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**LA THÈSE A ÉTÉ  
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AN. INTERACTIONAL INVESTIGATION OF MENTAL ILLNESS LABEL  
ATTRIBUTION AND ACQUIESCENCE AS A FUNCTION OF DOGMATISM

by

Earl Weinstein

B.A. York University, 1974

A Thesis  
Submitted to the Faculty of Graduate Studies  
through the Department of Psychology  
in Partial Fulfillment of the  
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of Master of Arts at the  
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## ABSTRACT

The purpose of the study was to extend the investigation of the labeling approach to mental illness by experimentally manipulating label attribution (the label through which A perceives B) and label acquiescence (the label through which B believes she is being perceived by A) in dyadic interactions. In addition, the role of dogmatism in mental illness labeling effects was considered. Eighty female university students were assigned to high and low dogmatism groups based on a short-form of Rokeach's (1960) Dogmatism Scale. Within each dogmatism group, dyads were formed which were randomly assigned to one of four experimental conditions based on label manipulations. These four conditions consisted of manipulations of two labels ("normal" and "mental illness") for attribution (dyad member A's perception of B) and acquiescence (dyad member B's view of her perception by A). After an interaction, questionnaires were administered to measure A's rejection of B and B's perceived rejection by A. It was found, as predicted, that there was a tendency toward both increased rejection and perceived rejection under conditions of mental illness label attribution compared to normal label attribution. As predicted, this label attribution effect was greater under high dogmatism than low dogmatism conditions. This dogmatism X attribution interaction held for A's rejection of B, but was not significant for B's perceived rejection by A. Contrary to prediction,

no significant single label acquiescence effects or acquiescence interaction effects were observed. The results were discussed and compared with those of previous interactional labeling studies. The findings were taken to indicate that personality dimensions relevant to mental illness labeling can be isolated and that a labeling approach to the study of mental illness can be valuable. Suggestions were made for future research, particularly in the area of label acquiescence.

#### ACKNOWLEDGEMENTS

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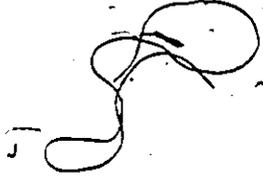
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## CHAPTER I

### INTRODUCTION

This investigation will deal with a particular orientation to the problem which has been termed "mental illness". This orientation, suggested by the labeling or societal reaction school of sociology, views mental illness as largely a function of the manner in which an individual happens to explain or label his experience of self and other in a social interaction. It is generally seen in contrast to the more traditional medical model of mental illness.

#### The Medical Model

During the past three centuries the medical model has gradually come to replace demonic possession as the predominant framework in Western society through which to conceptualize mental illness (see Sarbin, 1967). Psychological disorders are viewed as medical problems, basically similar to other illnesses and diseases. Thus the individual suffering from a mental "illness" goes as a "patient" to a medical "doctor". The doctor "diagnoses" the patient's illness, and outlines a plan of "treatment". Just as a fever can be an indication of some underlying infection, the patient's "symptoms" are surface reflections of some underlying "pathology" which resides within the individual. The underlying disorder and its cause or "etiology" should be dealt with in order to fully understand and effectively treat the patient.

The medical model of mental illness and its implications have been criticized on several grounds (see Laing, 1967; Sarbin, 1967; Scheff, 1966; Szasz, 1961). One general criticism directly relevant to this study concerns social differences in the ways in which physical and mental illnesses are dealt with. In the case of physical disease, tests exist (e.g., temperature, blood tests) to give the physician a relatively objective indication of the nature of the disorder. Mental illness, however, involves an essentially subjective judgement of a human being on the basis of deviation from social rather than physical norms. The psychiatrist judges what is "normal" and "abnormal" within a particular cultural and professional context. Thus in our culture, it may be considered normal for an individual to pray to God in a church, but deviant to converse with spirits in public. As Scheff (1975) notes, the concepts of mental illness

...are not neutral, value-free, scientifically precise terms but are, for the most part, the leading edge of an ideology embedded in the historical and cultural present of the white middle class of Western societies. The concept of illness and its associated vocabulary—symptoms, therapies, patients, and physicians—reify and legitimate the prevailing public order at the expense of other possible worlds. The medical model of disease refers to culture-free processes that are independent of the public order; a case of pneumonia or syphilis is pretty much the same in New York or New Caledonia. (p. 7)

And further:

There has been no scientific verification of the cause, course, site of pathology, uniform and invariant signs and symptoms, and treatment of choice for almost all the conventional, 'functional' diagnostic categories. Psychiatric knowledge in these matters rests almost entirely on unsystematic clinical impressions and professional lore. (p. 7)

The medical model of mental illness not only ignores the cultural context in which it operates, but by positing the centre of pathology within the individual, neglects the more immediate social systems within which the individual moves. Behaviour which appears deviant when viewed in isolation may seem quite appropriate when the frame is enlarged to include wider social systems, such as the family (see Haley, 1963; Laing & Esterson, 1964).

#### Labeling Theory

Perhaps more progress has not been made in the investigation of mental illness because we have been asking the wrong questions. Etiological questions in particular may contain certain conceptual assumptions which restrict possible answers. (Indeed Szasz 1970, who criticizes the use of the term "mental illness?", argues that the question "What are the causes of mental illness?" may be as loaded as the question "What are the causes of witchcraft?") Partly as a reaction to some of the deficiencies of the medical model, alternate approaches to the study of mental illness have arisen which place more emphasis on social context and less on etiology. The question changes from "What is the cause?" to "What takes place between people when the term 'mental illness' is used?"

One such orientation derives from sociologists identified with the labeling or societal reaction approach to the study of deviance. In the writings of Lemert (1951), Becker (1963), and Schur (1971), deviance is not viewed as solely a quality residing

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within the individual. Instead, deviance is seen as a dynamic concept involving the application in social interactions, of social rules which define deviance and its consequences. Becker (1963) stresses the relativistic nature of the societal reaction approach to deviance when he suggests:

Social groups create deviance by making rules whose infractions constitute deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'. The deviant is one to whom the label has successfully applied; deviant behavior is behavior that people so label. (p. 9)

Thus in order to understand deviance, it is necessary to take into account the fact that deviance is a socially-defined process. It involves specific reactions from others toward the labeled "deviant", as well as corresponding reactions from the person so-labeled. These reaction processes contribute to the meaning and maintenance of a deviant identity.

#### Labeling Theory and Mental Illness

The most extensive application of the labeling theory perspective to the specific problem of mental illness has been by Scheff (1966, 1975). Society is based on certain stated and unstated rules dealing with the appropriateness of an individual's behaviour in various circumstances. Scheff sees "mental illness" as a residual, catchall category used by people to describe and explain infractions of social rules for which no likely "common sense" explanation seems

readily available. Social rule-breaking which has the potential to be labeled as evidence of mental illness may arise from various sources, including organic, psychological, stress situations, and acts of defiance or innovation (Scheff, 1966, p. 40). Such residual rule-breaking occurs quite frequently, but in most cases turns out to be of limited significance. Others may deny, ignore, excuse, or rationalize the deviant behaviour in the interests of maintaining the flow of social interaction. When the rule-breaking is handled in the above manner, it tends to be transitory, or compensated for, or channelled into some socially acceptable form.

In some cases, however, the response of others is not one of denial of deviance. Rather, the rule-breaking is taken as evidence of mental illness. (Whether an individual's rule-breaking results in denial or in the label of mental illness may depend on such factors as the power of the individual relative to those reacting to his behaviour, the visibility of the rule-breaking, the tolerance level of the community, and the availability in the culture of alternate responses to deviance.) Thus the classification of mental illness has to do not simply with the internal dynamics of the rule-breaker himself. Labeling theory hypothesized that the key determinant in the stabilization of a case of mental illness lies in the societal reaction - whether or not the individual's rule-breaking is defined as evidence of mental illness and he is placed in the role of being mentally ill.

Why should the attribution of the label of mental illness have such a powerful effect? Part of the answer lies in the extremely negative stereotypic views of the mentally ill which most people hold. The nature of this stereotype is revealed in Nunnally's (1961) extensive survey of public attitudes toward the mentally ill. Nunnally concludes:

It is commonly asserted that people attach a stigma to the mentally ill. Our research results leave little doubt that the stigma exists. The most important finding from our studies of public attitudes is that the stigma is very general, both across social groups and across attitude indicators. There is a strong 'negative halo' associated with the mentally ill. They are considered, unselectively, as being all things 'bad'. Some of the 'bad' attitudes that people have toward the mentally ill are partially supported by the facts - for example, the mentally ill sometimes are unpredictable and dangerous. However, the average man generalizes to the point of considering the mentally ill as dirty, unintelligent, insincere, and worthless. (p. 233)

Foucault (1965) goes so far as to consider mental illness as having replaced leprosy as a target of public scorn and rejection, with the mental institution as the modern counterpart of the leper colony.

Beginning in childhood, the concept of mental illness is learned in association with mystery and fear. The stereotypes are continually reinforced in social interaction and in the mass media, where the mentally ill are portrayed as a fundamentally different type of people, often subject to irrational fits of violence. Scheff (1966) notes the selective nature of media reporting. A person's history of mental illness is news when associated with violent crime, but not when associated with positive accomplishment.

Any anti-social act not readily understandable leads to a charge of mental illness. Furthermore, once having been associated with mental illness, that label tends to stick to the individual. A person may be cured of physical illness; with mental illness, he may often be considered only "in remission".

Categorization of people allows us to deal with them on the basis of the assumptions, attributes, and expectations associated with the category involved. In the case of a stigmatized category, such as mental illness, the effect on social interaction can be considerable (see Goffman, 1963). The stereotypic views of mental illness can function as a guiding image which dictates how to relate to a person so-labeled in a social interaction. (Research examples will be discussed later.) By treating the individual in accordance with the expectations attached to the label, the danger of a self-fulfilling prophecy (Rosenthal & Jacobson, 1968) arises.

The person who carries a label of "mentally ill" is, in effect, subject to other people defining him essentially through that label. That is, a complex human being may be reduced to one category or role which supersedes all other roles. The label of "mental illness", having such powerfully negative associations, is particularly likely to be used by others in such a fashion as a defining master status.

A mental illness label can not only affect how others treat the labeled individual, but can come to influence that individual's view of himself. The two, as Laing (1969) notes, are interdependent:

What others attribute to Peter implicitly or explicitly necessarily plays a decisive part in form-

ing Peter's sense of his own agency, perceptions, motives, intentions: his identity. (p. 151)

The individual who has been labeled mentally ill finds himself isolated from those interpersonal stimuli which support a self-image of "normality" (Roman, 1971). In such a situation he is likely to feel uncertain and self-conscious (Scheff, 1966). His response over time may be to accept the role of being mentally ill. That is, he may acquiesce to the label and develop a self-image consistent with it. Just as others used the mental illness stereotype as a guiding image in relating to the labeled person, that person now uses the same guiding image in defining his experience of self.

This perspective sees "mentally ill" people as not fundamentally different from "normals". Rather, becoming mentally ill may involve an essentially normal reaction given the effects of being perceived by others and perceiving oneself as mentally ill. Goffman (1961) comes to a similar conclusion, after many conversations with patients in a mental hospital. Concerning the self-concept of being mentally ill, he writes:

...the anxiety consequent upon this perception of oneself, and the strategies devised to reduce this anxiety, are not a product of abnormal psychology, but would be exhibited by any person socialized into our culture who came to conceive of himself as someone losing his mind. (p. 132)

Valins & Nisbett (1972) take a similar position, focusing on the role of inappropriate self-attributions of mental illness in the development of emotional disorder. Becker (1967), also deals with

the effect of the self being labeled mentally ill in his discussion of psychotic episodes during drug experiences.

It should be noted that labeling theory is only one approach in the study of a most difficult, complex area. It changes the focus of investigation from etiology and the individual system to social processes. As such, it provides a useful contrast to the medical model. The importance of this contrast is discussed by Scheff (1966):

The social system model, like the psychological model, highlights some aspects of the problem and obscures others. It does, however, allow a fresh look at the field since the problems it clarifies are those that are most obscure when viewed from the psychiatric or medical point of view....Ultimately, a framework which encompassed both individual and social systems, and distorted the contribution of neither, would be desirable. (pp. 25-26)

#### Labeling-Related Research

Research relevant to the labeling theory approach to mental illness may be divided into two general categories: the effects of attribution of labels and acquiescence to labels.

Label attribution. Research in this category deals with the effects that attributing a mental illness label have on the perceptions, attitudes, and behaviours of the attributing observer toward the labeled other. Jones, Hester, Farina, & Davis (1959) had subjects listen to standardized taped interviews. Subjects who had been told that the speaker was "maladjusted", tended to dislike the speaker more than subjects who believed that the speaker

was well-adjusted.

Farina, Holland, & Ring (1966) had subjects shock a confederate in order to guide him to the correct solution of a problem. Subjects believed either that the confederate had been hospitalized for mental illness or was well adjusted. Although the confederate behaved identically in the two conditions, his behaviour was judged less adequate, he was liked less, he was given more painful shocks, and subjects wanted no further interaction with him when they believed he had a history of mental illness.

Nunnally (1961) reports a study in which speakers talked to a class about mental illness. It was found on a questionnaire given after the talk that attitudes toward mental illness were more favourable if the speaker identified himself as a former mental patient at the end, rather than at the beginning of the talk. The above studies indicate some of the negative consequences stemming from the attribution of mental illness. Perceiving an individual through the mental illness label tends to promote dislike and rejection of that individual and his communications.

The effect of suggestion on labeling was investigated by Temerlin (1968). Groups of psychiatrists and psychologists diagnosed an individual on the basis of a taped interview. When it had been previously suggested that the interview was with a psychotic, the diagnoses tended to be more severe than when this suggestion was not made.

In studies by Loeb, Wolf, Rosen, & Rutman (1968) and Kirk

(1974), subjects were presented with written case descriptions. Labels and severity of abnormal behaviour reported in the descriptions were varied. It was found that attitude ratings based on the case descriptions tended to be influenced by the severity of deviant behaviour reported rather than by the labels used. These results indicate that the effects of labels on attitudes may not be pronounced when compared to the effects of specific reported behaviours in a non-interactional judgement situation. Similar conclusions may be drawn from a study by Pollack, Huntley, Allen, & Schwartz (1976) in which subjects viewed videotaped interviews. Again, perceptions of the videotaped individuals were affected by amount and severity of actual deviant behaviour rather than by label. In this study, however, subjects were specifically required to attend to and record the deviant behaviours.

Farina and Ring (1965) investigated the effects of mental illness labels in an interaction situation. Subjects given a two-person co-operative motor task to perform were led to believe (unbeknownst to the co-workers) that their co-workers were either "normal" or had been mentally ill. The results indicate that partners perceived as having been mentally ill were judged after the interaction to be less liked by others, less able to understand themselves and others, and more unpredictable. Subjects preferred to work alone rather than with a labeled co-worker, and blamed him for inadequacies in their joint task performance although objective measures did not support this. The results are consistent with

labeling theory, illustrating some of the negative influences of mental illness labeling on interactions.

Employing a design similar to Farina and Ring (1965), Bord (1976) compared dyad partners who were induced to believe that normal co-workers were either academically excellent (creditized condition) or had a history of mental illness (stigmatized condition). Again, neither dyad partner was aware of the manipulation. After completing an interaction task, subjects responded to a questionnaire. Results indicated that a subject's estimations of his partner's intelligence, adjustment, predictability, self-understanding, and ability to get along with others were significantly affected by the previously imputed label. Behavioural measures showed that stigmatized subjects exhibited fewer task-oriented acts and more power-granting and tension-indicating behaviours than the creditized subjects. Since the stigmatized subjects were not aware that they were being perceived as such by their partners, it seems likely that their partner's behaviour subtly communicated the "appropriate" behaviour for the creditized or stigmatized other. The "normal" partner was, in effect, structuring the situation for the other to acquiesce to the role associated with his label. (This will be discussed further in the next section.) That the "normal" partner to some extent communicated his negative expectations of the stigmatized other is indicated in that stigmatized subjects reported less understanding of themselves by their partners than that reported by creditized subjects.

Label acquiescence. This category of research focuses on the effects of labeling on the perceptions, attitudes, and behaviour of the person labeled. In the Bord (1976) study, the labeled partner's behaviour became consistent with the role implied by his label, in spite of the fact that he was unaware that he had been labeled. This suggests that expectations of others as to the behaviour of a labeled individual can act as a self-fulfilling prophecy (see Rosenthal & Jacobson, 1968). The interaction is structured in ways selectively reinforcing those behaviour patterns consistent with the other's perception of the label.

Other research illustrates the important effects of the expectations of the labeled individual himself. Farina, Allen, & Saul (1968) had pairs of normal subjects perform a co-operative motor task. One member of each dyad was led to believe that his co-worker had been told that he was either normal, homosexual, or mentally ill. Actually, the co-worker always received the same neutral information about his partner. Results indicated that the naive co-workers spent less time talking to the "stigmatized" partners. This suggests that the individual who believes himself perceived by others as stigmatized, will behave in such a way as to bring about his own rejection. This occurred even though the individual had not in fact been labeled by the other. The importance of self-image in label acquiescence is thus pointed to.

These findings were extended in a study by Farina, Gliha, Boudreau, Allen, & Sherman (1971) in which former mental patients

were used as subjects. These subjects interacted with a confederate. Each subject was led to believe either that his dyad partner (the confederate) knew of his psychiatric history, or that the partner believed him to be a medical patient. Although actually unaware of the subjects' true status, the confederate rated subjects in the first condition as more anxious and poorly adjusted. In addition, the subjects who believed others were aware of their status as former mental patients, found an experimental task more difficult, performed more poorly, and felt less appreciated.

Krieger and Levin (1976) gave psychological tests to two groups of hospitalized mental patients. One group believed that the tester was aware of their being mentally ill. Another group was led to believe that they were being presented to the tester as normal hospital workers. The latter group exhibited less pathognomic verbalization and showed better form on the Holtzman Inkblot Test. These results, as well as those of Farina et al. (1968, 1971), are consistent with the predictions of labeling theory. Believing that one is perceived as mentally ill appears to produce anxiety and behaviour that leads to rejection by others. Given the research results on label attribution, it seems likely that this rejection would increase in a situation in which the other is also in fact perceiving the individual as mentally ill.

#### Dogmatism

Rokeach (1960) has produced a dogmatism scale designed as a

general measure of authoritarianism without the ideological biases of previous scales. Rokeach sees openness vs. closedness of an individual's belief systems as the major variable in dogmatism. The high dogmatic, closed-minded individual tends to show a greater degree of rejection of others holding differing belief systems. As discussed above, the label of mental illness is commonly associated with people who are stigmatized as a fundamentally different class of human being. One could thereby hypothesize that high dogmatic individuals would tend to be more rejecting of the mentally ill than low dogmatics. This is supported by Hood (1973), who found on questionnaires that high dogmatics were more rejecting of the mentally ill in terms of both cognitive beliefs and negative attitudes.

In another study, Hood (1974) gave similar questionnaires to students before and after taking a university psychology course in which a labeling theory approach to mental illness was stressed. He found that high dogmatics decreased their rejection of the mentally ill in terms of cognitive beliefs, but increased their rejection in terms of affective attitudinal scales. These results suggest that high dogmatics are motivated by more than objective cognitive factors in their judgements.

Rokeach (1960) sees the cognitive need to know as a prevalent motive in low dogmatics. Information tends to be assessed without interference from irrelevant internal and external pressures. High dogmatics, however, are seen as being motivated by the need to ward off threat. They would be highly tuned to irrelevancies in an ef-

fort to reduce threat and anxiety. Their assessment of information thereby tends to be characterized by a lack of objectivity and an inability to evaluate information independent of its source. Following from this, one would expect that a mental illness label applied to oneself or another in an interaction, would result in a situation particularly threatening to the high dogmatic individual. The presence of the label would tend to increase anxiety, interfere with the process of interaction, and influence judgements made about it.

#### Hypotheses

The present study extends the investigation of the labeling approach to mental illness in two basic ways. First, it proposes to experimentally manipulate both label attribution and label acquiescence in a single design. This will permit a direct comparison of these effects when operating separately and when combined. Research on label attribution discussed above showed that perceiving an individual as mentally ill tended to promote rejection and negative evaluation of that individual. Research results on label acquiescence suggested that the individual who believes he is being perceived as mentally ill by others, will tend to exhibit anxiety and behaviour promoting his rejection. According to Scheff's (1966) model, a situation in which an individual was both perceived by others as mentally ill and believed himself perceived as mentally ill, would be closer to the true mental illness role than either condition alone. It would be expected that the presence of both

conditions would promote a system mutually reinforcing the effects of the mental illness label.

The present study advances the following hypotheses: In a dyadic interaction between A and B...

1. if A perceives B as mentally ill, A will tend to reject B,
2. if B believes he is perceived by A as mentally ill, B will tend to be anxious and behave in a manner such that A will tend to reject B,
3. if A perceives B as mentally ill and if B believes he is perceived by A as mentally ill, A will exhibit a greater tendency to reject B than in either hypothesis 1 or 2.

The present study proposes to further extend the investigation of the labeling approach by focusing on the role of a personality dimension, dogmatism, on label effects. Research cited above suggests that high dogmatic individuals find mental illness labels particularly threatening. One would thus suspect that mental illness label effects would increase with high dogmatics. More specifically, the following hypothesis is advanced:

4. The degree of rejection in hypotheses 1 - 3 will vary directly with the dogmatism levels of A and B.

## CHAPTER II

### METHOD

#### Subjects

Subjects used in the analysis consisted of 80 female students enrolled in first or second year psychology courses at the University of Windsor.<sup>1</sup> Subjects received a course credit point for participating.

The subjects were assigned to high or low dogmatism groups. This division was based upon the results of a Dogmatism scale (see below) which was initially administered to 198 potential subjects. The resulting scores produced a high dogmatism group of 40 subjects (mean score, 88.2) and a low dogmatism group of 40 subjects (mean score, 53.2).

Within each dogmatism group, subjects were randomly assigned to dyads. Dyad partners did not know each other. Each dyad was randomly assigned to one of four experimental conditions based on label manipulations (see below).

#### Instruments

Rokeach's (1960) Dogmatism Scale, as noted above, is a measure

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<sup>1</sup>Ten subjects were excluded due to language difficulties (1 dyad) or for becoming aware of the experimental manipulation (4 dyads).

of general authoritarianism, its major variable being openness vs. closedness of an individual's belief systems. (For a review of reliability and validity studies, see Vacchiano, Strauss, & Hochman, 1969.) A 20-item short-form of the Dogmatism Scale was used (see Appendix A). This form has a reported .94 correlation with Form E of the Dogmatism Scale (La Gaipa, 1969; Troldahl & Powell, 1965).

Byrne's (1971) Interpersonal Judgment Scale was used as a measure of rejection. The scale (see Appendix C) consists of 6 items involving judgements of another person on a 7-point scale. The judgements deal with the intelligence, knowledge of current events, morality, and adjustment of the other person as well as the respondent's feelings toward the other person and desire to work with him. The last two items are summed to yield a measure of general attraction-rejection ranging from 2 (most rejection) to 14 (most attraction). Byrne (1971) reports split-half reliability of .85 and cites studies indicating significant correlations between the IJS and other measures of attraction, both verbal and non-verbal.

#### Procedure

Subjects were greeted by the experimenter and asked how well, if at all, they knew their dyad partner, and if they had heard anything about the study (referred to as "interpersonal task performance study"). The subjects were told:

This is a study attempting to determine whether knowing something about another person helps you in working

together on various tasks. One of you will be chosen, by the flip of a coin, to give information about yourself to the other. The person who gives information will be asked to write a short paragraph describing three aspects of herself to the other: 1. the kind of person she is, 2. anything unusual or distinctive about herself, and 3. some of her plans for the future. The person who gives the information will be asked to be as frank and honest as possible. After the other person reads the paragraph, we will get on with the tasks you will be working on. Are there any questions? <sup>2</sup>

A coin was then tossed to determine who would receive information (to be referred to as subject A) and who would give information (to be referred to as subject B). Subject B was asked to go with the experimenter to another room to do the writing.

Label manipulation. Subject B had been randomly chosen to be in one of four experimental groups based on two label manipulations. For her self-description information, subject B copied from a type-written sheet given to her by the experimenter. Depending on B's group, the sheet either contained information consistent with a label of "normal", or with a label of "mental illness" (see Appendix B for the information sheets). Subject B was led to believe that subject A would receive the self-description information that she had copied. The second manipulation involved the information that subject A actually received. In one half of the cases subject A received the same self-description information that B had copied;

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<sup>2</sup>These procedures are based primarily on those used by Farina & Ring (1965) and Farina et al. (1968).

one half of the cases involved A receiving the alternate information. Thus each of the two dogmatism groups were assigned to four experimental groups:

1. A receives a "normal" self-description from B, and B believes A receives a "normal" self-description from her. This group serves as a control.
2. A receives a "mental illness" self-description from B, and B believes A receives a "normal" self-description. This group represents the effect of A attributing the mental illness label to B.
3. A receives a "normal" self-description from B, and B believes A receives a "mental illness" self-description. This group represents the effect of label acquiescence on the part of B.
4. A receives a "mental illness" self-description from B, and B believes A receives a "mental illness" self-description. This group represents the combined effects of label attribution and acquiescence.

When subject B had been taken to the second room by the experimenter, she was told:

I have to apologize to you and tell you now that the experiment is not exactly as I have described it. In this study we are measuring the impact on the other student of believing she is working with someone who had certain characteristics. In particular, we want the other student to believe she is working with someone who (is an essentially average, normal student; or/has been seriously mentally ill). What you write on your sheet will be the only information the other

student will have about you, since you two will only be allowed to talk about the task you will be performing together later. In order to standardize the information that the other student gets, we would like you to copy the information from this paper onto your sheet.

After subject B copied the appropriate sheet she was asked to remain in the room while the experimenter gave her sheet to subject A to read.

The experimenter then returned to the first room and gave subject A the appropriate standardized sheet (depending on the experimental group) which had been previously handwritten. After subject A read the information, the experimenter collected the sheet and returned subject B to the first room.

Task 1. At this point the experimenter said the following to the two subjects:

The task we have for you has to do with how well you can make up arguments on both sides of a controversial issue working as a team. The issue we have chosen for you is the legalization of marijuana. You will be asked to write down the best set of arguments you can think of both for and against the legalization of marijuana. The two of you will get together and discuss which arguments you would like to include on a sheet to represent your best efforts as a team. Include only the best set of arguments both for and against since comparisons will be made to see which teams performed best. Number each argument on your list. Please limit your discussion to only the task itself. Are there any questions? You will have ten minutes.<sup>3</sup>

The experimenter then gave to subject A a sheet of paper labeled "Legalization of Marijuana", having a line drawn down the centre with subheadings "For Legalization" and "Against Legalization". While giving the sheet to subject A, the experimenter said:

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<sup>3</sup> A similar task is used in Bord (1976).

It will be easier if only one of you does the writing. Since you (referring to subject B) have already done some extra work on the self-description, you (referring to subject A) can do the writing.<sup>4</sup>

Questionnaires. After ten minutes the experimenter collected the team sheet and said to the two subjects:

Thank you very much. This is essentially the end of the study. Before you go I would like each of you to complete a short questionnaire. Your answers to the questionnaire are strictly confidential, and will not be seen by each other.

Subject B was led into the second room to complete her questionnaire.

Subject A's questionnaire (Appendix C) consisted of Byrne's Interpersonal Judgement Scale as well as five additional items involving A's judgement of B's self-understanding, ability to get along with others, anxiety level, accuracy of self-description, and contribution to the team task.

Subject B's questionnaire (Appendix D) contained four items concerning her reactions to the interaction with A. Specifically, B was asked to judge the degree to which A understood her, how typical A found her, her own anxiety level in dealing with A, and contribution to the team task.

Both subjects were also asked for comments about the purpose of the study to determine if any became aware of the true nature of the manipulations involved.

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<sup>4</sup> Having subject A do the team writing ensured that she did not become aware of discrepancies between the handwriting of subject B on the team sheet and on her supposed, self-description sheet (which had in fact been previously handwritten).

The experimenter looked over the completed questionnaires. He further questioned those subjects who indicated knowledge of the actual manipulations and purposes of the study in order to determine exactly what they suspected.

Debriefing. At this point the experimenter returned subject B to the first room. Due to the potentially anxiety-arousing nature of the label manipulations involved in the study, an extensive debriefing followed. The subjects were told:

Now that the experiment is over, I can tell both of you more about the actual purposes of this study and perhaps put you more at ease. This study deals with what has been called the "labeling theory of mental illness". Basically, this theory says that much of what we call "mental illness" depends on the labels that people have in mind when they interact with other people. In the case of this particular study, we were interested in controlling the information that you (subject A) received about you (subject B). This information was not actually about her (subject B), but was a standardized sheet written out before the experiment.

The experimenter showed the subjects a typed copy of the information sheet received by subject A.

The purpose was to influence you (subject A) to react toward you (subject B) with a particular label of "normal student" or/ "mentally ill" (depending on the experimental group) in mind. Again, this information does not actually deal with you (subject B) but was all written out beforehand. Are there any questions about this?

The following section was added in those experimental groups in which the information copied by subject B was not the same information received by subject A:

The second thing we were interested in controlling was the information that you (subject B) believed

she (subject A) received about you. In this case you (B) believed that she received information describing you as a "normal student" or/ "mentally ill" (depending on the experimental group).

The experimenter presented the typed information sheet copied by subject B.

Actually, she (subject A) received this information, describing you (B) in the following way.

The experimenter presented the sheet received by subject A.

Are there any questions about this?

The experimenter attempted to ensure that each subject understood the nature of the manipulations, in particular, that the information sheets used were not actually descriptive of the subjects involved. The experimenter then continued:

I'd like to thank both of you for your participation, and I hope you will forgive the deception on our part, but it was necessary for the study's purposes. Since we will be conducting this research for several weeks, I would really appreciate it if you wouldn't discuss this experiment with any other students. This is necessary because if they know how the experiment is being operated we would not be able to use their data.

If you are interested in the results of the study you can, if you like, put your name and address on one of these envelopes. I'll send you a copy of the results when the analyses are completed, which will be in a few months. Thanks again for your co-operation.

The experimenter thanked each subject individually on their way out.

#### Statistical Analysis

The dependent variables in this study are the final questionnaire responses of subjects A and B. Summed responses of each subject will be used as indicators of the degree to which B is re-

jected from the standpoints of both subjects. There are three independent variables: label attribution, label acquiescence, and dogmatism. The label attribution variable involves the manipulation of the label which subject A attributes to subject B, that is, "normal" or "mentally ill". Label acquiescence deals with manipulation of the label through which subject B believes she is being perceived by subject A. The dogmatism variable concerns whether the subjects are in the high or low dogmatism category.

The responses to the items of the final questionnaire will be analyzed using 2 x 2 x 2 analyses of variance (Winer, 1971). It is predicted that these analyses will reveal:

1. a greater tendency for B to be rejected under the "mental illness" label attribution condition than under the "normal" label attribution condition.
2. a greater tendency for B to be rejected under the "mental illness" label acquiescence condition than under the "normal" label acquiescence condition.
3. that under the condition of both "mental illness" label attribution and acquiescence, there will be a tendency for B to be rejected which is greater than in either the condition of "mental illness" label attribution or "mental illness" label acquiescence alone.
4. that all the tendencies toward rejection of B listed above will be greater under the high dogmatism condition than under the low dogmatism condition.

## CHAPTER III

### RESULTS

The purpose of the study was to investigate the effect of mental illness labels on interactions. It was predicted that under certain experimental conditions, there would be increased tendencies for subject B to be rejected by subject A. More specifically, the hypotheses predicted:

1. a greater tendency for B to be rejected under conditions of "mental illness" label attribution than under "normal" label attribution,
2. a greater tendency for B to be rejected under conditions of "mental illness" label acquiescence than under "normal" label acquiescence,
3. a greater tendency for B to be rejected under conditions of both "mental illness" label attribution and acquiescence compared to either "mental illness" attribution or acquiescence alone,
4. that the above tendencies toward rejection would be greater under conditions of high dogmatism than low dogmatism.

The data consisted of questionnaire responses of subjects A and B. In order to test the hypotheses, the data were analyzed using a series of  $2 \times 2 \times 2$  analyses of variance to determine the effects of label attribution, label acquiescence, and dogmatism on the questionnaire responses. As well as analyses of individual quest-

ionnaire items, analyses of summed scores were undertaken to provide more meaningful overall measures of rejection. In addition, a series of analyses of covariance was performed to control for possible effects of subject age.

#### Analysis of A's Performance

Scores on the following seven questionnaire items of subject A (who received the self-description information from B) were summed in order to provide an overall measure of A's rejection of B: judgement of B's level of self-understanding, adjustment, anxiety, ability to get along with others, team contribution, as well as A's judgement of her personal feelings toward B and desire to work with B. The resulting "A Rejection" sum score has a range of from 49 (most attraction) to 7 (most rejection). Table 1 summarizes the results of a 2 x 2 x 2 analysis of variance using this measure. Table 1 indicates a significant label attribution effect ( $F(1,32) = 5.80$ ,  $p < .05$ ) for this measure of A's rejection of B, supporting the first hypothesis.

A significant Dogmatism X Attribution interaction ( $F(1,32) = 6.12$ ,  $p < .05$ ) was further analyzed using t-tests to compare means. This procedure revealed (see Figure 1) that the predicted change in the dependent measure across the two attribution conditions was significant ( $p < .01$ ) for the High Dogmatism group and not significant for the Low Dogmatism group. That is, the label attribution effect was significant for the High Dogmatism group only. This

Table 1  
ANOVA of A Rejection Sum Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	10.00	1	10.00	0.42
Attribution (Att)	136.90	1	136.90	5.80*
Acquiescence (Acq)	0.90	1	0.90	0.04
D X Att	144.40	1	144.40	6.12*
D X Acq	40.00	1	40.00	1.69
Att X Acq	0.10	1	0.10	0.00
D X Att X Acq	48.40	1	49.40	2.05
Within Cell	755.20	32	23.60	

\* $p < .05$ .

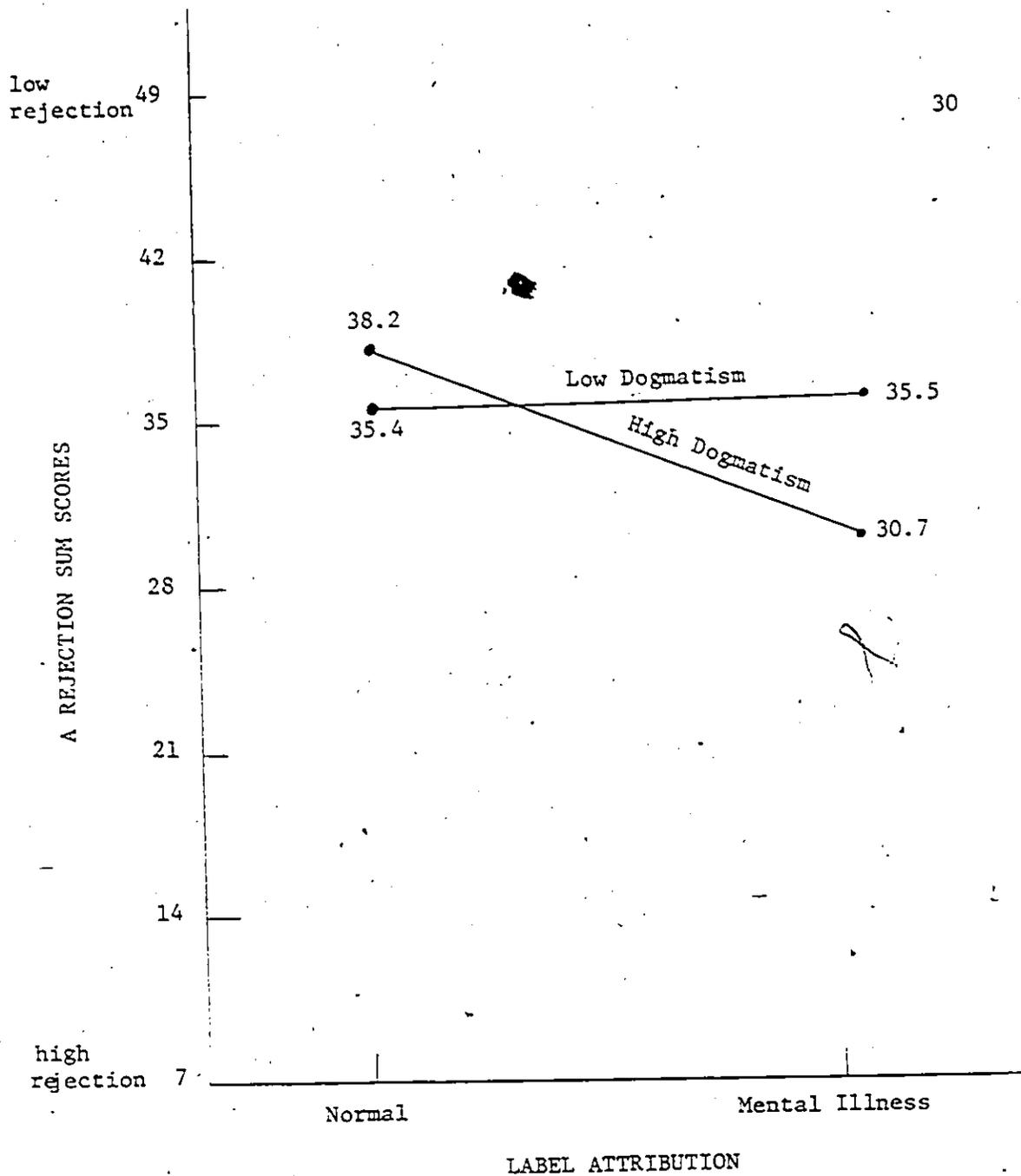


Figure 1. Mean A Rejection sum scores according to attribution and dogmatism groups.

partially supports the fourth hypothesis. Contrary to prediction, no significant label acquiescence effects occurred.

To further investigate the above effects, separate analyses of variance were performed on each individual item of the subject A questionnaire. Significant label attribution effects were obtained for A's judgement of B's level of adjustment (Table 2,  $F(1,32) = 7.37, p < .01$ ) and for A's desire to work with B (Table 3,  $F(1,32) = 4.20, p < .05$ ). A significant label attribution effect was also obtained for Byrne's Interpersonal Judgement Scale (Table 4,  $F(1,32) = 4.59, p < .05$ ). All effects were in the predicted direction.

Continuing the analysis of individual items, significant Dogmatism X Attribution interactions were revealed for A's judgements of B's self-understanding (Table 5,  $F(1,32) = 9.88, p < .01$ ) and ability to get along with others (Table 6,  $F(1,32) = 4.65, p < .05$ ). T-tests of means for these two interactions indicated that the predicted label attribution effects were significant for the High Dogmatism group only ( $p < .05$  and  $p < .01$  respectively).

Analyses of variance for items in which A judged B's intelligence, morality, knowledge of current events, and accuracy of self-description, all failed to reach significance and therefore are not included in the tables.

In order to control for age, a series of analyses of covariance using subject age as a covariate, was performed for the A Rejection sum score (see Table 7) and the individual item scores of the subject A questionnaire.

Table 2

ANOVA of Adjustment Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	0.62	1	0.62	0.51
Attribution (Att)	9.02	1	9.02	7.37*
Acquiescence (Acq)	0.02	1	0.02	0.02
D X Att	1.22	1	1.22	1.00
D X Acq	0.62	1	0.62	0.51
Att X Acq	2.02	1	2.02	1.65
D X Att X Acq	3.02	1	3.02	2.47
Within cell	39.20	32	1.22	

\* $p < .01$ .

Table 3  
 ANOVA of "Desire to Work Together" Scores  
 for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	0.90	1	0.90	0.59
Attribution (Att)	6.40	1	6.40	4.20*
Acquiescence (Acq)	4.90	1	4.90	3.21
D X Att	0.90	1	0.90	0.59
D X Acq	0.00	1	0.00	0.00
Att X Acq	0.10	1	0.10	0.07
D X Att X Acq	0.40	1	0.40	0.26
Within cell	48.80	32	1.52	

\* $p < .05$ .

Table 4

ANOVA of Interpersonal Judgement Scale Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	1.60	1	1.60	0.51
Attribution (Att)	14.40	1	14.40	4.59*
Acquiescence (Acq)	3.60	1	3.60	1.15
D X Att	1.60	1	1.60	0.51
D X Acq	1.60	1	1.60	0.51
Att X Acq	1.60	1	1.60	0.51
D X Att X Acq	3.60	1	3.60	1.15
Within cell	100.40	32	3.14	

\* $p < .05$ .

Table 5  
ANOVA of Self-Understanding Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	0.90	1	0.90	0.73
Attribution (Att)	0.10	1	0.10	0.08
Acquiescence (Acq)	3.60	1	3.60	2.94
D X Att	12.10	1	12.10	9.88*
D X Acq	0.00	1	0.00	0.00
Att X Acq	1.60	1	1.60	1.31
D X Att X Acq	0.40	1	0.40	0.33
Within cell	39.20	32	1.22	

\* $p < .01$ .

Table 6  
 ANOVA of "Getting Along with Others" Scores  
 for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	2.50	1	2.50	1.82
Attribution (Att)	4.90	1	4.90	3.56
Acquiescence (Acq)	0.10	1	0.10	0.07
D X Att	6.40	1	6.40	4.65*
D X Acq	1.60	1	1.60	1.16
Att X Acq	3.60	1	3.60	2.62
D X Att X Acq	2.50	1	2.50	1.82
Within cell	44.00	32	1.37	

\* $p < .05$ .

Table 7

Age Covariate Analysis of A Rejection Sum Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Covariate A's age	3.93	1	3.93	0.17
Covariate B's age	11.47	1	11.47	0.49
Covariate A's age X Covariate B's age	8.16	1	8.16	0.35
Dogmatism (D)	15.23	1	15.23	0.65
Attribution (Att)	134.92	1	134.92	5.73*
Acquiescence (Acq)	0.60	1	0.60	0.03
D X Att	205.65	1	205.65	8.74**
D X Acq	28.54	1	28.54	1.21
Att X Acq	0.74	1	0.74	0.03
D X Att X Acq	43.92	1	43.92	1.87
Within cell	682.73	29	23.54	

\* $p < .05$ .

\*\* $p < .01$ .

Age covariates did not reach significance, and with one exception<sup>5</sup> the significant effects found in the analyses of variance were not changed, indicating that subject age was not a significant factor in the results.

#### Analysis of B's Performance

The scores on the four questionnaire items for subject B were summed to give an overall measure of B's perceived rejection by A. The four items asked for B's judgements on how well she had been understood by A, how typical A had found her, her own anxiety level in dealing with A, and contribution to the team task. The resulting "B Perceived Rejection" sum score has a range of from 28 (most perceived attraction) to 4 (most perceived rejection). An analysis of variance using this measure (see Table 8) reveals a significant label attribution effect ( $F(1,32) = 5.24, p < .05$ ) as predicted by the first hypothesis. No other significant effects occurred.

Separate analyses of variance on each of B's four questionnaire items failed to reveal any significant effects and so are not printed here. Again, analyses of age covariance for the B Perceived Rejection sum score (see Table 9) and for the individual item scores did not result in changes of significance.

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<sup>5</sup>The significance level of the Dogmatism X Attribution interaction increased from  $p < .05$  to  $p < .01$  in the covariate analysis of A Rejection sum scores.

Table 8

ANOVA of B Perceived Rejection Sum Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Dogmatism (D)	7.22	1	7.22	0.82
Attribution (Att)	46.22	1	46.22	5.24*
Acquiescence (Acq)	11.02	1	11.02	1.25
D X Att	7.22	1	7.22	0.82
D X Acq	3.02	1	3.02	0.34
Att X Acq	9.02	1	9.02	1.02
D X Att X Acq	0.62	1	0.62	0.07
Within cell	282.40	32	8.82	

\* $p < .05$ .

Table 9

Age Covariate Analysis of B Perceived Rejection Sum Scores  
for Dogmatism, Label Attribution, and Label Acquiescence

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Covariate A's age	5.34	1	5.34	0.56
Covariate B's age	1.17	1	1.17	0.12
Covariate A's age X Covariate B's age	1.83	1	1.83	0.19
Dogmatism (D)	10.11	1	10.11	1.07
Attribution (Att)	47.26	1	47.26	4.99*
Acquiescence (Acq)	13.03	1	13.03	1.38
D X Att	2.25	1	2.25	0.24
D X Acq	2.16	1	2.16	0.23
Att X Acq	8.81	1	8.81	0.93
D X Att X Acq	0.35	1	0.35	0.04
Within cell	274.46	29	9.46	

\* $p < .05$ .

## CHAPTER IV

### DISCUSSION

The purpose of our investigation was to extend the study of the labeling approach to mental illness by experimentally manipulating both label attribution and label acquiescence. In addition, the role of dogmatism in mental illness labeling effects was considered.

It was hypothesized that in a dyadic interaction between A and B, certain conditions would promote the rejection of B by A. These conditions included: 1. label attribution - A perceiving B through a label of mental illness, and 2. label acquiescence - B believing she is perceived by A through a label of mental illness. The tendency toward rejection would be even greater under conditions of: 3. label attribution X label acquiescence - conditions 1. and 2. combined. Finally, it was hypothesized that under all the above conditions, subjects belonging to a high dogmatism group would show greater tendencies toward rejection of B than subjects belonging to a low dogmatism group.

Rejection was measured from the standpoints of both A and B by questionnaires administered after an interaction. Subject A's questionnaire dealt with her rejection of B; subject B's questionnaire dealt with her perceived rejection by A.

It was found that the predicted label attribution effect occurred for both the A Rejection sum score and the B Perceived Rejection

sum score, thus supporting the first hypothesis.

Contrary to the predictions of the second and third hypotheses, no significant label acquiescence or acquiescence X attribution interaction effects were observed.

The fourth hypothesis finds partial support in a significant dogmatism X attribution interaction effect for the A Rejection sum score. This indicates that the predicted label attribution effect for this score was greater under high dogmatism than low dogmatism conditions, which is consistent with the predictions of the fourth hypothesis. Contrary to prediction, no significant dogmatism interactions occurred for the subject B Perceived Rejection score.

The finding of a significant label attribution effect for A's rejection of B, follows the results of Farina and Ring (1965) and Bord (1976). It suggests that a label of mental illness may influence one person's (A) perception of another (B), particularly with respect to rejection.

The further significant label attribution effect for B's perceived rejection is similar to Bord's (1976) results. (Farina and Ring did not measure B's perceived rejection.) Our finding is particularly interesting in that while this study compared a "mental illness" label with a "normal" label, Bord used a "creditized" label to compare with the "mental illness" label. Bord's comparison would presumably be more wide-ranging and thus more likely to result in significant differences. Our results provide support for the notion that the rejection of B by A resulting from the attribution of a

mental illness label, is communicated to and perceived by B.

Significant label acquiescence effects did not appear as predicted. One explanation for this involves the expectations of subject B. It is possible that subjects in the mental illness acquiescence condition expected a friendly, sympathetic response from their partners and that this expectation influenced their questionnaire responses. Farina et al. (1968) use this explanation to account for questionnaire results in their study which investigated mental illness and homosexual label acquiescence. They found that "mental illness" acquiescent B subjects rated their partners higher in friendliness than "homosexual" acquiescent B subjects, while the "normal" B subjects' ratings of their partners were intermediate. Farina et al. suggest that subjects who believed they were perceived as mentally ill expected friendly sympathetic behaviour from others, whereas subjects who believed others perceived them as homosexual expected more unfriendly, distant behaviour.

In spite of this expectation effect, Farina et al. (1968) did find possible evidence of rejection in other measures. In particular, they found that the naive A subjects talked less to "mental illness" and "homosexual" acquiescent B subjects than to "normal" acquiescent B's. This suggests that measures other than self-report questionnaires may be necessary to tap mental illness label acquiescence in this type of study. This appears to be the case particularly in studies in which "normal" subjects are used. Using former mental patients, Farina et al. (1971) was able to find significant

label acquiescence effects in questionnaire responses of both dyad partners. This seems to imply that experience with the mental illness role can result in stronger, more simply measured label acquiescence effects. This implication is consistent with labeling theory.

There is a further explanation for the lack of label acquiescence effects in the present study. As noted above, Farina et al. (1968) found that the naive A subjects spent less time talking to stigma-acquiescent B subjects than to "normal" B subjects. Although this difference in speech time carried through the whole experiment, it became significant only during a non-structured period of rest from the experimental task. With less to keep the subjects occupied, the influence of the label manipulation became more prominent. In the present study, subjects were kept busy working on the specific experimental task, with no comparable rest break. Periods of less structure in subject interactions may have resulted in stronger label acquiescence effects.

It should also be noted that our findings and those of Farina et al. (1968) may indicate that mental illness label acquiescence can initially result in anxiety for the dyad partners, rather than specifically the rejection of B by A. In Farina et al. (1968) it is not clear if the fact that stigma-acquiescent B subjects were spoken to less than "normal" - acquiescent B subjects represents rejection, since the content of the speech was not analyzed.

With respect to the personality variable of dogmatism, we found, as predicted, that high dogmatism A subjects had a greater tendency

to reject dyad partners attributed with mental illness than did low dogmatism A subjects. Each dyad was composed of members of one of the two dogmatism groups. Thus B subjects in the high dogmatism, mental illness attribution condition had a greater tendency to be rejected (as measured by the A questionnaire) than B subjects in the low dogmatism, mental illness attribution condition. Our results, however, do not indicate a corresponding dogmatism X attribution interaction effect for the measure of B's perceived rejection. That is, for the B subject's perception of rejection (as measured by the B questionnaire), only the attribution effect is significant. In effect, high and low dogmatism B subjects did not perceive significantly different levels of rejection in the mental illness attribution condition, in spite of the fact that in this condition the high dogmatism B subjects apparently received more rejection from their partners than did the low dogmatism B subjects.

To account for this finding we return to Rokeach's (1960) characterization of the high dogmatic individual. High dogmatics are seen as motivated by the need to defend against threat. People considered to hold different belief systems are viewed as particularly threatening. As the A subject in the label attribution condition, the high dogmatic individual can protect herself from those considered "different" (the mentally ill) by rejecting them. As the B subject, however, rather than directly evaluating someone else, the subject is asked to judge herself in relation to the other person, and is thereby more personally threatened. It is suggested that the

high dogmatic B subject reacts to this threat by denying perceptions of being rejected by her partner. Thus we find high dogmatic B subjects reporting levels of perceived rejection similar to those reported by low dogmatics, even though the high dogmatics are presumably receiving more rejection from their partners. More sensitive behavioural measures might be expected to produce results indicating proportionally more perceived rejection by the high dogmatic B subjects.

Rather than focusing on the B subject, a second interpretation of the dogmatism X attribution findings considers the role of subject A. It is possible that A's behaviour toward B is inconsistent with her evaluation of B as measured by the A questionnaire. Subject A in the high dogmatism, mental illness attribution condition may allow herself to express rejection of B when presented with a confidential questionnaire. When interacting with B, however, subject A may attempt to hide her negative evaluation so as to avoid possible embarrassment and disruption of the interaction. Thus subject A may not express her rejection in her actual behaviour toward B. As a result, in the mental illness attribution condition, B subjects may perceive similar levels of rejection in both dogmatism groups, in spite of the fact that the high dogmatism A subjects report more rejection on their questionnaire.

The above two interpretations of the dogmatism X attribution findings, each focusing on the other dyad partner, are not mutually exclusive. Both may be operating.

The subjects for this study were drawn from a particular population - female university students. This affects the generalizability of the results. Other interactional studies of mental illness label effects (Farina et al. 1965, 1968, 1971; Bord, 1976) used only male subjects. The fact that significant results were obtained in this study supports the generalization of labeling effects to females. This holds in spite of the possibility that females may be socialized to be more submissive and less rejecting in social interactions. Direct comparisons between the performances of male and female subjects would be valuable in future studies.

Using only university students restricts the applicability of the results to this population. It can be noted, however, that surveys generally find that rejection of the mentally ill declines with increasing education (Nunnally, 1961). Therefore it might be expected that a non-university population would be more susceptible to mental illness label effects.

As was mentioned in Chapter III, subject age did not appear to be a significant factor in the results. Analyses of covariance using age as a covariate resulted in only one change. Age apparently accounted for variance such that when it was removed as a factor, the significance level of the dogmatism X attribution interaction for the A Rejection sum score increased from  $p < .05$  to  $p < .01$ . Since this was the only change and since age itself as a covariate factor never reached significance, we can conclude that the influence of subject age on the results of this study was minimal.

Recommendations for future studies include new dependent measures. As was noted, the questionnaires used in this study were of limited value in measuring label acquiescence effects and perception of rejection by high dogmatic subjects. A variety of more subtle, less obtrusive measures of rejection and anxiety would be desirable. These could include ratings of both verbal and non-verbal behaviours. An example might involve detailed analyses of speech. These measures could be compared with self-reports of the experience of the subjects in order to get a better understanding of the processes involved in encountering mental illness labels. In this respect a within-subjects design, controlling for individual differences in reaction could be useful.

Other avenues of research could involve the use of middle-level dogmatism subjects in addition to high and low, as well as further isolation of relevant personality variables.

Finally, it is important to put this investigation of labeling into context. The effects of mental illness labeling in society take place over time and are likely to involve the reactions of people significant to the labeled individual. As a result it is difficult to investigate this subject experimentally. Nevertheless we believe that the present study indicates that it is valuable to focus on "mental illness" in terms of the effects of the use of that label on people. We have demonstrated that the use of mental illness labels can influence perceptions in the direction of rejection, and that this rejection can be communicated to the labeled individ-

ual. This makes more understandable the position of those holding mental illness labels.

APPENDICES

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APPENDIX A  
DOGMATISM SCALE

DOGMATISM SCALE\*  
Social Attitudes Questionnaire

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Name:  
Course:  
Telephone:

The following is a study of what the general public thinks and feels about a number of important social and personal questions. The best answer to each statement below is your personal opinion. We have tried to cover many different and opposing points of view; you may find yourself agreeing strongly with others, and perhaps uncertain about others. Whether you agree or disagree with any statement, you can be sure that many people feel the same as you do.

Circle one number after each statement according to how much you agree or disagree with the statement. Please mark every one. Circle +3, +2, +1, -1, -2, or -3, depending on how you feel in each case.

- |                          |                              |
|--------------------------|------------------------------|
| +3: I agree very much.   | -3: I disagree very much.    |
| +2: I agree on the whole | -2: I disagree on the whole. |
| +1: I agree a little.    | -1: I disagree a little.     |

Your responses will be treated confidentially.

1. The United States and Russia have just about nothing in common. +3 +2 +1 -1 -2 -3
2. The highest form of government is a democracy and the highest form of democracy is a government run by those who are most intelligent. +3 +2 +1 -1 -2 -3
3. Even though freedom of speech for all groups is a worthwhile goal, it is unfortunately necessary to restrict the freedom of certain political groups. +3 +2 +1 -1 -2 -3
4. Man on his own is a helpless and miserable creature. +3 +2 +1 -1 -2 -3
5. Most people just don't give a "damh" for others. +3 +2 +1 -1 -2 -3
6. I'd like it if I could find someone who would tell me how to solve my personal problems. +3 +2 +1 -1 -2 -3
7. In a discussion I often find it necessary to repeat myself several times to make sure I am being understood. +3 +2 +1 -1 -2 -3

8. It is better to be a dead hero than to be a live coward. +3 +2 +1 -1 -2 -3
9. While I don't like to admit this even to myself, my secret ambition is to become a great person, like Einstein, or Beethoven, or Shakespeare. +3 +2 +1 -1 -2 -3
10. The main thing in life is for a person to want to do something important. +3 +2 +1 -1 -2 -3
11. It is only when a person devotes himself or herself to an ideal or cause that life becomes meaningful. +3 +2 +1 -1 -2 -3
12. Of all the different philosophies which exist in this world there is probably only one which is correct. +3 +2 +1 -1 -2 -3
13. To compromise with our political opponents is dangerous because it usually leads to the betrayal of our own side. +3 +2 +1 -1 -2 -3
14. There are two kinds of people in this world: those who are for the truth and those who are against the truth. +3 +2 +1 -1 -2 -3
15. My blood boils whenever a person stubbornly refuses to admit he or she is wrong. +3 +2 +1 -3 -2 -3
16. Most of the ideas which get printed nowadays aren't worth the paper they are printed on. +3 +2 +1 -1 -2 -3
17. In this complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted. +3 +2 +1 -1 -2 -3
18. It is often desirable to reserve judgement about what's going on until one has had a chance to hear the opinions of those one respects. +3 +2 +1 -1 -2 -3
19. The present is all too often full of unhappiness. It is only the future that counts. +3 +2 +1 -1 -2 -3
20. Most people just don't know what's good for them. +3 +2 +1 -1 -2 -3

APPENDIX B  
SELF-DESCRIPTIONS

"NORMAL" SELF-DESCRIPTION

I guess that I'm a pretty normal type of person. I don't think I have any more problems than anybody else. I get along well with most people and I enjoy going to school here where I have some good friends. I like going to the movies and camping during the summer. As far as unusual things, I have a few little quirks here and there but I don't feel I'm that different from other people. As far as my plans for the future, I would like to finish up my university courses and maybe go on to graduate school.

"MENTAL ILLNESS" SELF-DESCRIPTION

You asked me to be honest and I will try to be. Sometimes I have a hard time figuring out what kind of person I really am. I feel quite different from most people and it seems that people have a hard time understanding me. I usually keep pretty much to myself and I guess I don't have any real close friends. I guess what is most unusual about me is that twice I have been in a mental hospital when I had a kind of nervous breakdown. The first time it happened I was in high school and the second time I was just starting university. I was not in the hospital too long either time though and they gave me some medication. As far as my goals for the future, I would like to finish up my university courses and maybe go on to graduate school.

APPENDIX C  
SUBJECT A QUESTIONNAIRE

## QUESTIONNAIRE (SUBJECT A)

Questionnaire

Please check the statement in each of the following items that best describes your feelings about the person with whom you worked in this study. (All answers are confidential and will not be seen by the other person.)

1. Intelligence (check one) (1)
  - I believe that this person is very much above average in intelligence
  - I believe that this person is above average in intelligence
  - I believe that this person is slightly above average in intelligence
  - I believe that this person is average in intelligence
  - I believe that this person is slightly below average in intelligence
  - I believe that this person is below average in intelligence
  - I believe that this person is very much below average in intelligence
2. Knowledge of Current Events (check one) (1)
  - I believe that this person is very much below average in his (her) knowledge of current events
  - I believe that this person is below average in his (her) knowledge of current events
  - I believe that this person is slightly below average in his (her) knowledge of current events
  - I believe that this person is average in his (her) knowledge of current events
  - I believe that this person is slightly above average in his (her) knowledge of current events
  - I believe that this person is above average in his (her) knowledge of current events
  - I believe that this person is very much above average in his (her) knowledge of current events
3. Morality (check one) (1)
  - This person impresses me as being extremely moral
  - This person impresses me as being moral
  - This person impresses me as being moral to a slight degree
  - This person impresses me as being neither particularly moral nor particularly immoral
  - This person impresses me as being immoral to a slight degree
  - This person impresses me as being immoral
  - This person impresses me as being extremely immoral
4. Adjustment (check one) (1)
  - I believe that this person is extremely maladjusted
  - I believe that this person is maladjusted
  - I believe that this person is maladjusted to a slight degree
  - I believe that this person is neither particularly maladjusted nor particularly well adjusted
  - I believe that this person is well adjusted to a slight degree
  - I believe that this person is well adjusted
  - I believe that this person is extremely well adjusted

## 5. Personal Feelings (check one) (1)

- I feel that I would probably like this person very much
- I feel that I would probably like this person
- I feel that I would probably like this person to a slight degree
- I feel that I would probably neither particularly like nor particularly dislike this person
- I feel that I would probably dislike this person to a slight degree
- I feel that I would probably dislike this person
- I feel that I would probably dislike this person very much

## 6. Working Together in an Experiment (check one) (1)

- I believe that I would very much dislike working with this person in an experiment
- I believe that I would dislike working with this person in an experiment
- I believe that I would dislike working with this person in an experiment to a slight degree
- I believe that I would neither particularly dislike nor particularly enjoy working with this person in an experiment
- I believe that I would enjoy working with this person in an experiment to a slight degree
- I believe that I would enjoy working with this person in an experiment
- I believe that I would very much enjoy working with this person in an experiment

## 7. Self-Understanding (check one) (2)

- I believe that this person shows a very much above average degree of self-understanding
- I believe that this person shows an above average degree of self-understanding
- I believe that this person shows a slightly above average degree of self-understanding
- I believe that this person shows an average degree of self-understanding
- I believe that this person shows a slightly below average degree of self-understanding
- I believe that this person shows a below average degree of self-understanding
- I believe that this person shows very much below average degree of self-understanding

## 8. Ability to Get Along with Others (2)

- This person's ability to get along with others impressed me as being very much below average
- This person's ability to get along with others impressed me as being below average
- This person's ability to get along with others impressed me as being slightly below average
- This person's ability to get along with others impressed me as being average
- This person's ability to get along with others impressed me as being slightly above average
- This person's ability to get along with others impressed me as being above average
- This person's ability to get along with others impressed me as being very much above average

(1) Interpersonal Judgement Scale. Byrne (1971)  
 (2) from Bord (1976) and Farina & Ring (1965)

## 9. Self-Description

- I found the self-description that this person wrote to be very accurate
- I found the self-description that this person wrote to be accurate
- I found the self-description that this person wrote to be somewhat accurate
- I found the self-description that this person wrote to be neither particularly accurate nor particularly inaccurate
- I found the self-description that this person wrote to be somewhat inaccurate
- I found the self-description that this person wrote to be inaccurate
- I found the self-description that this person wrote to be very inaccurate

## 10. Anxiety (3)

- I found this person to be extremely ill at ease
- I found this person to be ill at ease
- I found this person to be slightly ill at ease
- I found this person to be neither particularly ill at ease nor particularly at ease
- I found this person to be slightly at ease
- I found this person to be at ease
- I found this person to be extremely at ease

## 11. Team Contribution

- In the task we did together, I contributed a great deal more than this person
- In the task we did together, I contributed more than this person
- In the task we did together, I contributed slightly more than this person
- In the task we did together, neither this person nor myself contributed more
- In the task we did together, this person contributed slightly more than me
- In the task we did together, this person contributed more than me
- In the task we did together, this person contributed a great deal more than me

## 12. What do you think the purpose of this study was?

## 13. Other comments on this study?

(3) from Bord (1976) and Farina et al. (1971).

APPENDIX D  
SUBJECT B QUESTIONNAIRE

## QUESTIONNAIRE (SUBJECT B)

Questionnaire

Please check the statement in each of the following items that best describes your feelings about yourself and the person with whom you worked in this study. (All answers are confidential and will not be seen by the other person.)

## 1. Understanding (check one) (1)

- I believe that this person understood me extremely well
- I believe that this person understood me
- I believe that this person understood me to a slight degree
- I believe that this person neither particularly understood me nor particularly misunderstood me
- I believe that this person misunderstood me to a slight degree
- I believe that this person misunderstood me
- I believe that this person extremely misunderstood me

## 2. Typicalness (check one) (2)

- I believe that this person found me to be extremely typical
- I believe that this person found me to be typical
- I believe that this person found me to be slightly typical
- I believe that this person found me to be neither particularly typical nor particularly atypical
- I believe that this person found me to be slightly atypical
- I believe that this person found me to be atypical
- I believe that this person found me to be extremely atypical

## 3. Anxiety (check one) (3)

- In dealing with this person I felt extremely ill at ease
- In dealing with this person I felt ill at ease
- In dealing with this person I felt slightly ill at ease
- In dealing with this person I felt neither particularly ill at ease nor particularly at ease
- In dealing with this person I felt slightly at ease
- In dealing with this person I felt at ease
- In dealing with this person I felt extremely at ease

## 4. Team Contribution

- In the task we did together, I contributed a great deal more than this person
- In the task we did together, I contributed more than this person
- In the task we did together, I contributed slightly more than this person
- In the task we did together, neither this person nor myself contributed more
- In the task we did together, this person contributed slightly more than me
- In the task we did together, this person contributed more than me
- In the task we did together, this person contributed a great deal more than me

(1) from Bord (1976)

(2) from Farina et al. (1968)

(3) from Farina et al. (1971)

5. What do you think the purpose of this study was?

6. Other comments on this study?

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