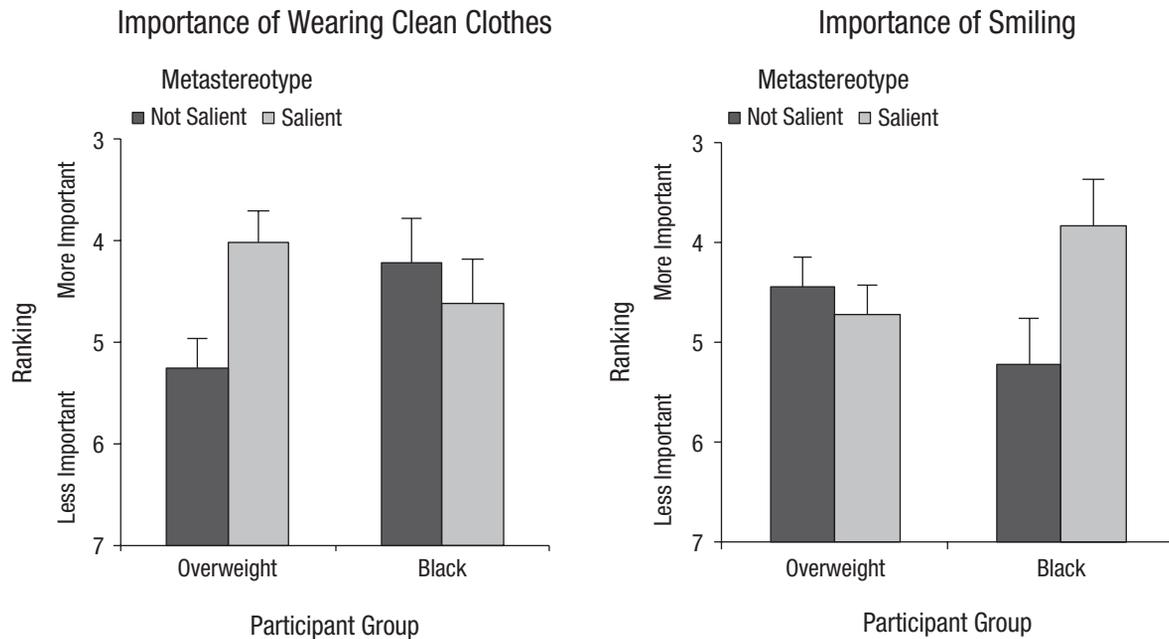
For wearing clean clothes, no main effects of group or metastereotype salience emerged ( $F$ s  $< 1.1$ ). However, the predicted interaction between group and metastereotype salience did emerge,  $F(1, 156) = 3.97, p = .048, \eta_p^2 = .03$ . Simple-effects comparisons confirmed the finding from Study 1 that overweight participants ranked wearing clean clothes as more important in the salience condition (lower scores indicate greater importance;  $M = 4.02, SD = 2.07$ ) than in the no-salience condition ( $M = 5.25, SD = 2.36$ ),  $F(1, 156) = 7.96, p = .005, \eta_p^2 = .05$ . In contrast, Black participants showed no reliable preference for this strategy as a function of metastereotype salience ( $F < 1$ ) and even showed a trend toward ranking wearing clean clothes as less important in the salience condition.

For the importance of smiling, no main effects emerged for metastereotype salience,  $F(1, 156) = 2.03, p = .16, \eta_p^2 = .01$ , or group ( $F < 1$ ). However, group and metastereotype salience interacted,  $F(1, 156) = 4.56, p = .034, \eta_p^2 = .03$ . As predicted, simple-effects comparisons showed that Black participants viewed smiling as more important in the salience condition ( $M = 3.83, SD = 2.06$ ) than in the no-salience condition ( $M = 5.22, SD = 2.45$ ),  $F(1, 156) = 4.45, p = .037, \eta_p^2 = .03$ . The ranking overweight participants gave smiling did not differ between the salience and no-salience conditions,  $F < 1$ .

**Table 3.** Study 2: Overweight and Black Men's Mean Metastereotype Ratings of Their Own Group, and Differences Between the Groups' Metastereotypes

Metastereotype or metastereotype component	Mean rating		Difference between groups
	Overweight men's metastereotype of their group	Black men's metastereotype of their group	
Overall disease-threat metastereotype	5.43 (1.67)	3.47 (1.63)	$t(155) = 6.72, p < .001$
Disgust items	6.28 (2.07)	3.36 (2.03)	$t(155) = 8.01, p < .001$
Disease-threat items	4.16 (2.25)	3.59 (1.74)	$t(101.3) = 1.69, p = .09$
Overall violence-threat metastereotype	3.40 (1.57)	5.11 (1.97)	$t(69.7) = 5.24, p < .001$
Fear items	2.97 (1.83)	5.53 (2.30)	$t(155) = 7.34, p < .001$
Violence-threat items	3.83 (2.04)	4.76 (2.22)	$t(155) = 2.52, p = .01$

Note: The table presents mean scores on the survey assessing participants' disease-threat metastereotypes and violence-threat metastereotypes for their own group. Standard deviations are included in parentheses. Because of missing data, the sample sizes for these analyses are smaller than the full sample. For comparisons in which a significant Levene's test revealed unequal variances, the adjusted degrees of freedom were used.



**Fig. 1.** Results of Study 2: average rankings of the importance of wearing clean clothes (left panel) and smiling (right panel) as a function of participant group (overweight men, Black men) and metastereotype salience (salience, no salience). Error bars represent standard errors.

**Table 4.** Study 2: Participants' Rankings of Impression-Management Strategies

Average ranking order	Overweight men				Black men			
	No-salience condition		Salience condition		No-salience condition		Salience condition	
	Strategy	Mean rank						
1	Arrive on time	3.39 (2.76)	Arrive on time	3.5 (2.89)	Arrive on time	3.17 (2.79)	<b>Smile</b>	<b>3.83 (2.06)</b>
2	Look interested	3.98 (2.32)	<b>Wear clean clothes</b>	<b>4.02 (2.07)</b>	Wear clean clothes	4.22 (2.47)	Arrive on time	4.3 (2.7)
3	Listen closely	4.14 (2.21)	Listen closely	4.21 (2.32)	Look interested	4.74 (2.4)	Listen closely	4.35 (2.6)
4	Smile	4.45 (2.31)	Look interested	4.53 (2.19)	Listen closely	4.87 (2.32)	Look interested	4.48 (2.09)
5	<b>Wear clean clothes</b>	<b>5.25 (2.36)</b>	Smile	4.72 (2.14)	Appear calm and relaxed	5.00 (2.41)	Wear clean clothes	4.61 (2.73)
6	Appear calm and relaxed	5.29 (2.16)	Appear calm and relaxed	4.76 (2.47)	<b>Smile</b>	<b>5.22 (2.45)</b>	Appear calm and relaxed	5.00 (2.36)
7	Ask questions	5.7 (2.37)	Ask questions	5.9 (2.28)	Make jokes	5.48 (2.83)	Ask questions	5.09 (2.35)
8	Cover your mouth when you cough	6.32 (2.23)	Cover your mouth when you cough	6.38 (2.48)	Ask questions	5.83 (2.44)	Make jokes	6.57 (2.94)
9	Make jokes	6.48 (2.77)	Make jokes	6.98 (2.27)	Cover your mouth when you cough	6.48 (2.15)	Cover your mouth when you cough	6.78 (2.09)

Note: Standard deviations are given in parentheses. The strategies of focal interest—wearing clean clothes for overweight men and smiling for Black men—are in boldface.

## General Discussion

In these two studies, members of stigmatized groups adopted different impression-management strategies depending on their particular group membership and the salience of stereotypes about their group. When metastereotypes about their group were activated, participants selectively prioritized strategies for minimizing the specific threat their group is stereotypically seen to pose: Overweight participants prioritized wearing clean clothes (a counteractive behavior for disease threat; Studies 1 and 2), whereas Black participants prioritized smiling (a counteractive behavior for physical violence; Study 2). Thus, as may happen in job interviews, performance evaluations, casual social encounters, and other situations requiring prioritization of limited cognitive and behavioral resources, targets shifted their focus toward those strategies that might counteract other people's threat-specific perceptions about their group.

### Role of metastereotypes

How, exactly, do metastereotypes influence impression-management strategies? Perhaps individuals with stronger threat-specific metastereotypes endorse threat-reducing strategies more. Alternatively, it may be that the extent to which people believe threat-specific stereotypes exist is less important for impression-management strategies than whether they believe such stereotypes exist, particularly for relatively well-known and consensually held metastereotypes that might have little true variability in strength. In the current studies, follow-up analyses showed that individual differences in metastereotypes only weakly (i.e., nonsignificantly) predicted endorsement of threat-reducing strategies. Future work might profitably explore whether metastereotypes operate as a linear or threshold mechanism.

### Theoretical extensions

Examining the specific threats that groups are seen to pose may be an important new direction for research on managing stigma. Other dimensions on which stigmas vary (e.g., whether the mark is concealable or perceived to be controllable, or whether people self-identify as members of the stigmatized group; Crandall, Tsang, Harvey, & Britt, 2000; Crocker et al., 1998; Jones et al., 1984) have proven to moderate stigma-management strategies. We suggest that considering the specific threat a group is seen to pose can enrich the study of stigma management, as our studies demonstrate that different threat-specific prejudices can produce different, even contrasting, self-presentational efforts for targets.

One novel implication of the threat-specific approach to stigma is that groups varying greatly along other

dimensions—such as people who are very old (a condition perceived to be uncontrollable) and people who are overweight (a condition perceived to be controllable)—may nonetheless use similar strategies for managing their stigma if the cues marking their stigma heuristically imply the same fundamental threat (e.g., to health; Schaller, 2011). These strategies are, in turn, likely to be different from those adopted by groups seen to pose qualitatively different threats (to physical safety, reciprocity, etc.), even if those groups may be similar on other dimensions of stigma. A threat-based approach illuminates group similarities and differences that might otherwise go unexamined.

Our studies examined targets' strategies for counteracting threat-specific metastereotypes. What do targets do, however, when metastereotypes are not in conflict with a given goal but rather have the potential to facilitate it? There may be some situations in which targets seek to increase, rather than decrease, the extent to which they are seen to pose a particular threat. For example, when trying to protect a loved one from interpersonal violence—a predicament in which being feared affords advantages—Black men might exploit stereotypes that they are dangerous by presenting a stereotype-congruent persona. Future work could fruitfully explore such implications of a threat-specific approach to stigma.

## Conclusion

Emerging work demonstrates that prejudices are responses to the specific threats groups are believed to pose. Our data contribute to work demonstrating that stigmatized individuals make selective efforts to reduce the negative perceptions others hold of their group, as targets anticipate and respond to nuanced prejudices with strategies tailored to the specific threats others perceive them to pose. A more complete understanding of these strategies, the situations in which they are most likely to be used, and the extent of their effectiveness may go a long way toward advancing understanding of stigma and the prejudice-mitigating behavior of stigmatized individuals.

### Declaration of Conflicting Interests

The authors declared that they had no conflicts of interest with respect to their authorship or the publication of this article.

### Supplemental Material

Additional supporting information may be found at <http://pss.sagepub.com/content/by/supplemental-data>

### Notes

1. None of the participants were Muslim. Fourteen were Mexican American; removing these participants did not change

data patterns or significance levels, so all participants were included in the analyses reported here.

2. Ratings from a separate sample confirmed that these items are considered generally positive, and that the focal dependent variables (Study 1: wearing clean clothes; Study 2: wearing clean clothes and smiling) were not extreme options. The focal dependent variables in Study 2 were not different from one another in general positivity.

3. Despite the ipsativity of rank-ordered items, the planned contrast analysis of a single item (in Study 1) or use of analysis of variance for two of nine ranked items (in Study 2) is unlikely to produce seriously distorted results (Greer & Dunlap, 1997).

4. In an exploratory fashion, for Study 2, we added to the ranking task one item that might also reduce the appearance of disease threat: "cover your mouth when you cough." However, it was endorsed at a very low level by all participants, perhaps because it is viewed as a regularized, default social behavior and thus not one that would require special attention, effort, or priority as an impression-management strategy.

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