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Chapter I
Review of Literature

In 2003 the National Vital Statistics Report estimated there were 66.1 live births per 1,000 women between the ages of 15 and 44 (Martin, Hamilton, Sutton, Ventura, Menacker, & Munson, 2005). Unfortunately not every woman or couple who desires a child is able to conceive. According to the Center for Disease Control (Chandra, Martinez., Mosher, Abma, & Jones, 2005), data collected in 2002 revealed that 12% of women ages 15-44 (or 7.3 million women) had impaired fecundity, a physical difficulty with getting pregnant or carrying a baby to term. However, these statistics include all women. When limiting the sample to married women, approximately 15% of married women had impaired fecundity, representing an estimated 4.3 million married women in 2002 (Chandra et al. 2005). It should be acknowledged that there is a second group of couples who do not have children; couples who remain childless by choice.

The National Center of Health Statistics confirms that the percentage of American women of childbearing age who define themselves as voluntarily childless rose sharply in the 1980s and 90s: from 2.4% in 1982 to 4.3% in 1990 to 6.6% in 1995 (Chandra et al. 2005). Some argue that, regardless of the increase in voluntarily childlessness and changes to the American family structure, remaining childless, whether or not by choice, violates societal norms of the past and the present (Gannon, Glover, & Abel, 2004; Hird & Abshoff, 2000).

History of Pronatalism

The definition of family has changed drastically over the years, especially in the United States. In pre-industrial years, as children became part of the labor force for agrarian
society, children brought with them economic security for the family. In their review of the historical development of families, Hird and Abshoff (2000) argued that prior to the 19th century interest in children was primarily economic. With the advent of the Industrial Revolution, the economic need for children lessened. Procreation moved from an economic necessity to a decision couples could base more on their desire for children.

It was not until the 1970s that couples had a reliable means to avoid conception other than abstinence (Hird & Abshoff, 2000). For the first time, the means to remain childless by choice were more attractive than traditional methods, such as abstinence, and natural family planning. Though technological advances enabled sexually active couples to have more control over their family planning, societal pressures for married couples to produce children continued (Hird & Abshoff, 2000).

Many theorists contend that the US culture is clearly pronatalist, which is defined as having attitudes and policies that positively reinforce those who parent children while punishing those who do not adhere to this normative behavior (Gerrity, 2001; Gold & Wilson, 2002; Hird & Abshoff, 2000; Lalos, Lalos, Jacobsson, & von Schoultz, 1986; LaMastro, 2001; Miall, 1986; Park, 2002, 2005; Somers, 1993). According to traditional American views, the expected order of events to take place in an adult’s life is to find a partner, marry, reproduce, and raise children who will then fulfill the same pattern (Gold & Wilson, 2002). In addition, major religious groups value and expect procreation within marriage (Veevers, 1980). With an estimated 80% of the United States population adhering to western religions (Chandra et al., 2005), religious affiliation may put extra pressure on couples to procreate.
If the pressures from religious groups were not enough, non-religious factors have also played a role in upholding the societal expectation to bear children. Social and medical advances have now made it possible for women who were once unable to have children to do so. Improved treatment for infertility and more liberal adoption laws allowing non-traditional families to adopt have opened the doors to parenthood for many more women (Somers, 1993). Thus, there are even fewer reasons today why a woman cannot raise a child. Consequently, couples who choose not to have children and couples who remain unable to have children may violate societal norms and thus be stigmatized (Somers, 1993).

**Stigma and Norm Violation**

The history of the word “stigma” dates back to ancient Greece. The term was used to describe a mark that was cut or burned into the body of a person with blemished character, such as a traitor, slave or criminal (Goffman, 1963). Today the term has come to have a variety of definitions and synonyms including, “besmirchment, black eye, black mark, blame, blemish, blot, brand, disfigurement, disgrace, dishonor, fleck, imputation, lost face, mark, odium, onus, reproach, scar, slur, smudge, splotch, spot, stain, and taint” (Kipfer, 2007).

Psychologists have defined stigmatization as the manner in which individuals construct cognitive categories and link those categories to stereotyped beliefs (Link & Phelan, 2001). However, this definition does not encompass the negative connotations that stigmas carry. Goffman (1963) argued that stigma is best conceptualized in conjunction with the notion of deviance; victims of stigmatization are individuals who others perceive as having violated entrenched social norms. A modern definition suggests that “people who are stigmatized are the targets of negative stereotypes, are generally devalued in the larger society, and receive disproportionately negative interpersonal and economic outcomes.”
Almost any individual who falls outside the realm of society’s norms can be subject to stigmatization. Stigmatized individuals can fall into several categories: the mentally ill, the physically or mentally disabled, members of minority races, non-heterosexuals, and individuals who do not have children because they violate the pronatalist norms of society (Angermeyer & Matschinger, 2005; Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003; Park, 2002; Schneider et al., 1996).

The Stigma of Voluntary Childlessness

The childless population of adults includes those who are physically unable to have children, those who are temporarily childless, and those who choose not to have children (Park, 2002). The voluntarily childless include couples who may or may not be infertile, but choose not to have children. In an article aimed at helping therapists be more effective when treating the childfree, Gold and Wilson (2002) advised other therapists to keep in mind the multitude of reasons why couples may choose not to have children. The authors suggest couples may remain childless for the following reasons: desire to focus on career, lack of resources, desire for freedom, a wish to not add to overpopulation and/or pollution, a desire to serve others outside of parenting roles, dislike of children, negative childhood experiencing, and not wanting to bring children into an unsafe world. Regardless of the reasoning behind the decision to remain childfree, Park (2002) argued that members of our pronatalist society view these justifications to avoid childbearing as unacceptable. Because they violate the pronatalist norms and the justifications for doing so are not accepted, voluntarily childless couples become vulnerable to stigmatization.

Polit (1978) was one of the first to establish the relationship between stigma and parental status by investigating stereotypes relating to family size. Six different family-size
vignettes were mailed to 600 residents in the greater Boston area. The vignettes described family sizes of no children (voluntary), no children (involuntary), one, two, four and eight children. Respondents were asked to rank both the husband and wife described in the vignette on six scales of the Adjective Check List (ACL) and one scale of social distance. Results indicated that the voluntarily childless individuals were perceived as significantly less socially desirable, more socially undesirable, less well adjusted, less nurturant, more autonomous, more succorant, and more socially distant than individuals of all other family size statuses (Polit, 1978).

In 1980 Calhoun and Selby investigated childless couples at the dyad level rather than at an individual level. The researchers attempted to determine how participants perceived each partner separately when a couple was either described as having children or as choosing to remain childless. A total of 113 undergraduates were asked to read a paragraph about a couple who was either described as childless or as parents, and then rate each partner on a series of items including character traits associated with adjustment/maladjustment, degree of psychological disturbance, likeability, and the likelihood that the spouses would divorce in 10 years. Results indicated that the participants rated the husband with children as significantly less disturbed than the voluntarily childless husband, and the childfree wife was rated as significantly less likeable and less well-adjusted than the mother (Calhoun & Selby, 1980).

Callan (1983) surveyed 50 mothers regarding their perceptions of childfree wives, using both an adjective checklist and open-ended section where the mothers could add their own comments. Analyses from the adjective checklist suggested that mothers view childless wives as materialistic and hedonistic. In addition, when researchers analyzed the frequency
of the parents' comments of the voluntarily childless, the most frequent comments included being selfish, lonely in their old age, strange, weird, unstable, irresponsible, rejecting their natural desire to parent, and unfulfilled.

Though it may seem natural for mothers to perceive individuals who choose not to parent as deviant, it is important to understand how others, including non-mothers, perceive the childfree; this task was undertaken by Mueller and Yoder (1997). After reading a vignette describing a childfree couple or parents, college students evaluated voluntarily childfree women significantly less favorably than mothers on six of eleven dimensions, including fulfillment, happiness, liking children, and having a rewarding life (Mueller & Yoder, 1997).

The prevalent social stigmas and stereotypes generally do not go unnoticed by the child-free couples. Somers (1993) compared responses of 74 child-free couples and 127 parents on an adaptation of the Stereotype Rating Scale (Magarick, 1981), which assesses how adults perceive themselves as being stereotyped. The respondents were instructed to rate several bipolar adjectives (including selfish-unselfish; mature-immature; natural-unnatural) based on how they thought relatives and friends viewed the participant as a result of the participant's reproductive choice. Somers (1993) discovered that the childfree participants believed their choice to not have children caused relatives and friends to view "the voluntarily childless" negatively, whereas parent participants reported that they did not feel that others harbored negative attitudes toward their choice to parent.

Individuals' reports describing attempts to cope with stigmatization are another indicator of stigma's existence. In an attempt to explore these management and coping methods, Park (2002) conducted in-depth interviews with 24 voluntarily childless women.
and men, which was followed by a focus group in which seven of the interviewees participated. The purpose of the study was to determine the techniques that childfree individuals used in social interactions to manage stigmatized identity. Initial interviews were coded for analytic themes which were confirmed by a post-data analysis focus group. One participant in the study appeared to recognize the social impact of her choice in her description of her choice to remain childless as the “last taboo, the last alternative lifestyle” (p. 31). A second participant also recognized the social pressure to parent and has made the decision to not share her choice to remain childfree with her peers. She explains, “…in society I’d be labeled as a bad person, so normally I say I’m not ready for that responsibility yet,” (p. 33).

Prior research may lead one to believe individuals often assume that childfree couples remain so because the couples do not like children (Calhoun & Selby, 1980; Callan, 1983; Polit, 1978). However, there is little empirical evidence to support this stereotype (Baum, 1983; Campbell, 1983; Connidis & McMullin, 1996). On the contrary, many childless couples are actively involved as volunteers, teachers, godparents, aunts, uncles, and other parent-parallel roles (Hird & Abshoff, 2000).

In addition to negative attributes (selfishness, hedonistic, unloving) and inaccurate assumptions (childfree couples hate children) that society associates with voluntarily childless couples, people may also assume that the childfree miss out on a bevy of positive outcomes that stem from having children. Park (2005) suggested that cultural scripts associate parenthood as a type of moral redemption by which individuals who have fallen into sinful, hedonistic lifestyles are only able to save themselves by settling down and having
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Being a parent is viewed as a rescue from self-destruction because of the new responsibilities involved in raising children (Park, 2005).

The evidence that childfree-by-choice individuals perceive themselves to be stigmatized and make attempts to cope with stigmatization may cause one to wonder if couples who lack the choice to conceive due to infertility also perceive themselves to be victims of stigmatization.

*The Stigma of Involuntary Childlessness*

An infertile couple is typically defined as a couple who has been attempting to conceive after one year of regular intercourse without success and without prior conception, or the failure to carry a pregnancy to term (Gerrity, 2001). Unfortunately, this situation becomes a reality for approximately 10% of women in their reproductive years (Jordan & Revenson, 1999). Possible factors contributing to infertility may include postponement of childbearing until the late 30s and early 40s, increased cases of sexually transmitted infections, use of contraceptives, and advanced technology for detecting infertility (Jordan & Revenson, 1999). Infertility can be a difficult and painful situation for couples, especially for those couples who reside in a society that is traditionally pronatalist.

For some couples the loss of the ability to bear children is as difficult and heart-wrenching as the death of a loved one. The role of parent is often a dream that couples share and not being able to fulfill that dream can affect many areas of the couples’ lives. Gerrity (2001) conducted a literature review on infertility and how infertility affects individuals, couples and families (2001). Gerrity (2001) summarized the results of the reviewed studies into several major areas of impact: existential, “What is my purpose if I am not able to raise children?”; familial, “How will my parents react knowing that they’ll never have...
grandkids?"; interpersonal, "What do I have in common with people my age now that we can’t talk about our children together? Will they understand?"; physical, "How can my body betray me like this?"; and emotional, "How will I ever recover from this?".

In an attempt to discover what factors contribute to helping couples cope with the stress of infertility, questionnaires were administered to 109 infertile women to measure psychological distress, well-being, marital quality, and perceived adequacy of social support. Results of the study indicated that the adequacy of social support is fundamental in helping couples cope; greater levels of social support were directly related to less psychological distress and greater well-being (Amir, Horesh, & Lin-Stein, 1999).

Though the fact that adequate social support can help a couple cope with the loss of their reproductive ability, it is not always forthcoming from friends and family. Lalos, Lalos, Jacobsson and VonSchoultz (1986) interviewed 30 infertile couples in an effort to assess psychological disturbances and emotional reactions. In addition to feelings of guilt and depression which many of the couples possessed, many of the couples also reported significant feelings of loneliness and isolation. The majority of the couples also described their relatives and friends as not offering genuine social support (Lalos, Lalos, Jacobsson & VonSchoultz, 1986). In a second study, interviews with eight women who had been infertile for more than seven years indicated that some infertile women never speak to others about their condition or their lack of children because the women assume that parents will not understand their plight or that they will not have anything in common with similarly aged parents (Johansson & Berg, 2005).

Similar to couples who choose not to have children, infertile couples are exposed to the messages that all married couples should reproduce and those who do not reproduce
violate social norms (Veevers, 1980). Veevers (1972) suggested that the "deviant" behavior of not having children violates societal norms for couples, regardless of whether children are absent by choice or involuntarily. Involuntarily childless couples may also be stigmatized because the physical malfunctions that cause infertility are often not easily observed and thus the couples may be stigmatized because it is assumed that their childless status is voluntary (Miall, 1986). This may lead observers to attribute all of the aforementioned negative stereotypes associated with voluntarily childlessness onto a couple who actually desires offspring but are unable to give birth. (Miall, 1986).

Stigma attributed to the infertile may not only stem from the initial inability to distinguish the infertile from the childfree. As previously mentioned, many religions view procreation as essential. Johansson and Berg (2005) argue that though childlessness is viewed differently in various parts of the world, a common theme includes childless marriages being viewed as "major disaster[s]" (p. 58) from religious, cultural and social perspectives. In Judaism and Christian tradition, children are seen as blessings and miracles from heaven; in the Old Testament barrenness is presented as a curse or punishment for the sins of the couple (Miall, 1986). Miall assessed 71 infertile women ages 25 to 45 to determine the level of stigma the participants perceived to be directed at the participants because of their infertile status. Participants were recruited through social work agencies, adoptive parent groups, and through other research participants. A pre-tested, standardized, open-ended interview was conducted with 30 of the participants and the remaining 41 women completed a questionnaire identical to the interview schedule. One woman responded, "I do believe it lessens you in some people's eyes, makes you different and possibly even morally suspect like God is punishing you or something...somehow infertility
lessens your accomplishments for some people” (p. 272). In addition, nearly all of the respondents reported that they felt the experience of infertility represented a failure of the body to work normally; most of the women were concerned that, if others were aware of the couple’s infertility, then others would judge the couple to be damaged. And, as previously mentioned research suggests, the respondents of this study also reported that it was difficult to share the news of their infertility with people around them because of personal feelings of inadequacy and shame.

As women have moved into the work force and become increasingly equal to men on many fronts, it has been suggested that sexual reproduction has grown in importance in defining the feminine gender role (Hird & Abshoff, 2000). Hird and Abshoff theorized that bearing children is one of the remaining ways that women can distinguish themselves from men. Though child bearer may be a role reserved solely for defining women, the choice and the accompanying consequences to raise and care for children are not limited to women. Researchers have theorized that societal pressures on men to desire the role of fatherhood have recently increased (Gannon, Glover & Abel, 2004). Though the majority of previously mentioned studies have focused on the effects of female infertility, there are also specific stigmatizations for men who are unable to conceive. Edelmann and colleagues (2000) administered questionnaires measuring various aspects of personality and psychopathology to 280 couples. After comparing responses of the men and women, they found that women did not experience more distress than men in reaction to infertility. Another study assessed couples in which the male partner was the identified infertile partner. Among 44 couples who identified themselves as having attempted in vitro fertilization, all but nine of the husbands
expressed guilt and embarrassment over the perceived inability to conceive and confirm their masculinity (Edelmann, Humphrey & Owens, 1994).

In a 1994 interview with men and women who had no fertility problems, Miall found that male infertility was viewed as a sexual dysfunction and associated with higher levels of stigma than female infertility. In a second study, Gannon and colleagues (2004) used a Discourse Analysis to analyze newspaper articles reporting on male infertility to determine how male infertility was portrayed in the British media. In the newspaper reports, male infertility was often associated with impotence or other male sexual dysfunction. Based on these results it appears as if both infertile men and infertile women experience stigma due to their inability to reproduce, even though their childless status is not of their own choosing.

Consequences of Stigmatization

Regardless of the reasons as to why a couple does not have children, there is much support suggesting that childless couples are victims of stigmatization. But what are the consequences of being stigmatized? Link and Phelan (2001) defined the process of stigmatization as being comprised of four components: labeling differences, associating those differences with stereotyped traits, separation of individuals from the majority population (“us” versus “them”) and, finally, the loss of status and/or discrimination.

The first component, labeling differences, occurs when individuals discover that an individual or couple cannot or chooses not to have children. The second component, associating differences with stereotyped traits, has been demonstrated when individuals perceive the childfree to be more psychologically disturbed, less likeable, and less well-adjusted (Polit, 1978) and the infertile to be sexually dysfunctional (Gannon, Glover & Abel, 2004) or deserving of barrenness (Johansson & Berg, 2005). Thirdly, lack of social support
is one consequence that has already been experienced by infertile individuals (Lalos et al., 1986) and may be considered examples of how childless individuals are separated from the majority population. Susman (1994) argued that this social separation occurs because a disability or social deviancy discomfits “normal” individuals and thus “normal” individuals are unsure as to how they should act. Because of this discomfort, encounters with the norm-violating individuals are avoided. Thus far the assumed cause of stigmatization has been norm violation. However, in addition to norm violation, there are other factors that can influence the severity of stigma.

**Understanding Stigmatization**

Attribution theory is useful in understanding the underlying processes for why an individual is stigmatized (Weiner, 1995; Weiner, Perry & Magnusson, 1988). The process of generating attributions refers to one’s efforts to understand the causes behind others’ behavior (Baron & Byrne, 2000). Two commonly researched dimensions of these causal attributions include stability (Will this trait/behavior change over time?) and controllability (can the individual change if he or she wishes to do so?) (Weiner, 1995). Individuals observe a person’s behavior, such as being childless, and generate explanations about why the behavior occurred, and then decide if the behavior is under the person’s control. If the individual decides that another’s behavior is controllable, then assumptions are made regarding how responsible the individual is for hers/his behavior (Weiner, 1995). The theory suggests that if an observer attributes the cause of behavior to be something of which the individual is in control, the more responsible the individual will be perceived to be.

The level of controllability attributed to an individual’s negative characteristics, behaviors or situation may determine the extent to which one is stigmatized. When a person
is perceived to be in control of, and thus responsible for her/his negative behavior, negative perceptions are formed of the individual. In particular, if an individual performs a norm-violating behavior and the person is assumed to be in control of their socially undesirable behavior, the individual may be perceived as “deserving” of stigmatization. For example, if one perceives being childless as a norm-violating state, and as being within the control of the childless individual, the negative attributes associated with childlessness are applied to the individual, or, in other words, he/she is stigmatized. On the other hand, if childlessness is considered an undesirable state and the childless individual is not considered to be in control of and not responsible for her/his childlessness, then the childless individual may avoid stigmatization.

Research has provided empirical support for the abovementioned processes. Weiner et al. (1988) presented 59 students with groups of disabled individuals and had the participants rate the controllability of their disability, specifically whether the individual was personally responsible or outside forces were responsible for the disability. Research participants perceived the group with mental-behavioral disabilities (AIDS, drug abuse, obesity) as significantly more in control of their disorders, more responsible for their conditions, and therefore less worthy of pity, than the group with disabilities of a physical cause (blindness, cancer, paraplegia).

In the above mentioned study, no attempt was made to experimentally manipulate the variance of the perceived controllability of the ailments. The variance occurred naturally (i.e., the perceptions of controllability were beliefs harbored prior to research participation). Although perceived controllability was correlated with worthiness of pity, it is possible this correlation was simply a “disease effect”. To rule out a “disease effect,” the disease must be
kept constant, while manipulating the controllability of the disease. In order to do this, researchers presented information about a mentally ill man and varied the cause of his illness to determine if perceived controllability affected the level of discrimination (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). Community college students read one of three vignettes describing a 30 year old man with schizophrenia. The vignettes varied the cause of the mental illness; the illness was described as either having been caused by a car accident (not under his control), years of substance abuse (under his control), or no cause was given. Consistent with the tenets of Weiner’s attribution theory, when participants were informed that the cause of illness was under the man’s control, he was perceived by participants to be significantly more responsible for his illness than when participants were informed it was not under his control. In addition, participants who viewed the man as responsible for his illness were significantly more likely to avoid, withhold help, and endorse coercive treatment of the mentally ill man compared to when the man was perceived to be not responsible for his mental illness (Corrigan et al., 2003).

Based on the results of the previously summarized studies, one might assume that individuals who are childless because of a physical condition may be more worthy of support or pity because they are not responsible for their condition; however, childless individuals who choose not to conceive are more responsible for their norm violating behavior and thus more deserving of stigma.

Although the impact of others’ attributions on stigmatization has been empirically established, it is also possible that individual differences between observers may also mediate whether or not a target is stigmatized. Belief in a just world, often conceptualized as a personality characteristic which varies among individuals (Hafer & Begue, 2005), can
influence stigmatization and discrimination. According to the just world hypothesis (Lerner & Simmons, 1966), individuals are motivated to believe that the world is just and fair. Essentially, good things happen to good people, and bad things only happen when a person deserves it. Lerner and Simmons (1966) reasoned that seeing a negative event happen to a seemingly innocent person produces an internal conflict between actual events and one’s belief in a just world. To reduce this conflict between events and one’s beliefs, perceivers with a high need to believe in a just world may derogate a victim by reasoning that the person deserved the negative outcome, thus preserving their belief that the world is still just.

In 2005, Hafer and Begue conducted a meta-analysis to summarize BJW research since 1980. As evidenced by the analysis, the most frequent type of BJW research has been the measurement of an individual’s belief in a just world to help understand reactions to victims, including victim derogation (Hafer & Begue, 2005).

One such study (Correia & Vala, 2003) randomly presented descriptions of an individual infected with HIV to 137 undergraduates. Descriptions of the target individual described an innocent victim (condom broke) and a non-innocent victim (no condom use). Belief in a just world and victim innocence were treated as independent variables, while victim attractiveness and victim derogation were dependent variables. Overall, participants viewed the innocent victim as significantly more attractive than the non-innocent; however, high BJW participants viewed the innocent victim as significantly less attractive than low BJW participants (Correia & Vala, 2003). Contradictory to the researchers’ hypothesis, the high BJW participants’ derogation of the innocent victim did not exceed the low BJW participants’ derogation. Despite the contradictory finding, there is a body of literature that demonstrated that BJW affects an individual’s perception of others, and differences in high
versus low BJW manifest primarily in how innocent victims are perceived, particularly with high BJW being associated with less acceptance of innocent victims than low BJW.
Chapter II
Rationale and Hypotheses

The definition of family has changed drastically over the years, especially in the United States. Though the values and ideals of society are constantly changing and evolving, one characteristic of U.S. culture has remained constant: pronatalism. Historically, pre-industry families had many children to help the family survive in an agricultural society. As the economic need for children subsided with the Industrial Revolution, it was argued that the desire for children became the driving force behind procreation. The pressure to procreate thus shifted from being economically driven to being socially driven (Hird & Abshoff, 2000). In addition, as advances in treatment for infertility and adoption for non-traditional families occurred, new possibilities arose for women and their partners to have children. Thus, it could be argued that there exists more social pressure to have children as fewer technical and social barriers prevent having children.

Though couples have gained greater control over reproduction through modern birth-control methods, many religions, families and friends still expect couples to reproduce. Not having children is a violation of the entrenched social norm to procreate (Veevers, 1980). As evidenced in the research, violations of this norm can lead to stigmatization (Calhoun & Selby, 1980; Callan 1983; Edelmann et al., 1994; Polit, 1978; Miall, 1986; Miall, 1994; Mueller & Yoder, 1997; Park, 2002; Somers, 1993). Research indicates that people seem to invalidate reasons for choosing not to conceive, and voluntarily childless couples are labeled as selfish, maladjusted, disliking children, unhappy, abnormal, unnatural, self-absorbed,
tense, hedonistic, immature, and unwomanly or unmanly (Gold & Wilson, 2002; Hird & Abshoff, 2000; Park, 2005; Somers, 1993).

Consistent with previous literature, it is predicted that voluntarily childless couples will be stigmatized when compared to parents.

**Hypothesis 1a.** The voluntarily childless couple will have a significantly lower loan approval rate compared to parents and the control couple.

**Hypothesis 1b.** Participants will rate the voluntarily childless couple less favorably, with significantly higher ratings on negative characteristics, than parents and the control couple (as measured by LaMastro’s bipolar personality trait checklist).

**Hypothesis 1c.** Participants’ predictions of relationship satisfaction and future relationship stability will be significantly less favorable for the voluntarily childless couple than for the parents and the control couple (as measured by Lampman and Dowling-Guyer’s relationship satisfaction survey).

Similar to couples who choose not to conceive, couples who wish to conceive but are unable to conceive do not escape stigmatization. These couples are assumed to have a physical malformation and/or a sexual dysfunction (Miall, 1986), with wives being viewed as less feminine (Hird & Abshoff, 2000) and husbands as less masculine (Edelmann et al., 1994). Infertile couples may be negatively perceived by religious followers (Johansson & Berg, 2005; Veevers, 1980). Additionally, attribution errors regarding the source of childlessness are made and the couple is frequently burdened with the same stigmas as the voluntarily childless because their childlessness is assumed to be within their control (Miall, 1986). The result of stigmatization can lead to couples receiving less social support, being alienated from friends and family, and increased feelings of inadequacy (Lalos et al., 1986;
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Miall,) as well as being the victim of stereotyping, separation, and discrimination (Link & Phelan, 2001).

Consistent with literature describing stigmatization of involuntary childless couples and misconceptions regarding cause of childlessness, the involuntarily childless couple will be stigmatized in relation to the parents and the control couple.

**Hypothesis 2a.** The involuntarily childless couple will have a significantly lower loan approval rate compared to parents and the control couple.

**Hypothesis 2b.** Participants will rate the involuntarily childless couple less favorably, with significantly higher ratings on negative characteristics, than parents and the control couple (as measured by LaMastro’s bipolar personality trait checklist).

**Hypothesis 2c.** Participants’ predictions of relationship satisfaction and future relationship stability will be significantly less favorable for the involuntarily childless couple than for the parents and the control couple (as measured by Lampman and Dowling-Guyer’s relationship satisfaction survey).

Specific perceptions about the controllability of the cause of childlessness and individual personality traits can influence how much an individual responds to a childless couple. Prior researchers have found that manipulation of the controllability of an individual’s disease can affect how likely participants would avoid or withhold help from the individual (Corrigan et al., 2003). When the disease was described in a manner suggesting controllability, significantly higher levels of avoidance and less help was provided compared to when the disease was not under the individual’s control. Participants’ attributions of responsibility affected the degree to which the ill individual was stigmatized, with those who
were perceived to be responsible being stigmatized at significantly higher levels than those not perceived to be responsible.

Based upon research regarding the controllability of a condition (Corrigan et al., 2003; Weiner et al., 1988), if childless couples are perceived to be in control of their parental status, they will be stigmatized to a greater extent than those perceived not to be in control of their childless status.

**Hypothesis 3.** The involuntarily childless couple will be perceived as significantly less in control of the cause of their childlessness than the voluntarily childless couple (as measured by Measurement of Impressions questionnaire).

Researchers comparing voluntarily childless couples and involuntarily childless couples have found mixed results. Lampman and Dowling-Guyer (1995) found participants to be less harsh on the involuntarily childless than the voluntarily childless. However, LaMastro (2001) found no significant differences between couples perceived to be voluntarily childless or involuntarily childless. It is important to note that the voluntary or involuntary status of the childlessness was not explicitly stated to participants in LaMastro's (2001) study as it was in the prior research (Lampman & Dowling-Guyer, 1995).

Consistent with the literature examining the impact of controllability of childlessness on stigma, the voluntarily childless couple will be stigmatized to a significantly greater extent than the involuntarily childless couple.

**Hypothesis 4a.** The voluntarily childless couple will have a significantly lower loan approval rate compared to the involuntarily childless couple.
**Hypothesis 4b.** Participants will rate the voluntarily childless couple less favorably, with significantly higher ratings on negative characteristics, than the involuntarily childless couple (as measured by LaMastro’s bipolar personality trait checklist).

**Hypothesis 4c.** Participants’ predictions of relationship satisfaction and future relationship stability will be significantly less favorable for the voluntarily childless couple than for the involuntarily childless couple (as measured by Lampman and Dowling-Guyer’s relationship satisfaction survey).

Additionally, individual personality characteristics, such as a person’s belief in a just world (BJW), can also influence whether or not a person stigmatizes others. BJW is operationalized as the extent to which an individual believes the world is just; basically good things happen to good people, and if something negative has happened, it must have been the person’s fault somehow (Lerner & Simmons, 1966). In past research participants with a high BJW have been found to view innocent victims as less attractive than low BJW participants (Correia & Vala, 2003), and other authors suggest that high BJW can help explain victim derogation (Hafer & Begue, 2005).

The greater belief in a just world participants endorse, the more likely they will be to stigmatize the infertile couple.

A greater belief in a just world (as measured by Lipkus et al.’s [1996] Belief in a Just World scale for others) will be significantly positively correlated with stigmatization of the involuntarily childless couple.

**Hypothesis 5a.** Stronger endorsement of the belief that people get what they deserve will be significantly negatively correlated with loan approval rates.
Hypothesis 5b. Stronger endorsement of the belief that people get what they deserve will be significantly correlated with less favorable impressions about the involuntarily childless couple.

Hypothesis 5c. Stronger endorsement of the belief that people get what they deserve will be significantly correlated with less favorable impressions about the involuntarily childless couple's marital satisfaction.
Chapter III
Method

Participants

Participants will be recruited from undergraduates enrolled in undergraduate psychology courses participating in return for research credit. The gender and age distribution is expected to be representative of the psychology participant pool at the institution where data will be collected. Attempts will be made to have gender-equivalence for each experimental group. In accordance with the norms of social psychological research design which typically includes 25 participants per experimental condition, at least 120 participants will be recruited for a total of 30 participants per each of four experimental conditions. Data will not be analyzed from participants who are parents, or individuals who are currently attempting or have past attempted to conceive a child. Additionally, data from non-traditional students will be examined to determine whether it should be included in the analyses.

Materials

Loan Approval Task

All participants will be given descriptions of three different couples applying for a debt-consolidation loan. All three descriptions will provide similar information: basic demographic data, relationship history, and occupational information. Two of the three descriptions are of “filler” couples, whose descriptions will be standardized throughout the study (See Appendix A). The remaining experimental couple description will vary across four conditions of the independent variable: parental status (See Appendix B). In the
实验段落中，如果提供了父母状态信息，这对夫妇将被描述为自愿不育（“Rachel and Rob chose not to have children”），
或不自愿不育（“Rachel and Rob struggled to have children but were unable to conceive”），
或作为父母（“Rachel and Rob have two children”）；父母状态不会在控制夫妇的描述中提供。段落的顺序将根据
实验段落在三分之一、三分之一、三分之一的不同实验组中呈现，总共12个版本的贷款批准任务（见
附录C）。

Measurement of Impressions: Personality Traits and Relationship Quality

为了一个类似的研究，Lampman and Dowling-Guyer (1995) 开发了一系列20个
双极形容词，用于测量不育夫妇的印象。LaMastro (2001)
添加了八个新项目来形成28个项目列表，用于当前研究（见
附录D）。性格特征将被妻子和丈夫分别在每个
28个项目（i.e. warm/cold, sincere/insincere, well-adjusted/not well-adjusted）。
每对性格特征将被比较到
一个性格特质的列表已经研究为确定正负极性
(Anderson, 1968)。基于研究的结果，每对性格特征成对
呈现给参与者将有一个正负极。形容词在
正极将被分配最高的分数（7），与负极形容词
形容词将有最低的分数（1）。所有项目的分数将被相加；较低的分数将
指示更负面的印象这对夫妇。

Lampman and Dowling-Guyer (1995) and LaMastro (2001) argued that
stigmatization may occur in the form of observers’ perceptions of lower levels of marital
quality amongst childless couples. Thus participants will be asked to indicate their level of agreement with a series of seven statements regarding the quality of the couple’s relationship (LaMastro, 2001; Lampman & Dowling-Guyer, 1995) (see Appendix E). Sample items include, “Overall, Rachel and Rob will have a good life together,” and “Rachel and Rob are likely to stay married for the rest of their lives.” Level of agreement will be ranked on a 5-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). With two items reverse scored, lower scores are suggestive of participants viewing the couple’s relationship more negatively (See Appendix E).

**Belief in a Just World**

Past research has supported the theory that an individual’s level of belief in a just world (BJW) will impact their perceptions of an innocent victim, with higher BJW being significantly associated with less favorable impressions of innocent victims (Correia & Vala, 2003; Hafer & Begue, 2005). To determine if this occurs with perceptions of the involuntarily childless, participants will complete Lipkus’s Belief in a Just World scale for others (see Appendix F). Participants indicate their agreement with eight statements on a scale ranging from strongly disagree (1) to strongly agree (6). Sample items include, “I feel that people earn the rewards and punishments they get,” and “I feel that when people meet with misfortune, they have brought it upon themselves.” Items are summed, with higher scores indicating greater BJW.

**Attributions**

Researchers have discovered that perceived levels of control over undesirable medical conditions (mental illness, AIDS) have been empirically demonstrated to affect an observer’s opinion of the afflicted individual, with greater levels of perceived control being associated
with less favorable opinions of the individual (Corrigan et al., 2003). To determine if the manipulation of controllability of parental status was apparent to the participants, participants will be asked to indicate the experimental couple’s parental status, if childless to what extent being childless is a permanent state. Participants will be asked to what extent they agree that the target couple’s parental status was within the couple’s control and that the couple’s parental status will not change in the future on a scale ranging from strongly disagree (1) to strongly agree (5) (See Appendix E).

Manipulation Check and Demographics

To determine if the manipulation of the independent variable was salient to the participants, a manipulation check will be completed. Participants will complete a series of three questions asking (1) if the couple’s parental status was mentioned in the paragraph, (2) if mentioned, what was their status, and (3) if their status was childless, what was the reason for their lack of children (See Appendix G). Finally, participants will be asked to provide demographic information (age, sex, etc.) and to share if they are parents, currently pregnant, or have attempted to conceive a child (See Appendix H). Data from participants who respond affirmatively will not be included in the study.

Procedure

Participants will volunteer to take part in a study about impression formation and decision making. They will receive a notice of informed consent (See Appendix I), about which any questions will be answered prior to proceeding. Participants will be randomly assigned to one of the four experimental conditions: voluntarily childless, involuntarily childless, parents, and control (no mention of parental status), which will determine which version of the loan approval task they receive. After receiving the worksheet, participants
will be informed that three couples have applied for a debt-consolidation loan, but only one loan can be awarded. Participants will then be instructed to indicate on their worksheet which of the three couples should receive the loan. They will be reminded that their decisions should be based solely on the descriptions provided because the couples’ financial situations are considered equal to one another.

After selecting the loan recipients, participants will be reminded that real world decisions are often based on limited information. They will be informed that they will be completing a series of questionnaires about all three couples one at a time, purportedly designed to gain further information about the factors that impact decision-making. Starting with the experimental couple, participants will be instructed to re-read the description of the couple and then complete the questionnaire (Appendix J), which includes the impression measure (LaMastro, 2001), the relationship satisfaction measure (LaMastro, 2001; Lampman & Dowling-Guyer, 1995), the measure of attributions, and the manipulation check.

Once the questionnaires are completed for the experimental couple and collected, participants will be informed that information will not be collected for the other two couples due to time constraints, but that the data pertaining to the other two couples will be collected at a later time with another set of participants. They will be asked to complete a brief questionnaire designed to explore how individual characteristics affect decision-making. They will then be given the Belief in a Just World scale for others (Lipkus, Dalbert, & Siegler, 1996) and the demographics questionnaire. After all forms are completed and collected, participants will be invited to ask questions and then they will be dismissed.
Chapter IV

Proposed Analyses

_Hypothesis Testing_

To determine if impressions of a target couple differ when described as voluntarily childless, involuntarily childless, or parents, several analyses will be conducted. Hypothesis 1a predicts that voluntarily childless couples will be stigmatized when compared to parents, and thus the loan approval rate will be significantly lower for the voluntarily childless couple than the parents. A chi-square test will be conducted to determine if the proportion of loan approvals of the target couple differs significantly when the couple is described as voluntarily childless versus when they are described as parents. Hypothesis 2a predicts that the loan approval rate for the involuntarily childless couple will be significantly lower than the approval rates for parents. A chi-square test will also compare these two loan approval rates. Hypothesis 4a predicts that there will significantly more stigmatization of the voluntarily childless couple partially evidenced by significantly lower loan approval rates for the voluntarily childless couple than the involuntarily childless couple. The chi-square test will determine if the loan approval rates for the involuntarily childless couple exceed the loan approval rates for the voluntarily childless couple.

Hypotheses 1b-c predict that impression scores (personality traits and marital satisfaction) will be significantly lower for the voluntarily childless couple when compared to parents and controls. Similarly, hypotheses 2b-c predict that impression scores will be significantly lower for involuntarily childless couple compared to parents and controls. Hypotheses 4b-c predict impression scores will be significantly lower for the voluntarily
childless couple compared to involuntarily childless couple. To determine if the parental status of a target couple (parents, involuntarily childless, voluntarily childless, or control) affects participants' perceptions of the couple, a one-way MANOVA with two dependent variables will be conducted. The dependent variables include the total score on LaMastro's bipolar personality trait checklist and the total score from Lampman and Dowling-Guyer's relationship satisfaction survey. The MANOVA will address all hypotheses associated with these two dependent variables. Any significant main effects for parental status will be examined using one-way ANOVAs as follow-up tests for each of the dependent variables, with Bonferroni corrections for Type I error (adjusted p-value=.025).

A t-test will be conducted to determine if the involuntarily childless couple is perceived as being significantly less in control of the cause of their childlessness than the voluntarily childless couple (hypothesis 3).

To determine the strength of the predicted positive relationship between belief in a just world and stigmatization of the involuntarily childless couple, a point-biserial correlation coefficient will be computed to compare level of BJW and loan approval for the involuntarily childless couple (hypothesis 5a). Pearson correlation coefficients will be computed to determine if there is a negative relationship between BJW and impression scores of the involuntarily childless couple (hypothesis 5b), and between BJW and predictions of marital satisfaction scores (hypothesis 5c).
References


Appendix A

Filler Couples

Couple #1 Ray and Nicole

Ray and Nicole are in their late 20s and have been living together for two years. They plan to marry next fall. They met at in the grocery store and dated off and on before they were engaged. Nicole has been teaching since she graduated from college and Ray works for his family's printing business. In their free time they share many similar hobbies including traveling and cooking elaborate meals together.

Couple #2 Rhonda and Charles

Rhonda and Charles are in their early 30s and have been married almost seven years. Rhonda is a stay-at-home mom who takes care of their two sons. Charles is a successful, self-employed contractor. They were introduced by Rhonda’s mother after the mother hired Charles to work on her home. Rhonda and Charles spend much of their time together with their children and two dogs. Charles is an avid sports fan and Rhonda enjoys scrap-booking.
Experimental Couple: Danielle and Robert

Danielle and Robert are a married, active couple in their mid-40s. They have been married almost 20 years [and (chose not to have children, struggled to have children but were unable to conceive, have two children)]. Robert presently works for a local hospital in Human Resources, while Danielle is employed in administration at a local university. They met through a mutual friend and married two years after their first date. Danielle and Robert go camping often, and enjoy frequent get-togethers with family and friends.
Appendix C

Loan Approval Task

The following is a set of three different couples who have applied for a $5000 loan to consolidate bills. After having examined their current income, credit history, employment history, and existing debt, all three couples were determined to be equally financially qualified for the loan. Unfortunately, only one loan can be awarded and the decision must be made on other factors. In the real world, we often have to make decisions based on very little information. Please carefully read the descriptions of each couple and indicate by checking the box next to which couple you believe should receive the loan.

Couple #1: Danielle and Robert

Danielle and Robert are a married, active couple in their mid-forties. They have been married almost twenty years and struggled to have children but were unable to conceive. Robert presently works for a local hospital in Human Resources, while Danielle is employed in administration at a local university. They met through a mutual friend and married two years after their first date. Danielle and Robert go camping often, and enjoy frequent get-togethers with family and friends.

Couple #2: Ray and Nicole

Ray and Nicole are in their late twenties and have been living together for two years. They plan to marry next fall. They met at in the grocery store and dated off and on before they were engaged. Nicole has been teaching since she graduated college and Ray works for his family’s printing business. In their free time they share many similar hobbies including traveling and cooking elaborate meals together.

Couple #3: Rhonda and Charles

Rhonda and Charles are in their early thirties and have been married almost seven years. Rhonda is a stay-at-home mom who takes care of their two sons. Charles is a successful, self-employed contractor. They were introduced by Rhonda’s mother after she hired Charles to work on her home. Rhonda and Charles spend much of their time together with their children and two dogs. Charles is an avid sports fan and Rhonda enjoys scrap-booking.
Appendix D

Measurement of Impressions

Measure was recreated according to information provided in LaMastro (2001).

**Directions:** Think about the woman/man, **DANIELLE/ROBERT**, described in the paragraph on the previous page. Please circle the number (1-7) that most describes where she/he falls on each pair of adjectives.

Although the information you were given was not as complete as you would probably like, please make the ratings to the best of your abilities.

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<thead>
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<th></th>
<th>Uncaring</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Caring</th>
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</thead>
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<td>4</td>
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<td>6</td>
<td>7</td>
<td>Cold</td>
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<td>7</td>
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Appendix E

Impressions of Couple’s Relationship Quality

Measure was recreated according to information provided in LaMastro (2001).

**Directions:** Consider the **COUPLE AS A WHOLE** and circle the number (1-5) indicating how much you agree with each of the following statements about the couple.

<table>
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<th>Strongly Disagree</th>
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<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>1. Overall Robert and Danielle have a good life together.</td>
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<td>1</td>
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<td>2. Robert and Danielle have a happy marriage.</td>
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<tr>
<td>3. Robert and Danielle will enjoy a happy old age together.</td>
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<td>1</td>
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<td>4. Danielle and Robert are likely to stay married for the rest of their lives.</td>
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<tr>
<td>5. Robert and Danielle have a fulfilling sexual relationship.</td>
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<td>6. Robert and Danielle argue over money.</td>
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<td>7. Danielle and Robert worry about their future together.</td>
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<td>8. Danielle and Robert’s parental status was within their control.</td>
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<td>9. Danielle and Robert’s parental status will not change in the future.</td>
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Info, not provided

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Appendix F

Belief in a Just World Measure

Measure was recreated according to information provided in Lipkus, Dalbert, & Siegler (1996).

**Directions:** Often characteristics about decision-makers influence their decisions.

Please circle the number (1-6) that matches your level of agreement with each statement.

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<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
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<tbody>
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<td>1 2 3 4 5 6</td>
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</table>

1. I feel that the world treats people fairly.
   - 1 2 3 4 5 6

2. I feel that people get what they deserve.
   - 1 2 3 4 5 6

3. I feel that people treat each other fairly in life.
   - 1 2 3 4 5 6

4. I feel that people earn the rewards and punishments they get.
   - 1 2 3 4 5 6

5. I feel that people treat each other with the respect they deserve.
   - 1 2 3 4 5 6

6. I feel that people get what they are entitled to have.
   - 1 2 3 4 5 6

7. I feel that a person’s efforts are noticed and rewarded.
   - 1 2 3 4 5 6

8. I feel that when people meet with misfortune, they have brought it upon themselves.
Appendix G

Manipulation Check

Directions: Below are questions regarding one set of details in the paragraph you read. Please answer the following questions to the best of your ability.

1. Did the paragraph about Robert and Danielle describe their parental status? Yes  No

   (If the answer to #1 is “NO” please skip to Demographics section.)

2. Did Danielle and Robert have children? Yes  No

   (If the answer to #2 is “YES” please skip to Demographics section.)

3. If you answered NO to question number 2 above, circle the reason why Danielle and Robert did not have children:

   a. They did not want to have children.

   b. They were unable to have children.
Appendix H

Demographic Information

**Directions:** Please answer the following questions.

1. Gender:  Male  Female
2. Age:  
3. Religious Affiliation (For example: Catholic, Baptist, Hindu, Agnostic, None, Choose not to answer):  
4. How closely do you adhere to traditional views of your particular religious affiliation? (Circle the number (1-6) that matches your level of traditional views)
   1  2  3  4  5  6  7  
   Not at all traditional  Very traditional
5. Do you have children?  Yes  No
6. Have you attempted to conceive a child in the past?  Yes  No
7. Are you currently attempting to conceive a child?  Yes  No
Appendix I

INFORMED CONSENT

You are being given the opportunity to volunteer to participate in a project conducted through the Psychology Department at Xavier University.

You are invited to be in a research study to help determine how impressions of others impact decision-making. If you agree to participate in this study, we would ask you to read brief paragraphs describing three different couples. Based on those descriptions, you will be asked to make a decision that requires you to select a couple. Afterward, you will be asked to complete a series of questionnaires designed to help further understand your decision-making processes. The study will take approximately 20 minutes to read the scenarios and complete the questionnaires.

There is no foreseen risk to your participation. You will not put your name on any study-related forms. You can withdraw from the study without penalty at any time and for any reason. The benefits of participating in this research include receiving “research credit” given for your participation, as well as the experience of having been a research participant.

The information obtained from this study will be kept confidential and your privacy will be carefully protected. No individual answers will be made public, only group data will be included in the analysis and reported results. A code number will be used to record your responses to the activities/questions.

Refusal to participate in this study will have NO EFFECT ON ANY FUTURE SERVICES you may be entitled to from the University. Refusal to participate will have NO EFFECT ON DEPARTMENT / COURSE EVALUATIONS OF YOU AS A STUDENT. You are FREE TO WITHDRAW FROM THE STUDY AT ANY TIME FOR ANY REASON WITHOUT PENALTY.

If you have any questions at any time during or following the study, you may contact lead investigator, Michelle Beatty, M.A. at beattymr@xavier.edu or the research advisor, Dr. Christian End at 513 745-3249. Questions about your rights as a research participant should be directed to the Chair of Xavier University’s Institutional Review Board at (513) 745-2870.

I have been given information about this research study and its risks and benefits and have had the opportunity to ask questions and to have my questions answered to my satisfaction. I freely give my consent to participate in this research project. Completion of study materials serves as an indicator of that consent.

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Appendix J

Questionnaire for Participants

**Measurement of Impressions**

**Section A.**

**Directions:** Think about the woman, **DANIELLE**, described in the paragraph on the previous page. Please circle the number (1-7) that most describes where she falls on each pair of adjectives.

Although the information you were given was not as complete as you would probably like, please make the ratings to the best of your abilities.

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### Section B.

**Directions:** Now consider the man, [ROBERT] described in the paragraph you read. Please circle the number (1-7) that most describes where he falls on each pair of adjectives.

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**ROBERT**

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- Not Success-Oriented
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- Not Career Oriented
- Not Determined
- Not Hardworking
- Unsuccessful
- Not Confident
- Incompetent
- Does not feel sorry for self
- Does not feel inferior
- Not Self-centered
- Not Lonely
- Anxious
- Not Materialistic
- Not Stressed
### Section C

**Directions:** Consider the **COUPLE AS A WHOLE** and circle the number (1-5) indicating how much you agree with each of the following statements about the couple.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. Overall Robert and Danielle have a good life together.

<table>
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<tr>
<th>1</th>
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<th>5</th>
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</table>

2. Robert and Danielle have a happy marriage.

<table>
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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
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</table>

3. Robert and Danielle will enjoy a happy old age together.

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<tr>
<th>1</th>
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<th>5</th>
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</table>

4. Danielle and Robert are likely to stay married for the rest of their lives.

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5. Robert and Danielle have a fulfilling sexual relationship.

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</table>

6. Robert and Danielle argue over money.

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7. Danielle and Robert worry about their future together.

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</table>

8. Danielle and Robert’s parental status was within their control.

<table>
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<tr>
<th>1</th>
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<th>5</th>
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</thead>
</table>

**Info, not provided**
Decision-Influencing Personality Characteristics

**Directions:** Often characteristics about decision-makers influence the decisions they make.

Please circle the number (1-6) that matches your level of agreement with each statement.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that the world treats people fairly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I feel that people get what they deserve.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>3. I feel that people treat each other fairly in life.</td>
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</tr>
<tr>
<td>4. I feel that people earn the rewards and punishments they get.</td>
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<tr>
<td>5. I feel that people treat each other with the respect they deserve.</td>
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<tr>
<td>6. I feel that people get what they are entitled to have.</td>
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<tr>
<td>7. I feel that a person’s efforts are noticed and rewarded.</td>
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<tr>
<td>8. I feel that when people meet with misfortune, they have brought it upon themselves.</td>
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</tbody>
</table>
### Memory of Paragraph Details

**Directions:** Below are questions regarding one set of details in the paragraph you read. Please answer the following questions to the best of your ability.

1. Did the paragraph about Robert and Danielle describe their parental status? **Yes** **No**

   *(If the answer to #1 is "NO" please skip to Demographics section.)*

2. Did Danielle and Robert have children? **Yes** **No**

   *(If the answer to #2 is "YES" please skip to Demographics section.)*

3. If you answered NO to question number 2 circle the reason why Danielle and Robert did not have children:
   - a. They did not want to have children.
   - b. They were unable to have children.

### Demographics

**Directions:** Please answer the following questions.

1. Gender: **Male** **Female**

2. Age: _______

3. Religious Affiliation (For example: Catholic, Baptist, Hindu, Agnostic, None, Choose not to answer) : ____________________________

4. How closely do you adhere to traditional views of your particular religious affiliation?
   (Circle the number (1-7) that matches your level of traditional views)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all traditional</td>
<td>Very traditional</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5. Do you have children? .............................................................. **Yes** **No**

6. Have you attempted to conceive a child in the past? .................... **Yes** **No**

7. Are you currently attempting to conceive a child? ...................... **Yes** **No**
Chapter V: Dissertation

Abstract

Historically the United States has been a pro-natalist society with expectations for couples to have children. According to previous research, childless couples have been subject to stigmatization regardless of why they are childless. In the current study, 123 college students rated a couple who was either voluntarily childless, involuntarily childless, parents, or of unmentioned parental status on a variety of impression measures, including relationship satisfaction and individual personality traits. Additionally, a loan task was utilized as a more subtle measure of discrimination. Impression scores and loan approval rates were compared for the four couples, with no statistically significant differences found. This might indicate a decline in stigmatization of and discrimination toward childless couples.
According to the Center for Disease Control, rates of childlessness are on the rise in the United States (Chandra, Martinez., Mosher, Abma, & Jones, 2005). Though rates of voluntary and involuntary childlessness have increased, some argue that remaining childless, whether or not by choice, violates societal norms of the past and the present (Gannon, Glover, & Abel, 2004; Hird & Abshoff, 2000).

**Pronatalism**

Many theorists contend that the U.S. culture is historically and currently pronatalist, which is defined as having attitudes and policies that positively reinforce those who parent children (Gerrity, 2001; Hird & Abshoff, 2000; LaMastro, 2001; Miall, 1986; Somers, 1993). Consequently, couples who choose not to have children or are unable to have children violate societal norms and may thus be stigmatized (Somers, 1993).

**Stigma and Norm Violation**

Goffman (1963) argued that victims of stigmatization are individuals who others perceive as having violated entrenched social norms. This would include those who violate pronatalist norms by remaining childless (Angermeyer & Matschinger, 2005; Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003; Park, 2002; Schneider, Major, Luhtanen, & Crocker, 1996). Furthermore, “people who are stigmatized … are generally devalued in the larger society, and receive disproportionately negative interpersonal and economic outcomes” (Schneider et al., 1996, p. 201).

**The Stigma of Voluntary Childlessness**

Gold and Wilson (2002) suggested couples may choose not to have children for reasons such as: a desire to focus on career; lack of resources; desire for freedom; a wish to
not add to overpopulation and/or pollution; dislike of children; and not wanting to bring children into an unsafe world. However, society may view these justifications as unacceptable (Park, 2002).

Results from numerous quantitative studies have indicated that voluntarily childless individuals were perceived more negatively than parents, including being perceived as more socially undesirable, less well adjusted, less likeable, and more psychologically disturbed (Calhoun & Selby, 1980; Mueller & Yoder, 1997; Polit, 1978). Qualitative studies have revealed that others perceive the childless as selfish, lonely in their old age, strange, weird, unstable, irresponsible, rejecting their natural desire to parent, and unfulfilled; attitudes that are likely easily observed by the voluntarily childless individuals.

Empirical evidence lends support to the claims that voluntarily childless couples are aware of these negative stereotypes. Somers (1993) reported that childfree participants perceived that their relatives and friends viewed their choice to be “voluntarily childless” negatively, whereas parent participants reported that they did not feel that others harbored negative attitudes toward their choice to parent (Somers, 1993). During in-depth interviews with voluntarily childless individuals, one participant described the social impact of her choice to remain childless as the “last taboo, the last alternative lifestyle” (Park, 2002, p. 31). A second participant also recognized the social pressure to parent and stated, “…in society I’d be labeled as a bad person, so normally I say [to peers that] I’m not ready for that responsibility yet,” (p. 33). This evidence that voluntarily childless individuals perceive themselves to be stigmatized may cause one to wonder if couples who are infertile also perceive themselves to be victims of stigmatization.
An infertile couple is defined as a couple attempting to conceive who engages in at least one year of regular intercourse without success and without prior conception, or the failure of a woman to carry a pregnancy to term (Gerrity, 2001). This situation becomes a reality for approximately 10% of women in their reproductive years (Jordan & Revenson, 1999). Possible factors contributing to infertility include postponement of childbearing until the late 30s, sexually transmitted infections, consequences of long-term use of contraceptives, and advanced technology for detecting infertility (Jordan & Revenson, 1999). Infertility can be a difficult and painful situation for couples, especially for those couples who reside in a society that is traditionally pronatalist.

Though adequate social support can help a couple cope with the loss of their reproductive ability, it is not always forthcoming, with many couples having reported significant feelings of loneliness, isolation, and a lack of genuine social support from relatives and friends (Lalos, Lalos, Jacobsson & VonSchoultz, 1986). Some infertile women never speak to others about their condition or their lack of children because the women assume that parents would not understand their plight or that they will not have anything in common with similarly aged parents (Johansson & Berg, 2005).

Involuntarily childless couples may be stigmatized because others cannot visually observe the physical malfunctions that cause infertility; hence, others may assume the lack of children is voluntary and stigmatize the couples (Miall, 1986). Thus observers may have attributed all of the aforementioned negative stereotypes associated with voluntarily childlessness to a couple who actually desires offspring but are unable to give birth (Miall, 1986). In addition to attribution errors, the infertile have also been assumed to be physically
dysfunctional (Miall, 1986), sexually dysfunctional (Gannon, Glover & Able, 2004) or deserving of barrenness according to various religious and cultural perspectives (Johansson & Berg, 2005), which contributes to involuntarily childless couples experiencing feelings of inadequacy and shame (Miall, 1986).

Understanding Stigmatization

Regardless of the voluntary or involuntary nature of a couple’s childlessness, there is much support suggesting that childless couples are victims of stigmatization. Link and Phelan (2001) defined the process of stigmatization as being comprised of four components: labeling differences (e.g. childless), associating those differences with stereotyped traits (e.g. selfish, uncaring, etc.), separation of individuals from the majority population (e.g. lack of social support) and, finally, the loss of status and/or discrimination.

Thus far the assumed cause of stigmatization has been norm violation. However, there are other factors that may influence the severity of stigma. Attribution theory is useful in understanding the underlying processes for why an individual is stigmatized (Weiner, 1995; Weiner, Perry, & Magnusson, 1988). Individuals observe a person’s behavior, such as being childless, and generate explanations about why the behavior occurred and if the behavior is under the person’s control, and then assumptions are made regarding how responsible the individual is for her/his behavior, with perceptions of greater control equating with perceptions of greater responsibility (Weiner, 1995).

The extent to which one is stigmatized may be determined by the level of controllability attributed to her or his negative characteristics and behaviors. When a person is perceived to be in control of, and thus responsible for her/his norm-violating behavior, negative perceptions are formed of the individual and the individual may be perceived as
“deserving” stigmatization. For example, if childlessness is perceived as a norm-violating state, and within the childless individual’s control, negative attributes associated with childlessness are applied to the individual resulting in stigmatization. On the other hand, if childlessness is considered an undesirable state but is not considered under the childless person’s control nor is the person perceived as responsible for her/his childlessness, stigmatization may be avoided. Research has provided empirical support for the abovementioned processes by studying how participants perceive individuals with various physical and mental-behavioral disabilities when the perceived levels of controllability vary (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003; Weiner et al., 1988)

Based on the results that those who are not perceived to be in control of or responsible for their condition are less likely to be perceived negatively, one might assume that individuals who are childless due to a physical condition may be more worthy of support or pity because they are not responsible for their condition; subsequently, childless by choice individuals are more responsible for their norm violating behavior and thus perceived as more deserving of stigma.

Although the impact of others’ attributions on stigmatization has been empirically established, it is also possible that individual differences between observers, such as belief in a just world (BJW), may also mediate whether or not a target is stigmatized. According to the Just World Hypothesis (Lerner & Simmons, 1966), individuals are motivated to believe that the world is just and fair; good things happen to good people, and bad things only happen when a person deserves it. Perceivers with a high need to believe in a just world may derogate a victim by reasoning that the person deserved the negative outcome, thus preserving their belief that the world is still just (Lerner & Simmons, 1966). As evidenced
by a 2005 meta-analysis of BJW research since 1980, the most frequent type of BJW research has been the measurement of an individual’s belief in a just world to help understand reactions to victims, including victim derogation (Hafer & Begue, 2005), often with high BJW being associated with less acceptance of innocent victims than low BJW.

The current study attempts to measure the extent to which voluntarily and involuntarily childless couples will be victims of stigmatization compared to parents, as well as a control couple for which there is no mention of parental status. Additionally the extent to which the two childless couples are stigmatized will be compared. Consistent with previous literature (Mueller & Yoder, 1997; Park, 2002; Somers, 1993; Veevers, 1972), it is predicted that voluntarily and involuntarily childless couples will be stigmatized when compared to parents and the control couple. Based upon research regarding the controllability of a condition affecting stigmatization, with controllable conditions garnering more stigma (Corrigan et al., 2003; Weiner et al., 1988), the voluntarily childless couple will be stigmatized to a significantly greater extent than the involuntarily childless couple. How attributions of controllability align with parental status will also be explored. Finally, the degree to which participants believe in a just world will be measured to determine if a greater belief in a just world is positively correlated to the stigmatization of innocent victims, i.e. the involuntarily childless couple.

Method

This study was approved by the Xavier University Institutional Review Board (see Appendix A).
Participants

One hundred sixty-three participants were recruited from undergraduate students enrolled in psychology courses who participated in return for research credit. Data from 12 participants were eliminated because more than one item on the dependent measures were incomplete. Due to inaccurate responses to the manipulation check items, data from 27 participants were also excluded from the analyses. One participant’s data were excluded because she indicated she had attempted to conceive a child. Of the 163 students originally recruited, 123 participants (31 men, 86 women, and 6 individuals who did not report their gender) successfully completed the study. The mean age of the participants was 20.31 years ($SD = 1.46$). Of the 123 participants, 85% reported that they were of the Christian faith.

Materials

Loan Approval Task

All participants were given descriptions of three different couples applying for a debt-consolidation loan (See Appendix B). All three descriptions provided similar information: basic demographic data, relationship history, and occupational information. Two of the three descriptions were “filler” couples, whose descriptions were standardized for all conditions (See Appendix C). The remaining experimental couple description varied across the four conditions of the independent variable of parental status (See Appendix D). In the experimental paragraphs where parental status was provided, the couple was either described as voluntarily childless (“Rachel and Rob chose not to have children”), involuntarily childless (“Rachel and Rob struggled to have children but were unable to conceive), or as parents (“Rachel and Rob have two children”); parental status was not provided in the control couple’s description. The ordering of the descriptions of three different couples was
counterbalanced, with the experimental couple appearing first for one-third of the questionnaires, second for one-third of the questionnaires, and third for the remaining one-third of the questionnaires.

*Measurement of Impressions: Personality Traits and Relationship Satisfaction*

For the current study, LaMastro's (2001) 28-item list of bipolar adjectives was used to measure impressions of childless couples. Personality characteristics were rated separately for the wife and the husband on a 7-point bipolar scale for each of the 28 items (i.e. *warm*/cold, *sincere*/insincere, *well-adjusted*/not well-adjusted). Each personality characteristic pair presented to the participant has an empirically-based positive and negative pole (Anderson, 1968). Adjectives at the positive pole were assigned the lowest score (1), with the negative pole adjectives having the lowest score (7). The scores for all female items were summed (internal consistency $\alpha = .91$) to create a measure of female impressions; all male items were likewise summed (internal consistency $\alpha = .92$) to create a measure of male impressions. Thus, the minimum score is 28, the maximum is 196, and the midpoint is 112. Higher scores on these measures indicated more negative impressions.

Lampman and Dowling-Guyer (1995) and LaMastro (2001) argued that stigmatization may occur in the form of observers’ perceptions of lower levels of marital quality amongst childless couples. Thus participants were asked to indicate their level of agreement with a series of seven statements regarding the quality of the couple’s relationship (LaMastro, 2001; Lampman & Dowling-Guyer, 1995). Sample items included, “Overall, Rachel and Rob will have a good life together,” and “Rachel and Rob are likely to stay married for the rest of their lives.” Level of agreement was ranked on a 5-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). The minimum score for this
measure is 7, the maximum is 35, and the midpoint is 21. Two items were reverse scored and all items were summed (internal consistency α=.70); higher scores are suggestive of participants viewing the couple’s relationship more positively.

**Belief in a Just World**

To determine if an individual’s level of belief in a just world (BJW) would impact perceptions of the involuntarily childless, participants completed Lipkus’s Belief in a Just World Scale for Others. Participants indicated their agreement with eight statements on a scale ranging from **strongly disagree** (1) to **strongly agree** (6). Sample items include, “I feel that people earn the rewards and punishments they get,” and “I feel that when people meet with misfortune, they have brought it upon themselves.” Items were summed (internal consistency α=.83), with higher scores indicating greater BJW.

**Attributions**

Participants were asked to what extent they agree that the target couple’s parental status was within the couple’s control and that the couple’s parental status will not change in the future on a scale ranging from **strongly disagree** (1) to **strongly agree** (5). These two questions were presented as being part of the relationship satisfaction measure.

**Procedure**

Participants volunteered to take part in a study about impression formation and decision making and were randomly assigned to one of the four experimental conditions: voluntarily childless (n = 34), involuntarily childless (n = 32), parents (n = 29), and control (no mention of parental status) (n = 28), which determined the version of the loan approval task they received. After receiving the loan approval task, participants were informed that three couples had applied for a debt-consolidation loan, but only one loan could be awarded.
Participants were then instructed to indicate which of the three couples should receive the loan. They were reminded that their decisions should be based solely on the descriptions provided because the couples’ financial situations are considered equal to one another.

After selecting the loan recipients, participants were reminded that real world decisions are often based on limited information. They were told they would complete a series of questionnaires about one of the three couples purportedly designed to gain further information about the factors that impact decision-making. In reality, all participants completed the questionnaires about the experimental couple. The questionnaire packet included the personality trait checklist (LaMastro, 2001), the relationship satisfaction measure (LaMastro, 2001; Lampman & Dowling-Guyer, 1995), and the measure of attributions.

After participants completed the first set of questionnaires, they were instructed to place those questionnaires in an envelope, after which they received a second set of questionnaires which they were told was designed to measure personal characteristics that impact decision-making. These questionnaires included the Belief in a Just World scale for others (Lipkus, Dalbert, & Siegler, 1996), the manipulation check, and the demographics questionnaire. The manipulation check was a series of three questions designed to determine if the participant attended to and accurately remembered the target couple’s parental status. If a participant failed either of the two key questions (if they had children, and the nature of their childlessness if they did not have children), the participant’s data were not analyzed. This resulted in the elimination of 27 (16.5%) participants.
Results

Stigmatization and Proportion of Loan Approvals

It was predicted that differences in parental status would result in significantly different proportions of loan approvals for the target couples, with loan approvals being significantly lower for the childless couples, particularly the voluntarily childless. A 4 (parental status: voluntarily childless or involuntarily childless or parents or control) x 3 (couple awarded loan: experimental couple or filler 1 or filler 2) chi-square test was conducted to assess whether the proportion of loan approvals differed by parental status. This analysis would indicate if the loan approval rate deviated from the expected value that any one couple would be chosen for the loan (33.3%), as well as whether or not the proportion of approval rates varied according to the experimental condition. The results of the chi-square test indicated that the loan acceptance rates did not significantly differ from the expected value of 33.3% and that there were no significant differences in proportion of approval rates for the various couples, $\chi^2(6, N=123) = 10.03, p = .12$. The proportion of instances when loans were awarded to the voluntarily childless couple (23.5%), the involuntarily childless couple (50%), parents (44.8%), and control couple (46.4%) did not significantly differ.

Impressions of Couples

A one-way between-groups multivariate analysis of variance was performed to investigate parental status differences in impression scores. The independent variable was parental status (voluntary, involuntary, no mention of parental status, and parents), while three dependent variables were used: female personality trait scores, male personality trait scores and perceived relationship satisfaction scores. Preliminary assumption testing was
conducted to check for normality, linearity, univariate and multivariate outliers, with no serious violations noted. Contrary to the hypothesis that childless couples would be stigmatized, the MANOVA revealed that there were not significant differences between the four conditions of parental status, Wilks’ $\Lambda = 0.96$, $F (9, 284) = .61$, $p = .79$ (see Table 1 for descriptive statistics). Thus parental status did not affect participants’ impressions of the target couple.

Attributions of Controllability

Because attributions of controllability may influence stigmatization of childlessness, a $t$-test was conducted to determine if the involuntarily childless couple was perceived as being significantly less in control of the cause of their childlessness than the voluntarily childless couple. Participants did perceive the involuntarily childless couple as being significantly less in control of their childlessness ($M = 1.64$, $SD = 1.02$) than the voluntarily childless couple ($M = 4.46$, $SD = 0.71$), $t (52) = 11.67$, $p < .001$. It should be noted that the data from 12 participants in these conditions were not included in this analysis because they did not complete the item inquiring about controllability of parental status, resulting in the analysis of data provided by 111 participants.

Belief in a Just World and Stigmatization

In order to test the hypothesis that there is a positive relationship between belief in a just world and stigmatization of the involuntarily childless couple, a point-biserial correlational analysis was conducted on the scores on the BJW scale and the loan approval decision for the involuntarily childless couple. There was no significant relationship between BJW scores and loan approval for the involuntarily childless couple, $r (31) = 0.09$, $p = .64$.
To test the hypotheses that higher levels of BJW would have a positive relationship with personality trait checklist ratings of the involuntarily childless couple, two bivariate correlational analyses were conducted. The first analysis was conducted on the sum of the personality trait checklist ratings of the man and woman and BJW scores. Results indicated no significant relationship between scores on the measure of BJW and personality trait checklist scores, $r (31) = 0.27, p = .14$.

The second analysis was conducted on BJW scores and relationship satisfaction scores. Contrary to the hypothesis, there was no significant relationship between BJW scores and relationship satisfaction scores, $r (31) = -0.10, p = .60$.

Discussion

Observations of authors and results from previous empirical studies (Mueller & Yoder, 1997; Park, 2002; Polit, 1978; Veevers, 1980) have illustrated the tendency of Western culture to stigmatize individuals who do not procreate. The goal of the present study was to determine if this stigmatization continues to occur. Grounded in the previous research, it was hypothesized that the childless couples would be stigmatized, with the greatest level of stigmatization associated with the voluntarily childless couple. In the current study there were no significant differences found in the level of stigmatization across all levels of parental status. A secondary aim of the study was to determine if the stigmatization of childless couples would manifest as discrimination, the behavioral component of prejudice. This study failed to find support for the hypothesis that the stigmatization would manifest in the form of significantly lower loan approval proportions for the childless couples. Finally, possible explanations for stigmatization were explored, including the impact of an observer’s level of belief in a just world. There was no significant relationship
between the participant's belief in a just world and stigmatization of the involuntarily
childless couple. Participants did attribute significantly different levels of controllability to
voluntary and involuntary childlessness couples, with the voluntary childless perceived to
have higher levels of control over their parental status than the involuntary childless couple.

A failure to find statistically significant results in this study may be an accurate
reflection of a reduction in negative perceptions of and behaviors toward childless
individuals. According to Chancey's (2006) analysis of data of the U.S. Department of
Health and Human Service's National Center for Health Statistics, childless rates of ever-
marrid women have been increasing since the 1970s. Chancey (2006) estimated an overall
childless rate in 1973 of 15.2% and a voluntarily childless rate of 2.2%; in 2002, the
estimated rates were 19.4% and 5.7% respectively. According to the aforementioned
statistics, the voluntarily childless rate has almost tripled in the last 30 years. Given this
trend of increasing childless rates, one might speculate that childlessness is more normative
today, and perhaps less stigmatized, than when the initial studies examining the
stigmatization of childlessness were published.

An alternative explanation of why the gap in impressions of childless couples
compared to parents found in previous studies was absent in the current study might be due
to recently increased acceptance of the rationale to remain childless, particularly the desire to
not add to overpopulation and/or pollution (Gold & Wilson, 2002). With an upsurge in the
“green,” eco-conscious movement, more emphasis has been placed upon how each individual
contributes to pollution and global climate change, with having children linked to increased
pollution. One author writes, “You have to ask yourself why would any sane person insist
upon creating a new carbon producing child?” (Williams, 2008). As education about the
impact of population growth on climate change is more widely disseminated, the rationale for childlessness may not only be more accepted, but might be held in high esteem.

As an appreciation for the detrimental effects of population growth on the environment increase, an appreciation of diversity has also become part of the current zeitgeist. According to the Association of American Colleges and Universities (AAC&U), in 2000 62% of 340 total higher education institutions reported either having a diversity requirement or being in the process of developing one (Humphreys, 2000). In a 2006 Society for Human Resource Management survey, 76% of human resource professionals indicated that their organizations provided training on diversity issues (as cited by Human Rights Campaign, 2009). As educational institutions, employers, health-care providers, and political figures emphasize tolerance of diversity, this may impact tolerance of alternative family lifestyles including, but not limited to: homosexual families, interracial families and childless families.

Though it is possible that the results of the current study are a valid reflection of decreased stigmatization of childless couples, being perceived more similarly to parents, the design of the study, particularly the number of participants, may explain the lack of statistically significant findings. To detect a medium effect size of parental status on the choice to award a loan to the experimental couple, 151 participants are needed. In this study, data from 123 participants were collected. Thus future collection of additional data may result in support for the proposed hypotheses.

In addition to the number of participants, the manipulation of the independent variable may also offer a potential explanation for the statistically non-significant results. When the results of the manipulation check were analyzed, it became evident that almost
20% of the participants did not correctly remember the target couple’s parental status 15 minutes after reading about the couple. Given the fact that so many participants missed the manipulation, one might conclude that parental status is not information to which participants attended; thus parental status was not considered when making the decision to award the loan or when forming impressions of the couples. Though parental status might be important in some situations for making decisions or passing judgment, other bits of information (age, hobbies, employment, etc) may have taken precedence in awarding the loan and rating the couple.

Alternatively, if parental status is an important variable to consider in decision making, others’ perceptions might only be affected when parental status is assumed to be permanent. Historically, interviews of childless individuals revealed that the choice to remain childless has been regarded as being only temporary, with a later choice for parenthood (Gillespie, 2000). Thus, the participants may have perceived the childless couples’ lack of children as temporary and assumed they would be future parents, resulting in perceptions of the childless couples to be similar to those of the parents.

A mechanism that may also explain why participants rated all three couples similarly is self-presentation bias. Self-presentation bias describes individuals deliberately presenting themselves positively via specific behaviors in order to correspond with what they believe is expected of them (Deaux & Major, 1987; Skrypnek & Snyder, 1982). Participants in this study may have disguised actual stigma-related beliefs by assigning the childless couples favorable impression ratings that did not reflect their actual impressions. On the loan task, a seemingly less transparent measure of discrimination, results approached statistical
significance. This may suggest that participants did not experience reactivity, and hence they did not alter their response behavior to protect against being perceived as discriminating.

In addition to participants’ desire to present themselves positively, demographic characteristics of the sample may also help explain why the childless couples were not stigmatized. Voluntarily childless individuals are typically female, primarily Caucasian, educated, middle class, career focused, and value contribution to society (Hird & Abshoff, 2000), all traits which describe the majority of the sample population. Younger individuals have also perceived the choice to remain childless more liberally than older adults (Ory, 1978; Polit 1978). Furthermore, the childless state of the target couple also mimicked the parental status of all participants. The theory that differences between an individual and a target must exist and be labeled by the individual before discrimination can occur (Link & Phelan, 2001) might predict that childless participants would be less likely to stigmatize a childless target couple.

An exploratory analysis of the relationship between belief in a just world and stigmatization of an “innocent” infertile couple was conducted to determine if BJW was an individual characteristic that could possibly explain why an infertile couple would be stigmatized. BJW and stigmatization of the infertile couple were unrelated. To some individuals, particularly the childless participant population in this study, the inability to have children may not be readily perceived as a significant, life-altering disaster. Thus those individuals who have a high need to believe in a just world would not need to derogate the involuntarily childless couples because they are not perceived as “victims.” Other observer characteristics that researchers may want to investigate to determine if they predict the stigmatization of the childless could include: age, the size of family of origin, general degree
of diversity tolerance, locus of control, level of belief in traditional sex roles, education level, and personal degree of desire for children.

Perhaps the most obvious observer characteristic influencing stigmatization of childlessness is the parental status of the observer. Future research might benefit from revisiting the use of parents as participants because the tendency to stigmatize the childless may be stronger for them compared to the college age sample in this study. Parents may have a greater tendency to discriminate against the childless due to differences from the childless, which may include a variety of lifestyle differences in addition to different parental statuses. Priorities, values, allocation of physical, emotional and mental energies, social connections, and how leisure time is spent may vary drastically between parents and non-parents. Parents may stigmatize the childless more than college students because the parents have already engaged in the first two stages of the discrimination process, perceiving and labeling differences (Link & Phelan, 2001), to a greater degree than the college students.

However, just as with the college age sample, self-presentational motives may also affect parents' responses, and thus using the traditional trait checklists may result in data that indicate that the previously documented discrimination has ceased. Thus, the loan task used in this study might be more effective at detecting subtle stigmatization by parents. Additionally, the use of the loan task may be more relevant to parents than college students, who are probably less likely than parents to have undergone the process of obtaining a loan.

If future research validates the results of the current study across the various measures of stigmatization, then stigmatization of childlessness may be an artifact of the past. This increase in acceptance may be accompanied by improvements in the childless individuals' impressions of how others perceive them, greater efforts to seek social support, improved
social interactions, all of which may improve the childless individuals’ well-being. Conversely, the childless may continue to perceive the stigma, despite its extinction. Clinicians’ role may then be to assist the childless in changing unfounded cognitions and perceptions to prevent the perceived stigma from becoming a self-fulfilling prophecy.

Historically there have been shifts in motivations for and perceptions of parenthood over the years, such as the shift from the economic need for children to increased freedom of choice in parenting. Though the opportunity to choose to parent has existed, there have been social consequences for not doing so, regardless of the reasons to remain childless. The results of this study, if valid, may support the argument that there is a new shift in perceptions of childlessness. Previously the choice to parent may have been an option biologically and economically, but social pressure to parent may have influenced individuals to feel as though their choices remained limited. A potential increase in social acceptance of remaining childless may not only positively impact those who will not parent by choice, but also offer a more tolerant and supportive atmosphere for those who cannot conceive.
References


Table 1

Means and Standard Deviations of Impression Scores by Parental Status

<table>
<thead>
<tr>
<th>Measure</th>
<th>Voluntarily Childless</th>
<th>Involuntarily Childless</th>
<th>Parents</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
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<tr>
<td></td>
<td>n=34</td>
<td>n=32</td>
<td>n=29</td>
<td>n=28</td>
</tr>
<tr>
<td>FIS</td>
<td>86.17 (16.99)</td>
<td>83.00 (16.45)</td>
<td>80.54 (22.26)</td>
<td>79.29 (14.70)</td>
</tr>
<tr>
<td>MIS</td>
<td>85.69 (16.46)</td>
<td>83.60 (15.99)</td>
<td>83.44 (22.80)</td>
<td>80.04 (17.92)</td>
</tr>
<tr>
<td>RSS</td>
<td>25.12 (3.60)</td>
<td>25.81 (3.04)</td>
<td>26.38 (3.40)</td>
<td>26.27 (2.81)</td>
</tr>
</tbody>
</table>

Note. FIS = Female Impression Score; MIS = Male Impression Score; RSS = Relationship Satisfaction Score.
March 14, 2008

Michelle Beatty, M.A.
828 St. James
Covington, KY 41011

Dear Ms. Beatty:

The IRB reviewed your protocol #0497-1, Procreation: How others view those who cannot or will not. Your rationale for the various scales being administered was not clear. Your study is approved as exempt research per 45 CFR 46 101(b)(2) with the recommendation that you provide the IRB with your rationales for the various scales being administered.

While no further oversight of your project is required, it is necessary that you inform the IRB of any adverse events or modifications as this may affect the exempt status of your study.

We wish you success in your research!

Sincerely,

Kathleen J. Hart, Ph.D., ABPP
Interim Chair, Institutional Review Board

KH/dm

C: Dr. Christian End, Faculty Advisor, ML 6511
The following is a set of three different couples who have applied for a $5000 loan to consolidate bills. After having examined their current income, credit history, employment history, and existing debt, all three couples were determined to be equally financially qualified for the loan. Unfortunately, only one loan can be awarded and the decision must be made on other factors. In the real world, we often have to make decisions based on very little information. Please carefully read the descriptions of each couple and indicate by checking the box next to which couple you believe should receive the loan.

Couple #1: Danielle and Robert

Danielle and Robert are a married, active couple in their mid-forties. They have been married almost twenty years and struggled to have children but were unable to conceive. Robert presently works for a local hospital in Human Resources, while Danielle is employed in administration at a local university. They met through a mutual friend and married two years after their first date. Danielle and Robert go camping often, and enjoy frequent get-togethers with family and friends.

Couple #2: Ray and Nicole

Ray and Nicole are in their late twenties and have been living together for two years. They plan to marry next fall. They met at in the grocery store and dated off and on before they were engaged. Nicole has been teaching since she graduated college and Ray works for his family’s printing business. In their free time they share many similar hobbies including traveling and cooking elaborate meals together.

Couple #3: Rhonda and Charles

Rhonda and Charles are in their early thirties and have been married almost seven years. Rhonda is a stay-at-home mom who takes care of their two sons. Charles is a successful, self-employed contractor. They were introduced by Rhonda’s mother after she hired Charles to work on her home. Rhonda and Charles spend much of their time together with their children and two dogs. Charles is an avid sports fan and Rhonda enjoys scrap-booking.
Appendix C

Filler Couples

Couple #1 Ray and Nicole

Ray and Nicole are in their late 20s and have been living together for two years. They plan to marry next fall. They met at in the grocery store and dated off and on before they were engaged. Nicole has been teaching since she graduated from college and Ray works for his family's printing business. In their free time they share many similar hobbies including traveling and cooking elaborate meals together.

Couple #2 Rhonda and Charles

Rhonda and Charles are in their early 30s and have been married almost seven years. Rhonda is a stay-at-home mom who takes care of their two sons. Charles is a successful, self-employed contractor. They were introduced by Rhonda’s mother after the mother hired Charles to work on her home. Rhonda and Charles spend much of their time together with their children and two dogs. Charles is an avid sports fan and Rhonda enjoys scrap-booking.
Appendix D

Experimental Couple: Danielle and Robert

Danielle and Robert are a married, active couple in their mid-40s. They have been married almost 20 years [and *(chose not to have children, struggled to have children but were unable to conceive, have two children)*]. Robert presently works for a local hospital in Human Resources, while Danielle is employed in administration at a local university. They met through a mutual friend and married two years after their first date. Danielle and Robert go camping often, and enjoy frequent get-togethers with family and friends.