Social reaction to diagnostically labeled individuals in relation to the sex of the labeled individual and the sex of the respondent

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SOCIAL REACTION TO DIAGNOSTICALLY LABELED INDIVIDUALS IN RELATION TO THE SEX OF THE LABELED INDIVIDUAL AND THE SEX OF THE RESPONDENT

by

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B.A., University of Montana, 1979

Presented in partial fulfillment for the requirements for the degree of

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1983

Approved by

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Psychology  

Social Reaction to Diagnostically Labeled Individuals in Relation to the Sex of the Labeled Individual and the Sex of the Respondent (120 pp.)  

Director: J. P. Wollersheim, Ph.D.  

This study was an attempt to evaluate the effects of diagnostic labels on subjects' perceptions of labeled individuals. Subjects were assessed to determine how they viewed labeled individuals on measures of social evaluation (rejection/acceptance).  

Subjects were 240 undergraduate students enrolled in an introductory psychology course at the University of Montana. The subjects were divided into 12 experimental cells, with equal numbers of men and women in each cell.  

The design was a 2 (Sex of Respondent) X 3 (Labeling Condition) X 2 (Sex of Applicant) factorial design. Subjects were told that the purpose of the study was to assess the usefulness of a "new type of personnel interview". All subjects viewed a 10-minute videotaped job interview with either a male or female confederate portraying the "applicant". After the subjects viewed the tape they were given a bogus resume' regarding the applicant, and given one of three types of information regarding the applicant's previous employment history. Subjects were either told that for one year the applicant had been a patient at a mental hospital, a prison inmate, or traveling abroad, but for the past two years all applicants had been steadily employed. Subjects were then administered a series of dependent measures designed to assess how socially rejecting the subjects were of each labeled applicant.  

None of the hypotheses were fully supported by the results. Some significant results were found on the measures but these appeared to be isolated results that were not amenable to the broader generalizations posited in the hypotheses. For example, the SRI and Semantic Differential indicated that the male applicant was rated significantly more negative than the female applicant. These were isolated findings and likely the result of personal attributes of the confederates. Additionally, sex differences were not found throughout the study, p = .561. There were no consistent findings to indicate that the diagnostic labels evoked more negative responses from the subjects.  

The limitations of the study were addressed in regards to the possible biasing effects of personal attributes of the confederates, methodological deficiencies, and generalizability of the results in using a collegiate population.  

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This thesis is dedicated to the women in my life. First, to my mother who gave me life, love, support, and much more. Second, to my wife of 7 months, 19 days, 16 hours, and 27 minutes, Danette. Without her constant love and support throughout the past 3 years Graduate School would have been unbearable. Finally, to my Italian mother, my mentor, and my Keno-playing Oxford partner, Dr. Janet P. Wollersheim, who began this thesis by throwing pillows at me, but later had to resort to punches, I thank you for your undying support and patience.

While the major dedication is to the women in my life the remainder of my committee cannot go unrecognized, I thank you for your support and input: Dr. H.A. Walters, Dr. E. Saleh, and Dr. C. Allen.

Finally, I must give my thanks to Paul Retzlaff and the MPAI whose input on my thesis helped me stretch a two year project into four.
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CHAPTER I

INTRODUCTION

The debate over the effects of diagnostic labels on the individual being labeled has been a controversy for the past two decades (Temerlin, 1968; Gove, 1970, 1973; Gibbs, 1972; Davis, 1972; Gove & Pain, 1973; Panzetta, 1974; Scheff, 1974, 1975; Crown, 1975; Milton, 1975; Spitzer, 1975; and Weiner, 1975). Arguments by proponents and opponents over the effects of labeling both have merits and limitations, and each will be discussed.

The current study is designed to add to the body of knowledge concerning diagnostic labeling. In order to do so however, first the basic orientations regarding diagnostic labels and their supporting research will be outlined and critiqued. Next a study will be proposed relating to the reviewed research.

Opponents of Diagnostic Labels

General Comments Concerning Diagnostic Labels and Mental Health

The arguments against the use of diagnostic labels focus on three areas. First, the labels are seen as adversely affecting the recovery of the individual, or even exacerbating his/her condition (Temerlin, 1968; Scheff, 1974; and Szasz, 1974). Secondly, the process of diagnosis is viewed as unreliable, and therefore the label is really of little utility (Goldberg & Werts, 1966, Dohrenwend, et al, 1971). Thirdly, the
Diagnostic labels given to individuals are said to carry over into the person's daily life and negatively influence others' attitudes towards him/her (Temerlin, 1968; Scheff, 1974; and Szasz, 1974). This effect is viewed to be especially true of the individual who has been institutionalized and then discharged into the community.

In his 1974 book, *The Myth of Mental Illness*, Thomas Szasz posits:

"Artists paint pictures, and people become or act disabled. But names, and hence the values we give to paintings, and to disabilities depend on the rules of the system of classification we use" (p. 38).

The definitions Szasz gives to names and values are important. Szasz uses the term name to indicate some type of classification; in this instance psychiatric classification. The quest for accurate, descriptive terminology in psychology and psychiatry has been an ongoing process (Strauss, 1973; Rosenhan, 1973; Panzetta, 1974; Rosenhan, 1975; DSM III, 1980; and Rosenhan, 1981). Through various stages of honing and revision, the terms used to designate mental illnesses have all assumed some individual meaning. It is these "individual meanings" that are an area of contention among mental health professionals (Derogatis, et al, 1971; Rosenhan, 1973; Panzetta, 1974; Scheff, 1974; and Szasz, 1974). While the names used to designate the different psychological conditions have become accepted, the factors and symptomology which constitute such diagnoses are still matters of contention (Szasz, 1956; Rosenhan, 1973; Szasz, 1974; Rosenhan, 1975; Spitzer, 1975; Weiner, 1975; and Rosenhan, 1981).
Szasz believes that each psychiatric diagnosis has an inherent set of values attached to it. Values, as defined by Szasz, are those implied conceptualizations that individuals possess regarding the names used to describe objects or more abstract notions such as mental illness. In some instances such as mental illness, these values convey a negative connotation to the bearer of the label. Szasz indicates that the conceptualization and stigma of a label can be variable and influenced by factors such as; educational level, socioeconomic status, religion, race, and even the political affiliation of the individual (Clark, 1949; Hollingshead & Redlich, 1954; Temerlin & Trousdale, 1969; Katz, et al., 1969; Derogatis, et al., 1971; Roth & King, 1972; Szasz, 1974; Derogatis, et al., 1975; and Lee & Temerlin, 1980).

According to Szasz, the labels and their values are especially a problem to the individual in his interactions with others. Szasz feels that the diagnostic label will create a stereotyped image of that person based solely on his diagnosis. While this is a somewhat extreme position to take, the label could have some effect on others' perception of the individual. Such an effect may likely occur if the person has been discharged from an institution and others members of the community associate the person with the institution. It is under these circumstances that Szasz feels the individual's reentry, and readjustment to society will be especially problematic.

Szasz believes that the process of institutionalization is the most integral component of the labeling process. It is in the institution that the individual is officially labeled and classified. This accentuates two important questions. First, if a person is labeled, how
long does the label persist? Secondly, does the label significantly affect the labeled individual so that he/she alters his/her behavior to fit the characteristics of the label, thereby fulfilling others' expectations of someone who is given a particular diagnosis? In asking these two questions the discussion will shift from Szasz's general comments on diagnoses and mental health to a more specific exposition regarding labeling theory and its supporting research.

The Labeling/Societal Reaction Theory of Mental Illness

The labeling theory of mental illness holds that an individual who is labeled, will adopt specific patterns of behavior congruent with the label, and society will react to the label and not the behavior of the individual (Scheff, 1963, 1973, 1974, 1975; and Gove, 1970). This sociological view believes that the societal process of labeling an individual effects changes in the person's behavior that are in congruence with the characteristics and values inherent in the label.

According to Scheff (1966), the societal procedure for determining mental illness is a two-step process. First, a behavioral act may be labeled deviant, and become a public issue. When this occurs, society can conceptualize the deviant act and take action against it. Secondly, the deviant act is attached to the individual by means of a label and the individual is considered deviant. Therefore, according to this sociological perspective, mental illness can be considered to be the acceptance of a deviant social role by an individual who has been publicly labeled as deviant (Scheff, 1966). The role is continued and maintained through the social process which determines which behaviors
are in clear violation of the norms agreed upon by society, and considered deviant. When the individual organizes his behavior around a deviant label and assumes the social expectations of his label, his "mental illness" is considered to be uniform and stable.

In Thomas Scheff's book, *Being Mentally Ill: A Sociological Theory* (1966), he outlines in considerable detail nine propositions which constitute the basic assumptions for a social systems model of mental disorder. Central to Scheff's discussion is a sociological concept called "residual rule breaking behavior". This term refers to behaviors for which there are no clear cut social norms. This process allows individuals with the ability to label great discretionary power in determining which behaviors are deviant and which are merely eccentric. Scheff feels that many mental illness classifications are examples of residual rule breaking behaviors. Briefly listed, Scheff's nine propositions include:

1. Residual rule breaking arises from fundamentally diverse sources.
2. Relative to the rate of mental illness, the rate of unrecorded residual rule breaking behavior is extremely high.
3. Most residual rule breaking behavior is "denied" and is of transitory significance.
4. Stereotyped imagery of mental disorders is learned in early childhood.
5. The stereotypes of insanity are constantly reaffirmed inadvertently in ordinary social interaction.
6. Labeled deviants may be rewarded for playing the
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stereotyped deviant role.

7. Labeled deviants are punished when they attempt to return to conventional roles.

8. In the crisis ensuing when a residual rule breaker is publically labeled, the individual is highly suggestible and may accept the proffered role of the insane as his only viable alternative.

9. Among residual rule breakers, labeling is the single most important cause of residual deviance.

In summarizing these hypotheses Scheff contends that residual rule breaking behaviors are those deviations in conduct for which society provides no explicit norms or guidelines, the so called "gray areas" of personal conduct. In these instances the person who committed the act is subject to the discretion of the diagnostician, or "labeler" who can officially classify the act as deviant. As Szasz (1974) indicated, the factors of race, occupation, religion, and socioeconomic status of the individual can all influence the decision of the diagnostician. If the individual is labeled deviant and institutionalized, Scheff believes that the label and its inherent values are incorporated by the individual in his behaviors, and characteristics of the label are acted out. Scheff feels that mental health staff reinforce those behaviors that coincide with their diagnosis and punish behaviors that are in contrast to their diagnosis. In this way, behaviors that are congruent with the symptomology of the illness become the actions of the patient. Finally, Scheff asserts that the stereotypes of mental illness are constantly reinforced, either directly or indirectly. Scheff implies that this reinforces the
stigmatizing effect of the label and makes the individual's readjustment to society very difficult.

Research Concerning Labeling Theory: Proponents


Regarding the effects of labels on others' perception of the individual, for purposes of the present study those experiments that assess the social reaction of others to labeled individuals will be reviewed.

Phillips (1963, 1967) found that the more an individual discloses about mental problems the greater are his chances for social rejection. In addition, it was found that rejection also occurred when an individual was seeking psychiatric help because in doing so he became identified and labeled as mentally ill.

In an employment-related experiment, Farina and Felner (1973) assessed the reaction individuals labeled mental patients had on prospective employers. The experimental condition consisted of the confederate saying he had been in a mental hospital for the past nine months, while in the control condition the confederate stated he had been traveling for a similar amount of time. The reactions to the mental patient condition were significantly more negative than to the control condition.
The confederate in the mental patient condition was offered approximately half as many jobs, treated much less friendly by prospective employers, and told by prospective employers that their chances of finding a job elsewhere were poorer than the applicant in the traveling condition.

In a related experiment, Farina, Felner and Boudreau (1973) assessed the reactions of co-workers to individuals labeled as former mental patients. The investigators used a series of experiments to achieve their conclusions. First, female employees were asked to evaluate a prospective female employee. The applicant acted either calm or tense, and was described as a former mental patient or normal individual. It was found that the tense individual was rated more negatively in both conditions, and the mental illness label had no effect. Secondly, male employees of a hospital were asked to evaluate a male job applicant under the same conditions of calm-tense, mental patient-normal as earlier described. In this study the men negatively rated both the tense conditions and the mental patient condition. Thirdly, in an identical experiment at the same hospital, female employees again rated the tense job applicant negatively, but did not reject the mental patient condition. These results indicate a sex difference in accepting or rejecting individuals based on previous mental problems. It was suggested that men have a much more critical view regarding individuals who have been labeled as mental patients than women.

The second area of investigation regarding labeling theory, is the effects of labeling on mental health professionals. Regarding the effects of labeling on mental health professionals the major areas relating to the current study are the reliability of clinical diagnoses (Kostlan,
A very important study in this area was done by Rosenhan (1973). In this study, Rosenhan and seven confederates posed as mental patients and were admitted to 12 different mental hospitals. The only symptom any of the group supposedly disclosed was that of hearing voices that said "empty", "hollow", and "thud". This symptom was only expressed when the confederate was admitted and then discontinued thereafter. All of the confederates were admitted, and seven of the eight discharged with a diagnosis of "schizophrenia in remission". The eighth was discharged as "manic-depressive". The length of hospitalization ranged from 7 to 45 days, with an average of 19 days. None of the confederates were detected as being "normal" or malingering. This study is consistent with labeling theory in that the label influenced the staff's perception of the confederate and contributed to the length of stay in the hospital. Rosenhan also stated that the determination of mental illness was left to the discretion of the observer rather than based on behavioral characteristics of the patients.

Rosenhan's position regarding the labeling process is evident in the following quote:
"A psychiatric label has a life and influence of its own. Once the impression has been formed that the patient is schizophrenic, the expectation is that he will continue to be schizophrenic. When a sufficient amount of time has passed during which the patient has done nothing bizarre he is considered to be in remission and available for discharge. But the label endures beyond discharge, with the unconforming expectation that he will behave as a schizophrenic again. Such labels, conferred by mental health professionals, are as influential on the patient as they are on his relatives and friends, and it should not surprise anyone that the diagnosis acts on all of them as self-fulfilling prophecy. Eventually the patients himself accepts the diagnosis, with all of its surplus meaning and expectations and he behaves accordingly" (p. 62).

Rosenhan's study did not go uncriticized, and some of the major critiques will be reviewed later in this paper. Suffice it to say, that Rosenhan interpreted his results as revealing serious flaws in the diagnostic process.

An experimental concept highly related to labeling theory is diagnostic biasing. Briefly stated, diagnostic biasing occurs when the diagnostic opinion of a mental health professional is based on factors other than the behavior exhibited by the individual being diagnosed (Temerlin, 1968). These factors include: socioeconomic status
(Hollingshead & Redlich, 1954; Lee & Temerlin, 1980), suggestion effects
(Temerlin, 1968; Temerlin & Tousdale, 1969; Orne, 1962) and individual
differences of diagnosticians (Kostlan, 1954; Hoffman, 1960; Schontaz,
1960; Lee & Tucker, 1962; Hammond, Hursch & Todd, 1964; Phelan, 1964;

Social stratification on the dimensions of income, occupation,
education, place of residence in the community, and community affiliations
were found to be significantly related to the incidence and type of
mental illness (Hollingshead & Redlich, 1954a). In this study, researchers compiled data on a private psychiatric hospital, three psychiatric clinics, 27 practicing psychiatrists, the state mental hospital of
Connecticut, and the Veteran's hospital, regarding the socioeconomic
status of their admissions and their diagnoses. It was found that the
lower the socioeconomic status, the greater was the incidence of severe
psychopathology being diagnosed. Hollingshead and Redlich viewed this
discrepancy as indicating biases on the part of the mental health profes-
sionals in diagnosing lower socioeconomic individuals. In a more
specific study (Hollingshead & Redlich, 1954b) of social stratification
and schizophrenia, with the same data as compiled in the previous study,
the authors found that patients diagnosed as schizophrenic were eleven
times more prevalent in the lowest socioeconomic status when compared
to the highest socioeconomic status.

Lee and Temerlin (1980) studied the effects of how the social class
of an individual affected mental health professionals' diagnostic process.
In the study, 40 psychiatric residents made diagnoses and prognoses
concerning the individuals' mental health. The investigators had three experimental conditions: low socioeconomic status, middle-class socioeconomic status, and high socioeconomic status. The socioeconomic status varied on the dimensions of occupation, education, source and amount of income, and residence. After a brief account of the socioeconomic status of the individual was read, an audiotape recording of a normal individual was played, the tape was identical in all three conditions, only the socioeconomic status of the individual varied. It was found that the lower the socioeconomic status of the person, the greater the tendency of the clinician to give a diagnosis of mental illness and an unfavorable prognosis of psychotherapy.

Suggestion effects were first outlined by Orne (1962). Temerlin (1968) took the concept and applied it to diagnostic biasing. In his study Temerlin assessed the effect of suggestion on 25 psychiatrists, 25 psychologists, and 45 clinical psychology graduate students. The specific suggestion was given by a confederate who was held in high esteem by the subjects. The suggestion given was:

"This is a very interesting man because he looks neurotic but is actually quite psychotic" (p. 350).

After this suggestion was given, the groups listened to an audiotape of an interview with a "normal" man. The script did not contain any overt indications of psychopathology.

Temerlin utilized four control groups in his study. The first consisted of a matched group of mental health professionals listening to the tape with no prior suggestion; in the second, the prestige suggestion was reversed (i.e., the professional said the man on the tape had no
mental illness); thirdly, the interview was posed as a "new kind of personnel interview" and fourth, randomly selected jurors were asked to rate the interview as a new procedure for sanity hearings. After hearing the tape the subjects were asked to diagnose the confederate as either psychotic, neurotic, character disorder or mentally healthy. The controls yielded the following results; No prestige suggestion: 9 mental illness, 12 mental health; Suggestion of mental health: 0 mental illness, 20 mental health; Employment interview: 7 mental illness, 12 mental health; Sanity hearing: 0 mental illness, 12 mental health. In contrast, the experimental conditions yielded the following results; Psychiatrists: 25 mental illness, 0 mental health; Psychologists: 22 mental illness, 3 mental health; Clinical Psychology Graduate Students: 40 mental illness, 5 mental health. This study demonstrated that suggestion by a prestigious confederate can significantly contribute to a diagnosis of mental illness even in the absence of overt behavioral symptomology.

An interesting variation to Temerlin's study was done by Caetano (1974). In his investigation, a video, rather than audiotape was used to present the stimulus material. Caetano assessed two groups: psychiatrists (N = 36) and students in an abnormal psychology class (N = 77). The subjects viewed and rated psychiatric interviews of a student and a real mental patient. However, in one condition the subjects were told that both interviews were mental patients. In the other it was suggested that both were paid participants. It was found that both experimental groups (Psychiatrists and abnormal psychology students) diagnosed a significantly greater amount of pathology when given the suggestion of mental illness. It was also found that psychiatrists were more likely to
diagnose pathology in any condition than students. This finding was attributed to the psychiatrists greater clinical experience.

In considering the final source of diagnostic biasing a host of studies have been conducted regarding the idiosyncracies of clinicians and the methods they utilize in reaching a diagnosis and the reliability of that diagnosis (Kostlan, 1960; Hoffman, 1960; Rubin & Schontz, 1960; Lee & Tucker, 1962; Hammond, Hursch & Todd, 1964; Phelan, 1964; Lankin & Lieberman, 1965; Katz, et al, 1969; Derogatis, et al, 1970; Goldberg, 1970; Dohrenwend, Ergi & Mendelsohn, 1971; Potkay & Ward, 1973; Reed & Jackson, 1975; Spitzer, et al, 1967). It is beyond the scope of the present study to discuss each individually. Suffice it to say that observation, testing, social histories, patient characteristics, diagnostician characteristics, differences in training of the clinician, and experience all have been found to contribute to the clinician's method of making diagnoses and clinical judgements. Regarding reliability of diagnoses, equivocal results have been obtained. However, a statistical development by Spitzer, et al (1967) has been shown to increase diagnostic reliabilities. The measure is called weighted Kappa ($K_w$), and allows for differences in the gravity of disagreement. Specifically, it gives partial credit for less than complete disagreement, and includes a correction for chance agreement. Its statistical properties allow for significance testing; it is scaled from -1 to +1 so that negative values indicate worse than chance agreement, 0 equals chance agreement, and positive values indicate better than chance agreement. Kappa is best interpreted as an intraclass correlation coefficient (Fleiss, et al, 1972; Fleiss & Cohen, 1973; Spitzer & Fleiss, 1974). The use of Kappa
has demonstrated significant findings of increased reliability in diagnostic processes (Fleiss, et al, 1972; Spitzer & Fleiss, 1974).

While individual differences are still prevalent among diagnosticians, new measures such as Kappa, and revisions in the psychiatric nomenclature are beginning to show increased reliability of psychological diagnoses.

In concluding this section on proponents of labeling theory it is noted that while some of the tenets of labeling theory have been supported in past research, overall, the results from experimentation regarding labeling theory have been equivocal as the next section indicates.

Proponents of Diagnostic Labels

General Comments Concerning Diagnostic Labels and Mental Health

Those in favor of diagnosis and labeling of mentally ill individuals have attempted to evaluate labeling theory on several of its assumptions (Gove, 1970, 1973; Gibbs, 1972; Davis, 1972; Gove & Fain, 1973; Lehman, Joy, Dreisman & Simmens, 1976; Kirk, 1974; Crown, 1975; Millon, 1975; Spitzer, 1975; Weiner, 1975; and Huffine & Clausen, 1979). The two main assumptions that have been critically evaluated include: the effects of labels on the individuals, and the effects of labels on the professionals.

Research Concerning Labeling Theory: Opponents

Gove (1970) and Gove and Fain (1973) challenged the assumption that a diagnostic label adversely affects an individual's recovery. Gove and Fain (1973) did a follow-up study of 429 mental patients after they had been discharged for one year. The researchers were particularly interested
in two areas: interpersonal relations and occupational functioning. Contrary to labeling theory the results indicated that the majority of ex-patients were functioning considerably higher in both dimensions, social relations and employment. Of the entire sample, 84.2% reported that they benefited from their hospitalization, whereas 12.7% believed it was detrimental.

A specific occupational study was done by Huffine and Clausen (1975). The researchers took detailed occupational histories and found that 80% of the men in their sample (N = 36) returned to their original jobs following hospitalization. It was determined that if the man had a stable occupational history prior to hospitalization, that this characteristic was the most predictive in terms of re-entry and readjustment into the job market following hospitalization. The men indicated that they did not experience the stigmatizing effect of being in the hospital that labeling theory would predict, but rather, that their relationships with the other employees were the same or somewhat better.

Two studies using college populations attempted to assess the effects of various labels on people's perceptions of others (Kirk, 1974; Lehman, Joy, Kreisman & Simmens, 1976).

Kirk (1976) sampled 864 college students' ratings on case vignettes. The vignettes varied as to the type of deviant behavior, the label given to the act of deviance, and the designation of the type of person ascribing the label. The vignettes included: a paranoid psychotic, depressed and anxious neurotic, and a normal individual. Next, an individual from one of the following groups (psychiatrist, family member, the individual himself, or some unspecified person) assigned a label to the deviant.
The three labels were also varied and included: "mentally ill", "wicked", and "under too much stress". The subject's reaction to each vignette was assessed by means of a social rejection index. The results found were contrary to labeling theory's proposition that people respond to the label of the individual rather than the behavior demonstrated by the labeled persons. The only variable to significantly influence the social rejection index was the behaviors manifested by the individual.

Lehman, Joy, Kreisman & Simmens (1976) employed the use of videotapes to assess students' reactions to labeled individuals. Three different videotapes were constructed of an individual who behaved either anxious, depressed, or normal while performing similar tasks. In one of the taped sequences the confederate was labeled an ex-mental patient. It was again shown that the behaviors demonstrated by the subjects in the videotapes were responsible for negative evaluations, and not the label of mental illness. The confederates who displayed the symptoms were said to be more dangerous, irresponsible, and unpredictable, while the labeled confederates were only rated as less predictable. The conclusion drawn from this study was that symptomatic behaviors, rather than specific labels were responsible for negative evaluation by others.

In addressing the assumption that the label effects the professional it is best to review the critiques of Rosenhan's study (1973) in which he and 7 other "pseudopatients" were diagnosed as schizophrenics on the reported basis of a single, feigned, symptom. Each of the pseudopatients were incarcerated for an average of 19 days.

Weiner (1975) argued that while labels do exist, and carry their own meaning, the hospital staff will recognize changes in the patient's
behavior and change their diagnoses accordingly. Regarding the length of commitment each of Rosenhan's "pseudopatients" had to endure it is not unusual given the under staffing and overcrowding found in many mental hospitals. However, when the staff did recognize the absence of pathology the confederates were released. Weiner also feels that when a patient is released the label does not go with him and slander him the rest of his life.

In England, the concept of labeling theory was discussed as a cultural phenomenon related to the American concept of schizophrenia (Crown, 1975). Crown feels that differences in training, and use of the therapeutic community in England in diagnosing and treating illness would produce significantly different results from those obtained by Rosenhan's investigations in American hospitals.

Finally, the articles by Millon (1975) and Spitzer (1975) argue that Rosenhan's study was plagued by a methodological error. They cite Rosenhan's omission of blind controls as pseudopatients, thereby allowing demand characteristics and experimenter bias to possible influence the results. These authors believe that it was highly unlikely that the presenting symptoms were the only ones displayed during the pseudopatient's hospitalization. If this is true, and the pseudopatients exhibited other behaviors to maintain their guise then Rosenhan's results would be negated.

An argument not mentioned in the literature concerning Rosenhan's study and labeling theory in general is: Since both Rosenhan and labeling theory believe that the label has the power to influence the individual and modify his behavior to fit the label, it seems probably that the methodological error discussed by Spitzer (1975) and Millon (1975)
occurred. That is, once labeled, the pseudopatients began behaving differently, maybe not too differently, but differently. If this is true, a two-edged sword is created. On the one hand, labeling theory is supported because the label influenced the pseudopatient's behavior as predicted, but on the other hand, Rosenhan's criticism of diagnostic abilities is refuted because the staff was not observing an asymptomatic individual. This leads to another unanswered question: At what point does the labeled individual behaviorally respond in accordance to the label? Neither Scheff (1966) or Rosenhan (1973) cite research or specify how much time elapses before the labeled person manifests the deviant behaviors required by the diagnosis. These and other questions must still be addressed by the proponents of labeling theory.

Summary of Diagnostic Labels and Labeling Theory

As in any controversy, both sides have merits and limitations. It is not reasonable to say that being in a mental hospital and labeled a schizophrenic has no impact on an individual's life. Nor, does it seem reasonable to assert that all, or even significant portions of an individual's pathology are a direct result of the label given to him. The major advantages found in labeling theory, which critically evaluates the diagnostic process are as follows:

1. Labeling theorists have demonstrated that in some cases the diagnoses, or labels given to individuals carry a "surplus" meaning that was not originally intended, but has been sociologically developed and encompassed in the label.
2. Stereotypes of labels such as psychopaths, are perpetuated by the media and lead to misunderstandings between diagnosticians and lay persons.

3. Perception, and social reactions to individuals given a certain label are often learned at an early age and biases that are developed at a young age are often difficult to change later in life.

The major limitations found in the various expositions of labeling theory include:

1. Labeling theory does not explain spontaneous deviant acts by a non-labeled individual.

2. Labeling theory provides no explanation for when a label and its characteristic meanings become incorporated in an individual's personality and subsequent behaviors.

3. Labeling theory does not explain the process that occurs by which an individual incorporates those characteristics of the label or how long the process occurs.

4. Labeling theory does not provide an adequate alternative to replace current psychiatric nosology and nomenclature, if one assumes that some sort of classification system is necessary for science as well as service to labeled individuals.

5. The effects of labels appear to be inconsistent and subject to great differences in perceptions by others of the labeled individual.

6. Diagnosing, or labeling provides a quick and efficient
means to convey psychological information about an individual among professionals.

7. Labeling theory does not explain those individuals who frequently engage in deviant behavior but are never caught and publicly labeled.

As it appears, labeling theory has prompted evaluation and reassessment of diagnostic procedures and techniques. This critical analysis is essential to the betterment of psychiatric diagnoses, and the treatment of individuals who are diagnosed. Rather than completely discarding diagnostic procedures and use of nomenclature, it would seem more reasonable to refine such procedures so that they contain less surplus meaning and to educate the public regarding them.

The current proposal is intended to contribute to the field of diagnostic labeling, and the factors that influence it by examining the effects of sex differences of respondents, and of labeled individuals. Specifically, sex differences between male and female respondents in regards to labeled male and female individuals will be assessed.

**Current Research Proposal**

This experiment attempted to address the effect of sex of respondents on ratings of individuals labeled as either former mental patients or former prison inmates. In addition, the sex of the former mental patient and former prison inmate was varied to see what interactions between the sex of the rater and the sex of the labeled individual would occur. Finally, the effects of the suggestion of former mental patients and former prison inmates was evaluated as to their influence in biasing the
respondents and having them select between pathological labels or mental health. If pathological labels were given in the absence of overt symptomology, it was assumed that the labels had a biasing effect on the respondents.

Briefly, the study consisted of telling the subjects that they would be evaluating a job applicant in a "new type of personnel interview" designed to obtain more personal information. There were 3 groups of respondents, all of which were given identical information regarding "resume" type information (name, age, sex, marital status, etc.) of either a male or female job applicant. However, each of the three experimental groups received a different description of the applicant's previous job history. In one condition the respondents were told that the individual was a former mental patient, but had been successfully employed for the past two years. In the second condition the respondents were told that the applicant was a former prison inmate, but had been successfully employed for the past two years. Finally, respondents in the third condition were told that the applicant had been traveling abroad, but for the last two years had been successfully employed. After the subjects had read the resume' they were shown one of two videotaped job interviews with either a male or female applicant. Following the videotape, the subjects rated the applicant on several measures of social rejection, and were asked to assign a label to the applicant based on the behaviors demonstrated in the interview. The labels corresponded with diagnostic criteria used by mental health professionals in broadly diagnosing psychoses, neuroses, sociopathy, and mental health, which was described as the absence of any overt symptoms.
Labeling theory has not predicted how the sex of the labeled individual, or the sex of the individual doing the labeling, influences or interacts with how the labeled individual is perceived or categorized.

The hypotheses postulated by this study were:

1. On measures of social rejection the respondent would rate job applicants in the former mental patient condition, and former prison inmate conditions more negatively than respondents rating male or female job applicants in the normal condition.

2A. The respondents in the former mental patient condition would rate male and female job applicants as more psychotic or neurotic than respondents rating job applicants in the other two conditions.

2B. The respondents in the former prison inmate condition would rate male and female job applicants as more sociopathic than respondents rating the job applicants in the other two conditions.

2C. The respondents in the normal condition would rate male and female job applicants as being more mentally healthy than the respondents rating job applicants in the other two conditions.

3. Sex differences would be found in that male respondents would rate both labeled male and female job applicants more negatively than female respondents.

4. Sex differences would be found in that male respondents would rate labeled men more negatively than labeled
women. The female respondents will rate labeled male and female job applicants equally negative.
CHAPTER II

METHODS

Subjects

The subjects were 240 undergraduate students enrolled in an introductory psychology class at the University of Montana.

The subjects were divided in 12 experimental cells with 14-20 subjects per cell. Equal numbers of men and women were present within each group.

Experimental Design

The design utilized in this experiment was a 2 (sex of respondent) x 3 (labeling condition) x 2 (sex of job applicant). The sex of the respondent (male, female) was designated as the A effect, the labeling conditions were designated as the B effect, and the sex of the job applicant was designated as the C effect.

Dependent Measures

There were five dependent measures employed in this study: 1) The Semantic Differential (Osgood, Tannenbaum & Suci, 1957); 2) A Diagnostic Rating Scale; 3) Social Rejection Index (Kirk, 1974); 4) The Personal Attribute Inventory (Parish, Bryant, & Shirizi, 1976), and 5) Employer Confidence Scale. It was believed that through the use of several measures of social evaluation a thorough assessment of the subject's attitude towards labeled individuals could be made.
Semantic Differential. Osgood, Tannenbaum, and Suci (1957), developed the Semantic Differential because it was believed that a word is a stimulus which produces a pattern of behavior similar to that originally produced by the object which the word represents. The Semantic Differential was derived from a series of factor analytic studies where subjects would rate a word on approximately 50, descriptive, 7-point scales. For example, the scales might be composed of words such as "good or bad", "clean or dirty", "trustworthy or untrustworthy", then the subject would be asked to rate a concept word such as "woman", with a 1 to 7 value for each descriptive scale, with a 1 indicating "clean" and a 7 indicating "dirty".

After the initial studies were conducted it was found that three factors accounted for 50% of the total variance in the Semantic Differential. These factors included: Evaluative, Potency, and Activity. The Evaluative factor was found to account for the greatest amount of variance (35%). The Evaluative factor is composed of items such as kind-mean and clean-dirty. The Evaluative factor appears to be a measure of the value of the concept. The Potency factor accounted for much less variance (7%), and is composed of items such as strong-weak or potent-impotent. The Activity factor also accounted for approximately 7% of the variance, and is composed of items like slow-fast and passive-active.

Statistical analysis have demonstrated the Semantic Differential to be a valid and reliable instrument for attitudinal assessment (Osgood, et al, 1957). Test-retest reliability has been found to be .85. Validity studies are scant but the authors contend that the face validity of the scale is great enough to warrant its use.

For purposes of the present study however, a modified version
created by Nunnaly (1961) will be utilized (Appendix A). Nunnaly originally constructed this scale to assess attitudes towards the mentally ill which is a significant component in the present study. In addition to the 3 factors Osgood (1957) found, Nunnaly's work generated a fourth, Understandability, which he derived from mental health concepts.

Nunnaly (1969) subsequently reported a possible problem in the administration of the scale as it was originally used. In the original administration the scale polarities (good-bad or bad-good) were altered several times throughout the scale in an attempt to reduce measurement error in subject's responses. However, Nunnaly concluded that the alterations often confused the subjects so much that it was not cost-beneficial and suggested that the polarity of the items be the same throughout the test.

The scores for each of the factors are the result of summing the scores of each of the individual scales in the factor. The range of scoring for each scale will be: Evaluative, 9 to 63; Potency, 2 to 14; Activity, 3 to 24; and Understandability, 3 to 21.

The significance of the Semantic Differential in this study is that it provides a quick, reliable and efficient means to assess attitudes on a number of factors.

**Diagnostic Rating Scale.** The Diagnostic Rating Scale was designed to assess the degree to which the respondent's attitudes regarding former mental patients and former prison inmates were influenced by the labels. The Diagnostic Rating Scale has a two-fold purpose in this study: 1) as a manipulative check to see if the respondents felt they were rating a mental patient or a prison inmate and if they were influenced by the
suggestion of former mental patient or former prison inmate, and 2) to assess if the presence of a relatively ambiguous label such as former mental patient or former prison inmate, would elicit the respondents to label the job applicants with labels corresponding to diagnostic categories used by mental health professionals. It would be interesting to determine if the respondents label the job applicant with these diagnostic categories even if the applicant does not demonstrate behaviors pertinent to the definition of the label as used by mental health professionals.

Briefly the scales were composed of four general diagnostic categories: Psychotic, Neurotic, Sociopathic, and No Observable Mental Illness (Appendix B). In each scale the subject was given a brief description of the diagnosis as used by mental health professionals and asked to rate "to what extent did the individual in the videotape fit this description" on a 7-point Likert Scale ranging from "not at all" to "very much".

Exemplifying this is the sociopathic scale which read:

"When an individual is 'sociopathic' he has a personality problem that is characterized by a lack of conscience and an inability to feel guilt or remorse. Such people often get into trouble with the law, and are irresponsible, rebellious and manipulative".

The respondents were asked to rate the applicant on each of the scales with a 1 to 7 rating. Those scores were interpreted as the degree to which respondents were influenced by the label and further labeled the applicant by placing him/her into a category even though the applicant did not demonstrate the behaviors necessary for such a classification.
Interview Format Rating Scale. This scale was added to the other measures as part of the deception of the study, and was not included in the final statistical analysis. Since the purpose of the study, as presented to the respondents was to evaluate a new type of interview, this short measure asked questions related to what the respondent thought of the interview format (Appendix E).

Employer Confidence Scale. The Employer Confidence Scale (Appendix J) was designed to assess the effects that the labels had on the respondents in relation to the employability of the labeled applicant. On this scale the respondents were asked to evaluate the applicant as if they were employers and the applicant was applying to them for a job. In addition to evaluating the applicant on various dimensions, the respondents were also asked to rate their degree of confidence in their decisions regarding the employability of the applicant. Examples of items are:

"If it was my decision I'd hire this person immediately."

"I would put this person in a leadership position in my company."

The respondents were asked to first respond "yes" or "no" to the question and then to rate the confidence of their decision on a 1 to 7 scale. If the subjects responded "yes" to any given item their confidence rating was given a positive value (e.g., +1 to +7). If the subjects responded "no" to any given item then their confidence rating was given a negative value (e.g., -1 to -7).

Social Rejection Index. In order to assess the effects of labels on individuals in common, everyday situations, the Social Rejection Index (SRI) (Kirk, 1974) was used (Appendix C).
In constructing this measure Kirk was attempting to assess social rejection of individuals with various types of mental illness. Kirk administered 15 items that tapped rejection in common social situations to 864 college students and asked them to evaluate individuals who were portrayed as having different types of mental illness. From this original sample, 9 of the items were included in the final form of the SRI. The items that were included all had factor loadings of .60 or greater on social rejection.

Each of the 9 items are rated on a 1 to 3 scale with 1 indicating social rejection, 2 indicating uncertainty, and 3 indicating social acceptance. Thus, the total score can range from 3 to 27, with 3 being a very socially rejecting score and 27 being a very socially accepting score.

The items, while still tapping the domain of social acceptance/rejection, were quite diverse in content and assessed a wide variety of social situations. Examples of items are:

"If I had a room to rent in my home I would be willing to rent it to someone like this."

"If this man were running for a local public office I would not vote for him."

As can be seen from the preceding items some of the items require an agree response to be socially rejecting, while other require a disagree endorsement to be socially rejecting. Validity and reliability studies concerning the SRI are scant. However, given that the focus of this study is to assess how labels affect others' perceptions of the labeled individual, and its use in previous studies of this nature it seems
appropriate to include it in the present study.

**Personal Attribute Inventory (PAI).** The Personal Attribute Inventory (Parish, Bryant, & Shirazi, 1976a) is an adjective checklist designed to measure the evaluative-affective dimension found in most attitudes (Appendix D).

The 100 items included on this inventory were selected from Gough's (1952) Adjective Checklist, and include 50 positive attribute adjectives and 50 negative attribute adjectives. These items were included on the final draft of the test only after extensive testing in which a sample of 127 college students rated each adjective with 95% agreement as to the adjective being either positive or negative.

In administering the test the subjects were asked to check only 30 words that best describe the person or concept being evaluated. Scoring was done by counting the number of negative adjectives endorsed by the subject concerning the person or concept. Thus, the scores on the PAI range from 0 to 30 with 0 indicating a very positive evaluation and 30 a very negative evaluation.

Initial reliability and validity studies indicate that the PAI is a reliable and valid instrument with which to measure attitudes in an evaluative-affective context (Parish, et al, 1976a, 1976b). Test-retest reliability in three separate studies has been found to range from .90 to .95 for a one-week period. Criterion-related validity in studies was found to range from .46 with the Westie Summated Differences Scale (1953) to .66 with the Ewens Adjective Checklist (1969). As with most attitude scales more research regarding reliability and validity is needed. However, for the purposes of the current experiment the PAI is a useful
measure in ascertaining subject's perceptions of labeled individuals.

Procedure

Each subject was given an experimental packet that contained the following items: 1) A brief description of the purpose of the study; 2) A brief personal resume' of a job applicant with background information; 3) A bogus Interview Format Rating Scale; and 4) The dependent measures (Semantic Differential, Diagnostic Rating Scales, Social Rejection Index, Employer Confidence Scale, and the Personal Attribute Inventory).

The description of the study given to the subjects was a deception so that their attitudes regarding labels would not be biased. The description (Appendix F) stated that the purpose of the study was to assess the usefulness of a "new kind of personnel interview" (Temerlin, 1968) designed to obtain personal information that could be useful in placing the individual in a job environment so that potential problem areas could be avoided, and job productivity maximized.

The subjects were asked to view a 10-minute interview constructed as a "new kind of personnel interview" that obtained personal information. A female and a male actor were hired to portray the applicants and another male actor to portray the interviewer. Actors were blind as to the nature of the experiment. The content of the interview depicted the individual as a normal healthy man or woman with no overt signs of psychopathology. The actors presented only material from a memorized script (Appendix H).

Next, the subjects were given a brief resume' of the job applicant and a personal statement presumably written by the applicant (Appendix G).
All demographic and social factors given to the three classes of respondents were identical. However, one of the questions was varied across the experimental conditions (former mental patient, former prison inmate, normal personality). This question asked "What has your employment history for the past three years been?" In the former mental patient condition the answer given was "I have been a patient at Warm Spring State Mental Hospital for one year." In the former prison inmate condition the answer given was "I have been an inmate of Montana State Prison for one year." In the normal personality condition the answer given was "I have been traveling abroad for one year." In this way the experimental manipulations were presented, while maintaining other variables constant.

After reading the resume, the subjects were asked to fill out their packets of dependent measures on the applicant. The order of administration of the tests were randomized and each dependent measure was administered separately and when the subject completed that measure he/she was given another, until the packet was completed.

When they finished the measures, subjects were asked to fill out a "Participant's Data Sheet" (Appendix I) which asked: 1) age, 2) sex, 3) level of school, 4) previous experience in evaluating personality characteristics of individuals, 5) previous work experience with current or former mental patients or prison inmates, 6) previous contact or exposure to current or former mental patients or prison inmates.

Upon completing the dependent measures the subjects were debriefed as to the true purpose of the experiment and any questions they had were answered (Appendix K).
CHAPTER III

RESULTS

Significant Results as They Pertain to the Dependent Measures

The following section is a comprehensive narrative which indicates the major significant findings of the study. The areas covered in this section include: demographic data, the Social Rejection Index, the Personal Attribute Inventory, the Employer Confidence Scale, the four factors of the Semantic Differential (Activity, Evaluation, Potency, and Understandability), and the Diagnostic Rating Scales. Following this introductory section, the results found on the dependent measures will be discussed in terms of their relationship to the initial hypotheses of the study.

Demographic data regarding the age of the subjects with the means, and standard deviations, and the number of subjects per cell are presented in Table 1.

(Insert Table 1 about here)

The average age of the subjects range from 19.7 years old to 23.3 years old.

For the Social Rejection Index the main effect for Sex of Applicant was significant ($F = 8.24, p = .005$). The tape of the male job applicant was rated more negatively than the female job applicant. No other main
Table 1
Means and Standard Deviations for Respondent Age and Subjects Per Cell

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.) N</th>
<th>CRIMINAL X (S.D.) N</th>
<th>MENTAL PATIENT X (S.D.) N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>22.0 (3.20) 17</td>
<td>21.4 (3.20) 14</td>
<td>23.3 (5.61) 14</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>20.6 (2.60) 17</td>
<td>19.7 (2.0) 16</td>
<td>19.7 (2.20) 17</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>21.2 (3.40) 19</td>
<td>20.8 (2.30) 18</td>
<td>22.0 (4.30) 18</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>20.2 (2.04) 17</td>
<td>20.3 (2.90) 18</td>
<td>21.0 (4.30) 17</td>
</tr>
</tbody>
</table>
effects were significant. A significant two-way interaction between Sex of Applicant and Sex of Respondent was found to be significant ($F = 7.51$, $p = .007$). Neuman-Kuels multiple comparisons showed that female respondents gave lower scores (less socially rejecting) when rating the female job applicant than females rating male job applicants, or males rating either male or female job applicants. Neuman-Kuels procedures did not find significant differences between the 3 previously mentioned cells. The means and standard deviations for the SRI are presented in Table 2, and a summary of the ANOVA for the SRI is presented in Table 3.

(I insert Tables 2 and 3 about here)

No other two-way interactions were significant. The three way interaction between Sex of Applicant X Sex of Respondent X Condition was not significant.

For the Personal Attribute Inventory no significant main effects were found. However, a slight trend ($F = 3.49$, $p = .063$) was found in the two-way interaction between Sex of Applicant X Sex of Respondent suggesting that the male respondents viewing the female applicant gave the least socially rejecting ratings.

The means and standard deviations for the PAI are presented in Table 4, and a summary of the ANOVA for the PAI is presented in Table 5.

(I insert Tables 4 and 5 about here)

As indicated in Table 4 the standard deviations obtained on the PAI
Table 2
Means and Standard Deviations for the Social Rejection Index

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>17.76 (4.34)</td>
<td>20.79 (3.72)</td>
<td>19.48 (3.90)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>16.24 (4.24)</td>
<td>18.43 (4.42)</td>
<td>19.41 (6.00)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>15.55 (3.25)</td>
<td>16.39 (4.60)</td>
<td>15.66 (4.40)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>16.00 (4.11)</td>
<td>17.61 (4.20)</td>
<td>16.06 (3.83)</td>
</tr>
</tbody>
</table>

*Higher score = more socially rejecting*
Table 3

ANOVA Summary Table for the Social Rejection Index

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>151.96</td>
<td>8.24</td>
<td>.005**</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>11.97</td>
<td>.65</td>
<td>.421</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>37.42</td>
<td>2.03</td>
<td>.134</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>138.49</td>
<td>7.51</td>
<td>.007**</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>31.50</td>
<td>1.71</td>
<td>.194</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>12.22</td>
<td>.66</td>
<td>.516</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>2.91</td>
<td>.16</td>
<td>.854</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>18.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4  
Means and Standard Deviations for the  
Personal Attribute Inventory

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>10.29 (8.80)</td>
<td>15.00 (9.50)</td>
<td>12.38 (9.62)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9.82 (9.00)</td>
<td>11.19 (10.84)</td>
<td>12.53 (11.64)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>8.70 (8.30)</td>
<td>8.44 (9.06)</td>
<td>8.90 (7.80)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9.90 (8.90)</td>
<td>12.22 (10.73)</td>
<td>15.65 (9.45)</td>
</tr>
</tbody>
</table>

*Higher Ratings = more negative evaluation*
Table 5
ANOVA Summary Table for the Personal Attribute Inventory

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>59.57</td>
<td>.66</td>
<td>.417</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>90.18</td>
<td>1.00</td>
<td>.319</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>129.99</td>
<td>1.44</td>
<td>.239</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>314.38</td>
<td>3.49</td>
<td>.063*</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>24.17</td>
<td>.27</td>
<td>.765</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>66.11</td>
<td>.73</td>
<td>.482</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>38.85</td>
<td>.43</td>
<td>.651</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>90.15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
appear to be large. These discrepancies indicate a great amount of variability in the manner in which the subjects responded to this measure. Two possible explanations to account for such variability are: Since the PAI is composed of 100 adjectives, the subjects might have quickly become bored with this task and responded in a haphazard manner. Secondly, some subjects might have developed a "response set" to the inventory. That is, they may have checked only negative adjectives, or only positive adjectives in order to give what they considered consistent responses. From analyzing the data it appears that the second alternative is the most plausible. That is, several of the subjects responded in an all-or-none manner (subjects giving no negative responses, N = 36; Subjects giving all negative responses, N = 41). Therefore, since scores of 0 and 30 were given respectively to each of these groups the variance within the groups was substantial.

For the Employer Confidence Scale no significant main effects were found. Furthermore, no significant two-way interactions, or three-way interactions were found. However, a slight trend ($F = 3.55, p = .061$) was found in the two-way interaction between Sex of Applicant and Sex of Respondent in that the male job applicant was rated more negatively than the female job applicant.

Scoring of the ECS was somewhat unusual and merits explanation. On the ECS the subjects were asked to respond "yes" or "no" to an employment related question, and then rate the confidence of their decision on a 1 to 7 scale. If the subjects responded "yes" to any given question their confidence rating was given a positive value (e.g., +1 to +7). If the subjects responded "no" to any given item their confidence rating
was given a negative value (e.g., -1 to -7). The means and standard
deviations for the ECS are presented in Table 6, and a summary of the ANOVA
for the ECS is presented in Table 7.

As indicated in Table 6 the standard deviations obtained on the ECS
appear to be large. These differences suggest a great amount of variabil­
ity in the manner in which the subjects responded to this questionnaire.
The most likely explanation to account for these discrepancies is that
the ECS was specifically developed for this study and therefore its
psychometric properties are unknown. The large standard deviations may
indicate that this measure is not easily interpreted by subjects.

For the Activity Factor of the Semantic Differential a main effect
Sex of Applicant was found (F = 8.46, p = .004**). The male job applicant
was viewed as less active than the female job applicant. No other signi­
ficant main effects were found. In addition, a significant two-way
interaction was found between Sex of Applicant X Sex of Respondent (F =
4.60, p = .033), with the male respondents rating the male job applicant
as less active, than the male respondents rating the female job applicant.
No other significant two-way interactions were noted, and the three-way
interaction was not found to be significant. The means and standard
deviations for the Activity factor of the Semantic Differential are
presented in Table 8, and a summary of the ANOVA for the Activity factor
is presented in Table 9.
Table 6
Means and Standard Deviations for Employer Confidence Scale*  

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>- .33* (2.20)</td>
<td>- 1.72 (2.43)</td>
<td>-1/95 (2.45)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>.25 (2.54)</td>
<td>-.38 (3.20)</td>
<td>-1.40 (3.25)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>.22 (1.64)</td>
<td>-.26 (2.60)</td>
<td>.13 (2.03)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>-.25 (3.25)</td>
<td>-.47 (2.95)</td>
<td>-.60 (1.81)</td>
</tr>
</tbody>
</table>

*Higher negative ratings = more negative evaluation  
Higher positive ratings = more positive evaluation
Table 7
ANOVA Summary Table for the Employer Confidence Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>23.42</td>
<td>3.55</td>
<td>.061</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>.80</td>
<td>.12</td>
<td>.729</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>14.26</td>
<td>2.16</td>
<td>.118</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>20.39</td>
<td>3.09</td>
<td>.081</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>8.26</td>
<td>1.25</td>
<td>.288</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>1.73</td>
<td>.28</td>
<td>.769</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>.30</td>
<td>.05</td>
<td>.956</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>6.60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Higher positive ratings = more positive evaluation
Higher negative ratings = more negative evaluation*
For the Evaluation factor of the Semantic Differential a main effect for Sex of Applicant was found ($F = 9.77, p = .002^{**}$). The male job applicant was evaluated more negatively than the female job applicant. No other significant main effects were discovered. In addition, a significant two-way interaction was found between Sex of Applicant X Sex of Respondent ($F = 4.54, p = .035^*$). Neuman-Kuels multiple comparisons indicated that the male respondents rated the male job applicant more negatively than either the male respondents rating the female job applicant or the female respondents rating the female job applicant. No other two-way interactions were found to be significant. The three-way interaction of Sex of Applicant X Sex of Respondent X Condition was not significant. The means and standard deviations for the Evaluation factor are presented in Table 10, and a summary of the ANOVA for the Evaluation factor is presented in Table 11.

For the Potency factor of the Semantic Differential a main effect for Sex of Applicant was found ($F = 4.90, p = .028^*$). The female job applicant was viewed as less potent than the male job applicant. No other main effects were significant. The two-way interactions were not significant, nor was the three-way interaction. The means and standard deviations for the Potency factor and the Semantic Differential are
Table 8
Means and Standard Deviations for Activity Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>Control X (S.D.)</th>
<th>Criminal X (S.D.)</th>
<th>Mental Patient X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>13.60 (2.40)</td>
<td>14.50 (3.00)</td>
<td>13.61 (2.10)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>11.84 (2.70)</td>
<td>13.56 (2.30)</td>
<td>13.41 (3.31)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>11.95 (3.20)</td>
<td>11.55 (3.94)</td>
<td>11.55 (3.70)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>11.64 (3.25)</td>
<td>13.33 (2.50)</td>
<td>12.70 (2.71)</td>
</tr>
</tbody>
</table>

*aHigher score is an indicator of more activity
Table 9
ANOVA Summary Table for the Activity Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>79.33</td>
<td>8.46</td>
<td>.004**</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>.01</td>
<td>.00</td>
<td>.975</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>15.83</td>
<td>1.69</td>
<td>.188</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>43.11</td>
<td>4.60</td>
<td>.033*</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>2.27</td>
<td>.24</td>
<td>.789</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>13.34</td>
<td>1.42</td>
<td>.244</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>2.26</td>
<td>.241</td>
<td>.786</td>
</tr>
<tr>
<td>Residual</td>
<td>140</td>
<td>9.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 10

Means and Standard Deviations for the Evaluation Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>29.52 (7.42)</td>
<td>34.90 (8.50)</td>
<td>32.07 (5.15)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>26.35 (7.10)</td>
<td>29.00 (7.43)</td>
<td>34.51 (5.56)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>26.80 (7.34)</td>
<td>26.50 (7.46)</td>
<td>26.00 (7.40)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>27.34 (7.85)</td>
<td>27.55 (9.53)</td>
<td>28.50 (5.60)</td>
</tr>
</tbody>
</table>

*Higher scores = more positive evaluation*
<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>559.78</td>
<td>9.77</td>
<td>.002**</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>29.30</td>
<td>.51</td>
<td>.475</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>78.88</td>
<td>1.38</td>
<td>.255</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>259.85</td>
<td>4.54</td>
<td>.035*</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>85.97</td>
<td>1.50</td>
<td>.226</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>42.72</td>
<td>.75</td>
<td>.476</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>17.21</td>
<td>.30</td>
<td>.741</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>57.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
presented in Table 12, and a summary of the ANOVA for the Potency factor is given in Table 13.

(Insert Tables 12 and 13 about here)

For the Understandability factor of the Semantic Differential no main effects were found to be significant. Furthermore, no two-way interactions, or the three-way interaction were significant. However, a slight trend \( F = 2.84, p = .061 \) for the main effect for Condition was observed, with the Control condition being rated as more Understanding than either the Criminal condition or the Mental Patient condition. The means and standard deviations for the Understandability factor of the Semantic Differential are shown in Table 14, and a summary of the ANOVA for the Understandability factor is presented in Table 15.

(Insert Tables 14 and 15 about here)

For the Neurotic Scale of the Diagnostic Rating Scale no main effects were found to be significant. Furthermore, no two-way interactions, or the three-way interaction were found to be significant. A slight trend \( F = 3.49, p = .063 \) was observed in the two-way interaction between Sex of Applicant X Sex of Respondent. The male respondents gave the most neurotic ratings to the male job applicants, while the female respondents gave the least neurotic ratings to the female job applicants. The means and standard deviations for the Neurotic Scale of the Diagnostic Rating Scale are demonstrated in Table 16, and a summary of the ANOVA for the Neurotic
Table 12
Means and Standard Deviations for the
Potency Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>7.53 (1.97)</td>
<td>7.86 (2.74)</td>
<td>8.69 (3.12)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>8.24 (5.95)</td>
<td>6.88 (1.89)</td>
<td>8.24 (2.08)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>9.10 (2.05)</td>
<td>8.44 (2.31)</td>
<td>8.72 (2.35)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>8.65 (2.20)</td>
<td>8.70 (2.09)</td>
<td>8.94 (1.95)</td>
</tr>
</tbody>
</table>

*Higher score = more potency*
Table 13

ANOVA Summary Table for the Potency Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>38.50</td>
<td>4.90</td>
<td>.026*</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>.42</td>
<td>.05</td>
<td>.818</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>7.22</td>
<td>.92</td>
<td>.401</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>.50</td>
<td>.06</td>
<td>.801</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>3.03</td>
<td>.39</td>
<td>.680</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>.80</td>
<td>.10</td>
<td>.903</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>6.59</td>
<td>.84</td>
<td>.434</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>7.86</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Means and Standard Deviations for the Understandability Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>10.53 (2.55)</td>
<td>13.21 (3.53)</td>
<td>9.77 (2.49)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9.94 (2.88)</td>
<td>10.44 (2.00)</td>
<td>11.76 (3.29)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>10.15 (3.10)</td>
<td>11.44 (4.12)</td>
<td>12.39 (8.46)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>10.59 (3.64)</td>
<td>10.90 (3.36)</td>
<td>12.88 (2.57)</td>
</tr>
</tbody>
</table>

*Higher score means more understandable.*
Table 15
ANOVA Summary Table for the Understandability Factor of the Semantic Differential

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>8.15</td>
<td>.53</td>
<td>.466</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>1.49</td>
<td>.10</td>
<td>.755</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>43.32</td>
<td>2.84</td>
<td>.061</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>4.61</td>
<td>.30</td>
<td>.503</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>25.18</td>
<td>1.65</td>
<td>.195</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>30.85</td>
<td>2.02</td>
<td>.163</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>14.60</td>
<td>.95</td>
<td>.307</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>15.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For the Psychotic Scale of the Diagnostic Rating Scale the main effect for Condition was significant ($F = 6.19$, $p = .002^{**}$). The Control condition was rated significantly lower (less psychotic) than either the former mental patient condition, or the former inmate condition. No significant differences were found between the latter two conditions. No other significant main effects were observed. In addition, a significant two-way interaction between Sex of Applicant X Condition was demonstrated ($F = 3.91$, $p = .022^*$). Neuman-Keuls multiple comparisons showed that the respondents (male and female) rated the male job applicant, and the female job applicant in the Control condition, as well as the female job applicant in the Criminal condition lower (less psychotic), than either the male job applicant in the Criminal condition, or the female job applicant in the Mental Patient condition. No other significant two-way interactions were found. The three-way interaction of Sex of Applicant X Sex of Respondent X Condition was not significant. The means and standard deviations for the Psychotic Scale of the DRS are listed in Table 18, and a summary of the ANOVA is given in Table 19.

For the Sociopathic Scale of the Diagnostic Rating Scale no main effects were significant. However, a two-way interaction between Sex of
Table 16

Means and Standard Deviations for the Neurotic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>3.82 (1.60)</td>
<td>5.00 (1.40)</td>
<td>4.20 (1.63)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.70 (1.04)</td>
<td>4.20 (1.83)</td>
<td>4.40 (1.32)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>4.15 (1.63)</td>
<td>4.20 (1.72)</td>
<td>3.50 (1.70)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.30 (1.80)</td>
<td>3.11 (1.50)</td>
<td>4.50 (1.32)</td>
</tr>
</tbody>
</table>

*Higher score = more neurotic rating*
Table 17
ANOVA Summary Table for the Neurotic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>59.57</td>
<td>.66</td>
<td>.417</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>90.18</td>
<td>1.00</td>
<td>.319</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>129.99</td>
<td>1.44</td>
<td>.239</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>314.38</td>
<td>3.49</td>
<td>.063</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>24.17</td>
<td>.27</td>
<td>.765</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>68.11</td>
<td>.73</td>
<td>.482</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>38.85</td>
<td>.43</td>
<td>.651</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>2.41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 18
Means and Standard Deviations for the Psychotic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>2.10 (1.02)</td>
<td>2.92 (1.73)</td>
<td>2.40 (1.12)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1.82 (1.00)</td>
<td>2.50 (1.30)</td>
<td>2.50 (1.23)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>2.00 (1.14)</td>
<td>1.94 (1.10)</td>
<td>2.50 (1.24)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1.80 (1.10)</td>
<td>2.00 (1.32)</td>
<td>3.11 (1.31)</td>
</tr>
</tbody>
</table>

*Higher score indicates a more psychotic rating.*
Table 19
ANOVA Summary Table for the Psychotic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>1.38</td>
<td>.94</td>
<td>.335</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>.06</td>
<td>.04</td>
<td>.836</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>1.20</td>
<td>.81</td>
<td>.369</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>5.77</td>
<td>3.91</td>
<td>.022*</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>1.90</td>
<td>1.28</td>
<td>.280</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>.26</td>
<td>.17</td>
<td>.841</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>1.47</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Respondents X Condition was significant ($F = 3.30, p = .039^*$). Male respondents gave the lowest ratings (least sociopathic) to job applicants (male and female) in the Mental Patient conditions. Female respondents gave the highest ratings (most sociopathic) to job applicants in the Mental Patient conditions. Neuman-Kuels multiple comparisons however, failed to show significant differences between any of the cells. No other two-way interactions, or the three-way interaction were significant. The means and standard deviations for the Sociopathic Scale of the DRS are listed in Table 20, and a summary of the ANOVA for the Sociopathic Scale is given in Table 21.

(Insert Tables 20 and 21 about here)

For the No Observable Mental Illness Scale of the Diagnostic Rating Scale the main effect for Condition was significant ($F = 4.74, p = .010^*$). Neuman-Keuls multiple comparisons showed that the Control condition was rated higher (less mental illness) than the Mental Patient condition. No other main effects were significant. However, a slight trend ($F = 3.56, p = .061$) was noted for the main effect for Sex of Applicant, with the female job applicant being rated higher (less mental illness) than the male job applicant on this scale. No significant results were obtained for any of the two-way interactions or the three way interaction. The means and standard deviations for the No Observable Mental Illness Scale of the DRS are shown in Table 22, and a summary of the ANOVA for this scale is given in Table 23.
Table 20
Means and Standard Deviations for the Sociopathic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>2.50 (1.41)</td>
<td>3.42 (1.82)</td>
<td>1.92 (1.11)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2.00 (1.12)</td>
<td>2.90 (1.50)</td>
<td>2.94 (1.40)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>2.35 (1.80)</td>
<td>2.33 (1.53)</td>
<td>1.94 (1.16)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2.20 (1.55)</td>
<td>2.72 (1.60)</td>
<td>2.90 (1.90)</td>
</tr>
</tbody>
</table>

*Higher score indicates a more sociopathic rating.
Table 21
ANOVA Summary Table for the Sociopathic Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>2.16</td>
<td>.94</td>
<td>.334</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>1.74</td>
<td>.76</td>
<td>.386</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>5.25</td>
<td>2.29</td>
<td>.104</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>1.87</td>
<td>.82</td>
<td>.368</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>2.09</td>
<td>.91</td>
<td>.404</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>7.58</td>
<td>3.30</td>
<td>.039*</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>1.08</td>
<td>.47</td>
<td>.623</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>2.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Review of the Hypotheses: Supportive and Nonsupportive Findings

The Hypotheses

The first hypothesis postulated by this study was: The respondents (male and female) would rate job applicants (male and female) in the former mental patient condition, and the former prison inmate condition more negatively on the dependent measures than respondents rating male or female job applicants in the normal condition.

The results failed to support this hypothesis. None of the dependent measures (SRI, PAI, Semantic Differential, and ECS) yielded significant results for the three conditions regarding main effects, two-way interactions, or three-way interactions. A slight trend (p = .061) was found on the Understandability Factor of the Semantic Differential in that job applicants in the Control condition were rated higher on this dimension than either job applicants in the former mental patient condition, or in the former prison inmate condition.

The second hypothesis was composed of three similar hypotheses, each relating to one of the three experimental conditions. In the first part, 3(a), it was hypothesized that the respondents (male and female) would rate male and female job applicants in the former mental patient condition as more psychotic or neurotic than respondents rating job applicants in the other two conditions.

The hypothesis was partially supported by the results obtained in
Table 22
Means and Standard Deviations for the
No Mental Illness Factor
of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Sex of Applicant</th>
<th>Sex of Respondent</th>
<th>CONTROL X (S.D.)</th>
<th>CRIMINAL X (S.D.)</th>
<th>MENTAL PATIENT X (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>5.52 ( .94)</td>
<td>4.50 (1.70)</td>
<td>4.50 (1.70)</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td>5.60 (1.59)</td>
<td>4.80 (2.16)</td>
<td>4.70 (1.70)</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>5.50 (1.73)</td>
<td>5.16 (1.05)</td>
<td>4.83 (1.90)</td>
</tr>
<tr>
<td>Female</td>
<td>Female</td>
<td>6.00 (1.32)</td>
<td>5.72 (1.44)</td>
<td>5.11 (1.61)</td>
</tr>
</tbody>
</table>

*Higher score indicates stronger endorsement of mental health*
Table 23
ANOVA Summary Table for the No Mental Illness Factor of the Diagnostic Rating Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Sex</td>
<td>1</td>
<td>9.75</td>
<td>3.56</td>
<td>.061</td>
</tr>
<tr>
<td>Respondent Sex</td>
<td>1</td>
<td>5.92</td>
<td>2.16</td>
<td>.143</td>
</tr>
<tr>
<td>Condition</td>
<td>2</td>
<td>12.97</td>
<td>4.74</td>
<td>.010*</td>
</tr>
<tr>
<td>Applicant X Respondent</td>
<td>1</td>
<td>.88</td>
<td>.32</td>
<td>.571</td>
</tr>
<tr>
<td>Applicant X Condition</td>
<td>2</td>
<td>1.69</td>
<td>.62</td>
<td>.539</td>
</tr>
<tr>
<td>Respondent X Condition</td>
<td>2</td>
<td>.14</td>
<td>.05</td>
<td>.951</td>
</tr>
<tr>
<td>Applicant X Respondent X Condition</td>
<td>2</td>
<td>.22</td>
<td>.08</td>
<td>.924</td>
</tr>
<tr>
<td>Residual</td>
<td>190</td>
<td>2.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
this study, in that on the Psychotic subscale of the Diagnostic Rating Scale a significant main effect for condition was found ($p = .002^{**}$), with the job applicants in the mental illness condition being rated higher on this subscale than applicants in the Control condition. In addition, the respondents rated both the male and female job applicant in the Control condition, and the female job applicant in the former prison inmate condition significantly ($p = .022^*$) less psychotic than either the male applicant in the former mental patient condition, or the female job applicant in the former mental patient condition. This indicates that out of the two cells predicted to be rated high on this subscale one was found to be statistically significant in the predicted direction.

Hypothesis 2(b) stated that the respondents (male and female) would rate male and female job applicants in the former prison inmate condition as more sociopathic than respondents rating the job applicants in the other two conditions.

This hypothesis was not supported by the results obtained in this study, in that on the Sociopathic subscale of the Diagnostic Rating Scale no significant main effects or interaction effects were found in the predicted direction. However, a significant two-way interaction was obtained between Sex of Respondent X Condition ($p = .039$). Contrary to the hypothesis that respondents would rate male and female job applicants in the former prison inmate condition as more sociopathic than the other two conditions, it was found that the highest sociopathic ratings were given by female respondents to job applicants in the former mental patient condition.

In hypothesis 2(c) it was believed that the respondents (male and
female) in the normal condition would rate male and female job applicants as being more mentally healthy than the respondents rating job applicants in the other two conditions.

This hypothesis was partially supported by the data obtained in this study in that on the No Observable Mental Illness subscale of the Diagnostic Rating Scale a significant main effect for Condition was obtained ($p = .010$). This finding indicated that job applicants in the control condition were rated as having less mental illness than job applicants in the former mental patient condition. However, no significant differences were found between the ratings of job applicants in the Control condition and ratings of applicants in the former prison inmate condition as predicted.

The third hypothesis of this study postulated that sex differences would be found in that male respondents would rate both labeled male and female job applicants more negatively than female respondents.

This hypothesis was not supported by the results of this experiment. The probabilities of the non-significant findings for this hypothesis ranged from .143 to .975, with the mean being .561. This suggests that men do not evaluate labeled individuals more negatively than women.

The fourth hypothesis stated that sex differences would be found in that male respondents would rate labeled men more negatively than labeled women, and that female respondents would rate labeled male and female job applicants equally negative.

Regarding the first portion of this hypothesis that "male respondents would rate labeled men more negatively than labeled women", this statement found partial support in the data. On the Social Rejection Index a
significant ($p = .007^{**}$) interaction between Sex of Applicant X Sex of Respondent was obtained, indicating that male respondents rated the female applicant in all conditions less negatively (socially rejecting), than respondents in any of the other three cells. Secondly, another significant ($p = .035^*$) interaction between Sex of Applicant X Sex of Respondent indicated that male respondents rated the male job applicant more negatively on the Evaluative factor of the Semantic Differential than either males rating the female job applicant or female respondents rating the male job applicant.

Other than the preceding significant interactions no significant differences were found between male respondents ratings of labeled male job applicants and labeled female job applicants on any of the dependent measures.

The second statement in the hypothesis that "female respondents would rate labeled male and female job applicants equally negative" was indirectly supported by the lack of significant findings regarding Sex of Applicant X Sex of Respondent interactions. No significant findings were obtained on any of the dependent measures regarding differences in the female respondents' ratings of labeled male or female job applicants.
CHAPTER IV

DISCUSSION

The results of the present study will be evaluated and critiqued in four major areas: 1) the major hypotheses of this study in relation to the significant results determined by the experiment; 2) the relation of significant, but unpredicted findings to the overall study, 3) the relation of the current study's significant findings to past research, and, 4) the limitations of the current study, and directions for future research.

Hypotheses of the Study in Relation to the Significant Results

The first major hypothesis of this study posited that male and female respondents would rate male and female job applicants in the labeled conditions (mental patient, prison inmate) more negatively on the dependent measures than respondents who rated job applicants in the normal condition. This general hypothesis was not supported by the results obtained on any of the dependent measures (SRI, PAI, Semantic Differential, and ECS) indicating that the mere presence of such labels did not negatively influence the respondent's attitudes and opinions of the labeled job applicant. This finding coincides with Kirk's (1974) and Lehman, et al (1976) conclusions that subjects respond more to the overt behavior of the labeled individual rather than the label itself.

Secondly, the results gave partial support to the hypothesis that male and female respondents would rate male and female job applicants in the former mental patient condition as more psychotic or neurotic than
the respondents who rated job applicants in the other two conditions.

This partial support was determined by the finding that on the Psychotic subscale of the DSR the job applicants in the former mental patient condition were rated significantly higher (more psychotic) than applicants in the control condition. Partial support comes from the fact that no significant differences in the psychotic ratings were found to occur between the applicants in the former mental patient condition and the former prison inmate condition as originally hypothesized.

Another component of the second hypothesis stated that male and female respondents would rate job applicants, either male or female, in the former prison inmate condition as more sociopathic than the respondents who rated job applicants in the other two conditions. The results obtained on the Sociopathic subscale of the DSR did not reveal any significant differences between the respondent's ratings of labeled job applicants in the former prison inmate and the other two conditions. Interestingly, a significant result found on the Sociopathic subscale indicated that female respondents gave the highest sociopathic ratings to male and female job applicants in the former mental patient condition. This finding could suggest that women view the concepts outlined in the definition of "sociopathic" (see Appendix B) as indicative of mental illness, and not qualities of a criminal.

The final proposition of the second hypothesis, postulated that male and female respondents in the normal condition would rate male and female job applicants as being more mentally healthy than the respondents rating job applicants in the other two conditions. As stated earlier, this hypothesis was partially supported by the data obtained in this
study. On the No Observable Mental Illness subscale a significant effect was found that indicated male and female job applicants in the control condition (nonlabeled) were rated as having less mental illness than job applicants in the former mental patient condition. However, it was predicted that applicants labeled as former prison inmates would also be rated as having significantly less mental health than the control applicants. This proposition was not supported. A possible explanation is that while the applicants in the former mental patient condition were rated significantly less mentally healthy than applicants in the control condition, the applicants in the former prison inmate condition were regarded by the respondents as being somewhat in between, and therefore not statistically different from either group.

The third major hypothesis of the present study stated that sex differences would be found in that male respondents would rate both labeled male and female job applicants more negatively than female respondents. It was overwhelmingly apparent from the results of this study that there was no generalized sex differences in the manner than men and women evaluate labeled individuals, contrary to results obtained by Farina, Felner and Boudreau (1973).

The fourth hypothesis was composed of two related parts. First, it was postulated male respondents would rate labeled men more negatively than labeled women. Secondly, it was postulated that female respondents would rate labeled male and female job applicants equally negative. This hypothesis was designed as an outgrowth of the earlier conclusion that men evaluate labeled men more negatively than women rating labeled women (Farina, Felner & Boudreau, 1973). In addition to attempting to replicate
their earlier finding the present study also attempted to assess cross-sex ratings, that is, men rating labeled female applicants, and women rating labeled male applicants.

Regarding the first portion of the hypothesis that "male respondents would rate labeled men more negatively than labeled women" this statement was partially supported. On the Social Rejection Index it was found that male respondents rated the female job applicant, irrespective of condition less socially rejecting, than respondents in any of the other three cells. In addition, the Evaluative factor of the Semantic Differential indicated that male respondents rated the male job applicants more negatively than either males rating female applicants, or female respondents rating male applicants. However, none of the other dependent measures yielded significant results that would indicate major differences in the manner in which men and women rate labeled job applicants.

The second segment of the hypothesis that "female respondents would rate labeled male and female job applicants equally negative" was indirectly supported by the lack of significant interactions that were hypothesized to occur between the sex of the applicant and the sex of the respondent. Indirect support was found in that no significant findings were revealed on any of the dependent measures regarding differences in the female respondents' ratings of labeled male or female job applicants. However, since negative ratings on the dependent measures were not consistently attributed to labeled male and female job applicants the negative evaluation aspect of this hypothesis was not supported.

**Significant But Unhypothesized Results**

The results of this study yielded some statistically significant
findings that were not predicted by the researcher. These results occurred primarily in the main effect for Sex of Applicant (sex of job applicant on videotape) on four of the dependent measures. First, a significant \( p = .005^{**} \) main effect for Sex of Applicant was obtained on the Social Rejection Index. The data indicated that regardless of sex of respondent or condition the male job applicant was rated more negatively than the female job applicant. Second, a significant \( p = .004^{**} \) main effect for Sex of Applicant was obtained on the Activity factor of the Semantic Differential. The results demonstrate that the male job applicant was rated as less active than the female job applicant irrespective of condition or sex of the respondent. Third, on the Evaluative factor of the Semantic Differential a significant main effect for Sex of Applicant was found, with the male job applicant being rated more negatively than the female job applicant by all respondents in every condition. Fourth, on the Potency factor of the Semantic Differential, a significant \( p = .028^{*} \) main effect for Sex of Applicant was obtained with the female job applicant being rated less potent by male and female respondents in all three conditions.

These significant main effects for Sex of Applicant can be explained in three ways. First, there may be significant differences in two videotapes of the job applicants. However, the actor and actress portraying the job applicants both presented identical histories from a script, and both presentations lasted approximately 8 minutes (male = 8 minutes, 5 seconds; female = 8 minutes, 10 seconds). Secondly, three out of the four significant main effects for Sex of Applicant were obtained on factors of the Semantic Differential. It is felt that since only one
other dependent measure outside of the factors of the Semantic Differential yielded a significant main effect for Sex of Applicant that the items composing the different factors were sexually biased. This is readily apparent on the Potency Factor that is composed of two items: Strong-Weak and Rugged-Delicate. Both of these items intuitively appear to suggest sexual biasing, that possibly promoted a significant main effect for Sex of Applicant. Third, respondents may have been influenced by the personal attributes of the confederates posing as job applicants. However, if the personal attributes of one actor significantly influenced the responding of the subjects this type of bias should be more uniformly distributed among the dependent measures, and not confined to select measures.

The Relation of the Current Study's Significant Findings to Past Research

In general, the proponents of labeling theory have adopted a liberal view regarding the effects labels have on the labeled individual's behavior, and the perceptions others' have regarding the labeled individual (Scheff, 1966; Szasz, 1974; Rosenhan, 1973). Rosenhan (1973), stated that, "Psychiatric labels have a life and influence of their own. Once the impression has been formed that the patient is schizophrenic, the expectation is that he will continue to be schizophrenic". Generalizing this position to the present study, the "impressions" formed in the experimental conditions of former mental patient and former prison inmate should have continued to exert some negative effect and biased the subject's responses in some manner. However, when looking at the results of the dependent measures such as the SRI, PAI, and ECS, the subject's responses did not indicate that the labels had a significant effect on their
perceptions and evaluations of the job applicant. That is, they did not rate male and female job applicants more negatively simply because of their labels.

Farina, Felner and Boudreau (1973), found that male respondents rated male job applicants labeled as former mental patients, more negatively than female respondents rating labeled female job applicants. This finding was interpreted by the authors as a sex difference in which men were more critical than women when evaluating labeled individuals.

The present study did not find an overall propensity for male respondents to evaluate labeled individuals more negatively than their female counterparts. In general, any sex differences found in this study were highly scattered, and did not demonstrate a consistent responding pattern for either male or female respondents. From the results obtained in this experiment it appears that men on some dependent measures (Evaluative, and Activity factors of the Semantic Differential) rated male job applicants more negatively than female respondents rating either male job applicants, or female job applicants. However, in general, the majority of the results indicated that male and female respondents did not significantly differ in their evaluations of labeled job applicants.

Much concern is expressed by the proponents of labeling theory regarding the labeled individuals' ability to assume a normal role in the community once he/she has been attributed a label (Rosenhan, 1973; Szasz, 1974; Scheff, 1966). One of the greatest drawbacks of labels, according to Scheff (1966) is that the label has a stigmatizing effect, and prevents the bearer from integrating into society. In an employment-related experiment, Farina and Felner (1973), assessed the reaction that
individuals who were labeled former mental patients had on perspective employers. It was found that the labeled individual was offered half as many jobs, treated much less friendly by perspective employers, and were told by perspective employers that their chances of finding a job elsewhere were poorer than the applicant who was not labeled. The current study utilized a 10-item questionnaire, the Employer Confidence Scale (ECS), in an attempt to assess work-related attitudes regarding labeled job applicants. No significant differences were found that would indicate that labeled job applicants of either sex were more negatively evaluated than non-labeled job applicants. In addition, the SRI and PAI were measures designed to assess social reactions to individuals, but were not specifically employment oriented. Nevertheless, these measures of social rejection did not indicate significant differences between the ratings of labeled male and female job applicants and non-labeled male and female job applicants in terms of social rejection.

Temerlin (1968), discussed labels in terms of diagnostic biasing. That is, Temerlin believed that a label, such as "psychotic" could influence other mental health professional's diagnoses of the labeled individual in a manner congruent with the label. As a component of the present study, the subjects were asked to rate the job applicant on 4 diagnostic dimensions (see Diagnostic Rating Scale, Appendix B). The purpose of this scale was to determine if the labels of former mental patient, or former prison inmate would prompt the subjects to respond in a biased manner, and give more specific pathological diagnoses to labeled job applicants. The results obtained from this scale in relation to diagnostic biasing were scattered and equivocal. There was no overall
tendency for male or female respondents to rate labeled male and female job applicants more pathological than non-labeled job applicants. However, on the "No Observable Mental Illness Scale" it was found that job applicants in the control condition (nonlabeled) were rated significantly higher (less mental illness) than job applicants in the former mental patient condition. In addition, significant differences were not found between the ratings of the job applicants in the control condition and the ratings of job applicants in the former prison inmate condition. This difference could be due to the fact that criminals are not viewed as having a mental disease, but are cognizant and responsible for their actions, therefore they are more "mentally healthy" than mental patients.

Limitations and Directions for Future Research

Before addressing the limitations of this study and directions for future research the deception utilized in this study, and the manipulation check will be discussed.

The deception used in this study was in describing the purpose of the study to the subjects as a "new type of interview format designed to assess more personal information". In accordance with this deception a bogus "Interview Rating Format" questionnaire was added to the dependent measures. Besides adding to the deception, the Interview Rating Format served as a manipulation check to see if subjects really thought they were evaluating a new type of interview and not being deceived. Out of 205 subjects only three had to be discarded because they indicated some type of suspicion or recognition of the true purpose of the experiment. One of these subjects recognized the confederate male job applicant as
a person he used to work with. A second subject wrote, "I wish you psychologists would invest in a decent study to do your 'interviews', the Clinical Psychology Center is such a poor excuse." All other subjects gave some type of appropriate response such as, "Yes, I liked this new format, it really let you know the other person", which indicated that the deception was successful.

The significant findings occurring within the main effects for Sex of Applicant as indicated in the preceding section indicates a limitation of this study. One of the rationales given for these findings was that the personal attributes of the actors portraying the job applicants may have significantly influenced the subjects responses. Since only one male and one female applicant was used, the design did not allow the separation of sex effects from personal attributes. In addition, the confederates were not experimentally screened for this study. The experimenter merely contacted the actors by phone and enlisted their participation. Future studies utilizing this paradigm should establish some experimental screening procedures to select confederates who are equally matched on the basis of physical and personal characteristics.

Another limitation of the present study concerns the use of a college population. Since college samples are composed primarily of people in their early 20's the social evaluation that these respondents give might be very different than an older sample of respondent's evaluation of a former mental patient or former prison inmate. Caution should be used if one is to make generalizations from this study to a non-college population. Finally, individual respondents in this study, might perceive a former mental patient, or former prison inmate quite differently than
individuals from an urban background. Again caution should be exercised in generalizing the results of this study to populations outside a rural college campus.

While this study investigated some limited, situation-specific areas of labeling theory other areas of labeling theory might also prove interesting. Some particular areas of interest might include:

1. Any study utilizing a non-college population so that results could apply to other groups of people.

2. Comparing the perceptions of different types of employers (e.g., white collar vs. blue collar) regarding mental illness and employees.

3. Presenting jury members with various types of diagnostic labels to assess their effect on verdict outcome.

4. Analyzing the various components of labels such as how the subject views the patient's level of intelligence, socioeconomic background, vocation, and familial patterns.

5. Assessing different ages of children to see how and when labels of mental illness originate, and what meanings they have for children of varying ages.

6. Use of several different confederates to use as male and female "job applicants".

7. Use of confederates of different ethnic backgrounds as "job applicants", either labeled or non-labeled.
References


Semantic Differential

DIRECTIONS: On the scales below, please rate the job applicant in relation to the adjectives listed. Here is an example of how you are to use these scales.

Example:

Neat ___:__:_:_:_:_:_:_ Sloppy
1 2 3 4 5 6 7

1. If you feel that the applicant is EXTREMELY neat, you would mark an X in the first space.

2. If you feel that the applicant is QUITE neat, (but not extremely), mark an X in the second space.

3. If you feel the applicant is only SLIGHTLY neat, mark space 3.

4. If you feel the applicant is neither neat nor sloppy (NEUTRAL), mark space 4.

5. If you feel the applicant is only SLIGHTLY sloppy, mark space 5.

6. If you feel the applicant is QUITE sloppy (but not extremely), mark space 6.

7. If you feel the applicant is EXTREMELY sloppy, mark space 7.

IMPORTANT:

1. Place your check marks in the middle of the space, not on the boundaries.

2. Be sure to check every scale, even if it seems unusual to you.

3. Never put more than one check mark on a single scale.

4. Don't spend more than a few seconds marking each scale. It is the first idea that comes to mind that we want. However, please do not be careless, because we want your true impressions.

1. Wise ___:__:_:_:_:_:_:_ Foolish

2. Familiar ___:__:_:_:_:_:_:_ Strange

3. Intelligent ___:__:_:_:_:_:_:_ Ignorant
4. Active __________ Passive
5. Sincere __________ Insincere
6. Predictable __________ Unpredictable
7. Strong __________ Weak
8. Fast __________ Slow
9. Mysterious __________ Understandable
10. Rugged __________ Delicate
11. Warm __________ Cold
12. Clean __________ Dirty
13. Safe __________ Dangerous
14. Relaxed __________ Tense
15. Valuable __________ Worthless
16. Healthy __________ Sick
17. Good __________ Bad
APPENDIX B

Diagnostic Rating Scale
INSTRUCTIONS: Please rate the applicant on each of the four descriptions listed below. Rate him on the basis of your best evaluation as to what kind of person he seems to be.

1. **NEUROTIC:**

   When an individual is "neurotic" he has severe anxieties, worries, or nervousness. The anxiety may be from conscious or unconscious processes. However, the main feature is that the person's anxiety or nervousness interferes with his effectiveness in everyday living.

   To what extent does the applicant fit this description?

   1 2 3 4 5 6 7
   not at all very much

2. **PSYCHOTIC:**

   When an individual is "psychotic" he has a severe mental disorder in which his reality orientation is disturbed. As a result, he has great difficulty coping with the processes of everyday living, and often requires some type of inpatient treatment in a mental facility. The general public's idea of "crazy" corresponds to what mental health professionals label as psychotic.

   To what extent does the applicant fit this description?

   1 2 3 4 5 6 7
   not at all very much

3. **SOCIOPATHIC:**

   When an individual is "sociopathic" he has a personality disorder that is characterized by a lack of conscience and an inability to feel guilt or remorse. Such people often get into trouble with the law, are irresponsible, rebellious, and manipulative.

   To what extent does the applicant fit this description?

   1 2 3 4 5 6 7
   not at all very much

4. **NO OBSERVABLE MENTAL ILLNESS:**

   The person appears normal and there are no signs of a severe mental problem.

   To what extent does the applicant fit this description?

   1 2 3 4 5 6 7
   not at all very much
APPENDIX C

Social Rejection Index
Social Rejection Index

DIRECTIONS: The following inventory contains a list of statements that refer to the applicant. Read each item carefully and determine if it is true for you. Place an "X" at the appropriate place on the line below each item to indicate that you either agree with the statement, disagree with the statement, or are uncertain as to whether you agree or disagree. Take care to mark your X's directly over the appropriate word, not on the boundaries between words.

1. If I owned and managed a small store and needed to hire another employee and this person applied for the job, I would be inclined to hire him?

   __________:__________:__________
   Disagree  Uncertain  Agree

2. If I were working for this person, I would probably think they were a good boss?

   __________:__________:__________
   Disagree  Uncertain  Agree

3. I would be willing to work with someone like this as a partner on a school project?

   __________:__________:__________
   Disagree  Uncertain  Agree

4. If this person lived next door to me and I needed a babysitter for an evening, I think I might ask them to babysit?

   __________:__________:__________
   Disagree  Uncertain  Agree

5. If I had a room to rent in my home, I would be willing to rent it to someone like this?

   __________:__________:__________
   Disagree  Uncertain  Agree

6. I would be willing to have someone like this join a favorite club or organization of mine?

   __________:__________:__________
   Disagree  Uncertain  Agree
7. If this man were running for a local public office, I would not vote for this person?

________________________:________________________

Disagree  Uncertain  Agree

8. I would be willing to work on a regular job with someone like this?

________________________:________________________

Disagree  Uncertain  Agree

9. I would discourage my children from marrying someone like this?

________________________:________________________

Disagree  Uncertain  Agree
APPENDIX D

Personal Attribute Inventory
Personal Attribute Inventory

DIRECTIONS: This instrument contains a list of adjectives. Read through the list and select exactly 30 words which you think best describe the applicant. Indicate your selection by placing an X in the appropriate space next to each word.

<table>
<thead>
<tr>
<th>active</th>
<th>healthy</th>
<th>rude</th>
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<tbody>
<tr>
<td>affectionate</td>
<td>helpful</td>
<td>self-centered</td>
</tr>
<tr>
<td>alert</td>
<td>hostile</td>
<td>self-confident</td>
</tr>
<tr>
<td>appreciative</td>
<td>humorous</td>
<td>self-controlled</td>
</tr>
<tr>
<td>awkward</td>
<td>imaginative</td>
<td>self-pitying</td>
</tr>
<tr>
<td>bitter</td>
<td>impatient</td>
<td>selfish</td>
</tr>
<tr>
<td>calm</td>
<td>industrious</td>
<td>shallow</td>
</tr>
<tr>
<td>careless</td>
<td>initiative</td>
<td>shiftless</td>
</tr>
<tr>
<td>cheerful</td>
<td>intolerant</td>
<td>show-off</td>
</tr>
<tr>
<td>clear-thinking</td>
<td>inventive</td>
<td>sincere</td>
</tr>
<tr>
<td>complaining</td>
<td>irresponsible</td>
<td>snobbish</td>
</tr>
<tr>
<td>conceited</td>
<td>irritable</td>
<td>spineless</td>
</tr>
<tr>
<td>confident</td>
<td>jolly</td>
<td>stable</td>
</tr>
<tr>
<td>confused</td>
<td>kind</td>
<td>steady</td>
</tr>
<tr>
<td>conscientious</td>
<td>mannerly</td>
<td>stingy</td>
</tr>
<tr>
<td>cooperative</td>
<td>masculine</td>
<td>strong</td>
</tr>
<tr>
<td>cowardly</td>
<td>nagging</td>
<td>sulky</td>
</tr>
<tr>
<td>cruel</td>
<td>natural</td>
<td>sympathetic</td>
</tr>
<tr>
<td>deceitful</td>
<td>obnoxious</td>
<td>tactful</td>
</tr>
<tr>
<td>dependable</td>
<td>organized</td>
<td>tactless</td>
</tr>
<tr>
<td>despondent</td>
<td>original</td>
<td>thankless</td>
</tr>
<tr>
<td>determined</td>
<td>patient</td>
<td>tolerant</td>
</tr>
<tr>
<td>energetic</td>
<td>pleasant</td>
<td>touchy</td>
</tr>
<tr>
<td>fairminded</td>
<td>posed</td>
<td>trusting</td>
</tr>
<tr>
<td>fickle</td>
<td>prejudiced</td>
<td>undependable</td>
</tr>
<tr>
<td>foolish</td>
<td>progressive</td>
<td>understanding</td>
</tr>
<tr>
<td>foresighted</td>
<td>quarrelsome</td>
<td>unfriendly</td>
</tr>
<tr>
<td>forgetful</td>
<td>queer</td>
<td>unintelligent</td>
</tr>
<tr>
<td>gloomy</td>
<td>quitting</td>
<td>unkind</td>
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<tr>
<td>good-natured</td>
<td>rational</td>
<td>warm</td>
</tr>
<tr>
<td>greedy</td>
<td>rattlebrained</td>
<td>weak</td>
</tr>
<tr>
<td>handsome</td>
<td>relaxed</td>
<td>winny</td>
</tr>
<tr>
<td>hasty</td>
<td>resentful</td>
<td>resourceful</td>
</tr>
</tbody>
</table>
APPENDIX E

Interview Rating Format Rating Scale
Interview Rating Format Rating Scale

DIRECTIONS: After observing this type of format, please answer the following questions.

1. What did you like about his new format?

2. What did you dislike about this new format?

3. Did you feel this new format was useful? Why?

4. What was the purpose of this type of interview?

5. Are there any particular parts of this interview that you have questions about?

6. Do you have any questions in general about this interview?
APPENDIX F

Purpose of the Study
Purpose of the Study

This study is designed to test the effectiveness, and usefulness of a new kind of personnel interview designed to obtain personal information in a variety of areas. It is felt that by having such information available employers can match individuals to jobs that best suit their personality, and to assign co-workers with the same type of personality characteristics together so that job productivity is maximized. The authors of this type of interview also feel that by obtaining this type of personal information potential problem areas regarding job assignments and potential co-workers can be avoided.
Don Nelson is applying for a bookkeeping position with a local business. Attached is a copy of his personal resume.
Dawn Nelson is applying for a bookkeeping position with a local business. Attached is a copy of her personal resume.
APPENDIX G -

Personal Resume'
Personal Resume

1. NAME: Don Nelson  DATE: 1-8-83
2. AGE: 28
3. SEX: Male
4. MARITAL STATUS/CHILDREN:
   I have been married for 7 years, and I have 1 daughter, Katie, who is 1½ years old.
5. RESIDENCE:
   My wife and I have been residing in Montana for the past year.
6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)
   a. Rose City Grade School  Yes
      Long Island, New York
   b. Madison High School  Yes
      Long Island, New York
   c. Accounting Technician  Yes
      Syracuse Vocational School
      Syracuse, New York
7. PAST EMPLOYMENT: (last 3 years only)
   I had been an inmate at Montana State Prison for 1 year, in 1979-80. However, for the past 2 years I have been employed by the accounting firm of Ryan, Connell, & Doyle. Mr. Ryan is also listed as a reference.
8. REFERENCES:
   a. John Dawson, 7210 West Court Road, Long Island, New York 11547
   b. Steve Kegan, #8 Orange Lane, Long Island, New York 11547
   c. Tim Ryan, 840 Oxford Drive, Long Island, New York 11540
9. COMMENTS:
   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required by the job.
Personal Resume

1. NAME: Don Nelson  DATE: 1-8-83
2. AGE: 28
3. SEX: Male
4. MARITAL STATUS/CHILDREN:
   I have been married for 7 years, and I have 1 daughter, Katie, who is 1 1/2 years old.
5. RESIDENCE:
   My wife and I have been residing in Montana for the past year.
6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)
   a. Rose City Grade School  Yes
      Long Island, New York
   b. Madison High School  Yes
      Long Island, New York
   c. Accounting Technician  Yes
      Syracuse Vocational School
      Syracuse, New York
7. PAST EMPLOYMENT: (last 3 years only)
   I had been a patient at Warm Springs State Mental Hospital for 1 year in 1979-80. However, for the past 2 years I have been employed by the accounting firm of Ryan, Connell, & Doyle. Mr. Ryan is also listed as a reference.
8. REFERENCES:
   a. John Dawson, 7210 West Court Road, Long Island, New York  11547
   b. Steve Kegan, #8 Orange Lane, Long Island, New York  11547
   c. Tim Ryan, 840 Oxford Drive, Long Island, New York  11540
9. COMMENTS:
   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required by the job.
Personal Resume

1. NAME: Don Nelson  DATE: 1-8-83

2. AGE: 28

3. SEX: Male

4. MARITAL STATUS/CHILDREN:

   I have been married for 7 years, and I have 1 daughter, Katie, who is 1½ years old.

5. RESIDENCE:

   My wife and I have been residing in Montana for the past year.

6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)

   a. Rose City Grade School Long Island, New York
      Yes
   b. Madison High School Long Island, New York
      Yes
   c. Accounting Technician Syracuse Vocational School Syracuse, New York
      Yes

7. PAST EMPLOYMENT: (last 3 years only)

   I had been traveling abroad for 1 year, in 1979-80. However, for the past 2 years I have been employed by the accounting firm of Ryan, Connell, & Doyle. Mr. Ryan is also listed as a reference.

8. REFERENCES:

   a. John Dawson, 7210 West Court Road, Long Island, New York 11547
   b. Steve Kegan, #8 Orange Lane, Long Island, New York 11547
   c. Tim Ryan, 840 Oxford Drive, Long Island, New York 11540

9. COMMENTS:

   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required by the job.
Personal Resume

1. NAME: Dawn Nelson
2. AGE: 28
3. SEX: Female
4. MARITAL STATUS/CHILDREN:
   
   I have been married for 7 years, and I have 1 daughter, Katie, who is 1½ years old.

5. RESIDENCE:
   
   My husband and I have been residing in Montana for the past year.

6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)

   a. Rose City Grade School, Long Island, New York 
      Yes

   b. Madison High School, Long Island, New York 
      Yes

   c. Accounting Technician
      Syracuse Vocational School, Syracuse, New York 
      Yes

7. PAST EMPLOYMENT: (last 3 years only)

   I had been an inmate at the Women's Correctional Center in Carson City, Nevada for 1 year in 1979-80. However, for the past 2 years I have been employed by the accounting firm of Ryan, Connell, & Doyle. Mr. Ryan is also listed as a reference.

8. REFERENCES:

   a. John Dawson, 7210 West Court Road, Long Island, New York 11547
   b. Steve Kegan, #8 Orange Lane, Long Island, New York 11547
   c. Tim Ryan, 840 Oxford Drive, Long Island, New York 11540

9. COMMENTS:

   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required by the job.
Personal Resume

1. NAME: Dawn Nelson  DATE: 1-8-83
2. AGE: 28
3. SEX: Female
4. MARITAL STATUS/CHILDREN:
   I have been married for 7 years, and I have 1 daughter, Katie, who is 14 years old.
5. RESIDENCE:
   My husband and I have been residing in Montana for the past year.
6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)
   a. Rose City Grade School  Yes  Long Island, New York
   b. Madison High School  Yes  Long Island, New York
   c. Accounting Technician  Yes  Syracuse Vocational School  Syracuse, New York
7. PAST EMPLOYMENT: (last 3 years only)
   I had been a patient at Warm Springs State Mental Hospital for 1 year in 1979-80. However, for the past 2 years I have been employed by the accounting firm of Ryan, Connell, & Doyle. Mr. Ryan is also listed as a reference.
8. REFERENCES:
   a. John Dawson, 7210 West Court Road, Long Island, New York  11547
   b. Steve Kegan, #8 Orange Lane, Long Island, New York  11547
   c. Tim Ryan, 840 Oxford Drive, Long Island, New York  11540
9. COMMENTS:
   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required by the job.
Personal Resume

1. NAME: Dawn Nelson          DATE: 1-8-83

2. AGE:  28

3. SEX:  Female

4. MARITAL STATUS/CHILDREN:

   I have been married for 7 years, and I have 1 daughter, Katie, who is 1½ years old.

5. RESIDENCE:

   My husband and I have been residing in Montana for the past year.

6. EDUCATION/VOCATIONAL TRAINING: (please list) (Did you graduate?)

   a. Rose City Grade School  Yes
      Long Island, New York

   b. Madison High School     Yes
      Long Island, New York

   c. Accounting-Technician   Yes
      Syracuse Vocational School
      Syracuse, New York

7. PAST EMPLOYMENT: (last 3 years only)

   I had been traveling abroad for 1 year in 1979-80. However, for the past 2 years I have been employed as an accounting technician for the firm of Ryan, Connell, & Doyle. Mr. Ryan is listed as a reference.

8. REFERENCES:

   a. John Dawson, 7210 West Court Road, Long Island, New York  11547

   b. Steve Kegan, #8 Orange Lane, Long Island, New York  11547

   c. Tim Ryan, 840 Oxford Drive, Long Island, New York  11540

9. COMMENTS:

   I feel that my background in accounting qualifies me to fulfill the position for which I am applying. I am in excellent health, and would have no problem completing the work required of me. In addition, my family and I would be willing to move within the state if it was required necessary by the job.
APPENDIX H

Transcript of an Employment Interview with a Confederate Portraying a Healthy Individual
Transcript of an Employment Interview with a Confederate Portraying a Healthy Individual

1. INTERVIEWER: I have not read your resume yet. I have a few questions here that I want to ask, but for the most part I'd thought I'd let you control the direction of the interview, O.K.?

CONFEDERATE: Yeah, that will be alright. Like, do you want me to tell you something like my life story? (laughter)

2. INTERVIEWER: O.K. Don/Dawn, just tell me a little bit about yourself. Personally I mean. I will know most of the facts and figures on your life from your resume which I will review later. I'd just like to get to know you a little more in depth.

CONFEDERATE: I really want to be an accountant. I've always liked working with numbers, and business concepts, I really enjoy it. I don't mean to imply by this that I don't get along with people... I don't really have any trouble with them.

3. INTERVIEWER: Well not the whole thing, but why don't you just tell me some biographical information about yourself. Like where you were born? What was your family like?

CONFEDERATE: Well, I was raised in Long Island, New York. My father owned a large fishing trawler in Long Island and he made his living off of it but he inherited the boat originally from his mother. She was the strong one in the family. She, she really worked it up into a paying operation. My father originally was an engineer but this happened at the beginning of the recession and he never built up his business enough to make it pay, then when his dad died he went to help grandma and him and mom
just stayed. However, he did keep up on his reading in engineering and he was always building things, and, ah, making gimmicks for the boat and fishing. Well for instance, I remember when he had an automatic winch before anybody, any people in the same bay, and he went out and fixed up the other fishermen's gear and boats. He is really a self-made man. He, he just had all sorts of ideas and gimmicks (laughter), and you know, this was back in the days when most commercial fishing was a matter of hard work and a strong back but, ah, I think our boat was far more modern than any of the others in the bay.

4. INTERVIEWER: It sounds like you and your father are really close.
CONFEDERATE: Yes we are.

5. INTERVIEWER: How old were you when you moved out on your own?
CONFEDERATE: Well I was 18 and I did a foolish thing.

6. INTERVIEWER: Oh really, what was that?
CONFEDERATE: I joined the army for 3 years, I thought I'd get to travel a lot and see the world.

7. INTERVIEWER: Did you get anything out of it?
CONFEDERATE: Well in a way, yes. While I was in the army my job was in the PX and most of the time all I did was sit around and read. Well, after the 100th murder mystery I picked up a book on accounting and I've been interested ever since.

8. INTERVIEWER: Anything else, did you receive any other training in the army?
CONFEDERATE:  (Laughter) Nothing by and large, really nothing. The whole army experience seemed to be a sheer waste of time on my part. I, I didn't get a thing out of it at all. I doubt that the military got anything out of me either. It really, it was an unrewarding experience for both of us I suppose. You know, I don't like anybody, somebody telling me what to do all of the time. I like to live my own life and do what I want to, when I want to and you just can't do that within a structure like the army.

9. INTERVIEWER: Well what happened to you after that experience?
CONFEDERATE: That's when I met my husband/wife Jerry/Geri and we got married about a year after I got out. That was 7 years ago and we're still going.

10. INTERVIEWER: Do you have any children?
CONFEDERATE: Yes, we have a daughter, her name is Katie.

11. INTERVIEWER: How old is she?
CONFEDERATE: Oh let's see, she's about a year and a half old.

12. INTERVIEWER: A little one like that is sure a bundle to take care of.
CONFEDERATE: Boy, I'll say, they certainly consume alot of time, but in the long run I think she's worth it.

13. INTERVIEWER: Why don't you tell me more about your work experiences. You mentioned helping out on your dad's boat, what other work have you done?
CONFEDERATE: Oh, I've done all kinds of odd jobs from working at McDonalds to counseling ghetto kids in New York.
14. INTERVIEWER: How did you like counseling the kids?
CONFEDERATE: Not very well, it was just too depressing and every night
I came home I'd just feel useless and helpless because
there was nothing I could really do to change their lives.
I only lasted about 6 months on that job.

15. INTERVIEWER: Earlier you said you get along with people o.k. Are there
any particular people that you don't get along with or
like to work with?
CONFEDERATE: Well, yes, I guess so.

16. INTERVIEWER: What type of people annoy you?
CONFEDERATE: When I do a job I don't mind constructive criticism, but I
can't stand comments that are nonproductive or silly.

17. INTERVIEWER: Moving along to a different topic, what made you and your
wife/husband decide to move to Montana?
CONFEDERATE: The country, mainly. We both love to hide and backpack,
we just thought it would be a nice place to live and I
would have a good chance of getting a job out here. Boy
was I wrong (shakes head).

18. INTERVIEWER: You seem kind of bitter.
CONFEDERATE: No, not bitter, just disappointed. I really thought this was
the place for us, but if I don't find a job soon we'll have
to move someplace else, and boy would I hate that.

19. INTERVIEWER: Getting back to the work topic, what makes you think that
you're the person we're looking for?
CONFEDERATE: Well, I'm physically in good shape so I could handle that area easily. Most of all though, I get along well with others, or I can work alone equally well. I think that this is one of my greatest strengths that I work well with others or by myself.

20. INTERVIEWER: What do you expect to get from this job?
CONFEDERATE: I guess mainly I expect to get a sense of security and permanence. My wife/husband and I are sick and tired of moving from job to job when the work gets short. I know there is still a chance of that happening with any job, but I feel it is somewhat less with this one.

21. INTERVIEWER: Looking at yourself, what do you think your greatest weaknesses are?
CONFEDERATE: Well, I only have a vocational accounting technician degree and not a BA in accounting.

22. INTERVIEWER: No, I mean what are your greatest weaknesses in terms of yourself?
CONFEDERATE: That is a difficult question. Can't I just say "none". All kidding aside, I think that my greatest weakness is my inability to say no. I just have a terrible time turning someone down especially if I think it is going to disappoint them. I just keep saying "yes" to everyone and before I know it I'm over committed and I end up either doing a job that is not up to my abilities, or I sacrifice time from my husband/wife which makes him/her mad. Another thing I tend to do that sometimes gets me in trouble is that I sometimes do things when I don't think I should. Like if a supervisor tells me to do something,
and I think that I shouldn't, or that there is a better way to do it, I usually do it his way but I feel I've cheated myself and it makes me angry with myself that I didn't express my feelings.

23. INTERVIEWER: Moving to an easier area, what do you consider to be important factors in your being happy with your work.

CONFEDERATE: Well sir, I guess a number of things. First my work has to be a challenge to me, and I need to get a sense of satisfaction from it when I do it. Also if I do a good job it is important to me that someone tells me they like my work, or they're satisfied with what I have done. Last, I like to work with people who are as excited about their job as I am. When people don't like what they are doing, and constantly complaining it brings me down too.

24. INTERVIEWER: Ok, sticking to the topic of employment what goals have you set for yourself.

CONFEDERATE: Well, getting this job is my number one goal for the moment. In the future, I'd like to complete a BA in accounting and get my CPA. Right now I'm about 40 credits short of my degree, but I'm really in no hurry, every semester I take a night class, so I should finish in about 3 years.

25. INTERVIEWER: Working a full-time job and going to night school is very admirable, but do you think you can do a good job at both?

CONFEDERATE: Yes I do. I have been working as an accounting technician and going to school for the last year, and if you check with my employer, Mr. Ryan, I think he'll tell you I was able to do both very satisfactorily. I'd be a liar to say at times I
don't get tired and wish a million dollars would drop from the sky so I wouldn't have to work anymore, but until that happens I am happy to juggle work and school.

26. INTERVIEWER: One final question, how would your life change if you were hired for this job?

CONFEDERATE: Well, as I said before, it would be a great relief because we wouldn't have to move. More than the moving thing though, it would really make me feel good about myself because I feel I am good at what I do and that I could do a really good job for your company, because I like accounting so well.

27. INTERVIEWER: Well thank you Don/Dawn.

CONFEDERATE: I enjoyed talking to you today. I was really nervous and scared and I thought I'd have a terrible time. But, all in all, I did have a good time.

28. INTERVIEWER: Is there anything you'd care to add?

CONFEDERATE: No, I think I told you a lot about myself in 20 minutes or so.

29. INTERVIEWER: Well then, thank you for your cooperation.

CONFEDERATE: Thank you sir.
APPENDIX I

Participant's Data Sheet
Participant's Data Sheet

1. Age:

2. Sex:

3. Level in School: (check)
   a. Freshman
   b. Sophomore
   c. Junior
   d. Senior
   e. Graduate (1st year)
   f. Graduate (2nd year)
   g. Graduate (3rd year)
   h. Graduate (4th year)

4. Have you had any previous experience in evaluating personality characteristics? If so, please describe:

5. Have you ever worked with current or former mental patients or prison inmates? If so, please describe:

6. Have you had contact with or exposure to current or former mental patients or prison inmates? If so, please describe:
APPENDIX J

Employer Confidence Scale
Employer Confidence Scale

DIRECTIONS: Please answer the following questions as if you were an employer and this applicant was applying to you for a job. First, please answer the question either "yes" or "no", and then rate the confidence you have in your decision on the 1 to 7 scale.

1. If it was my decision I'd hire the person?
   _____ yes    _____ no
   1 2 3 4 5 6 7
   not confident very confident

2. I think this person would work best in situations where he/she was alone.
   _____ yes    _____ no
   1 2 3 4 5 6 7
   not confident very confident

3. I think this person would work best in situations that were very structured.
   _____ yes    _____ no
   1 2 3 4 5 6 7
   not confident very confident

4. I feel this person would work well under stressful conditions such as meeting deadlines, etc.
   _____ yes    _____ no
   1 2 3 4 5 6 7
   not confident very confident

5. I would put this person in a position where he had supervision over many people.
   _____ yes    _____ no
   1 2 3 4 5 6 7
   not confident very confident
6. I would put this person in a position where he/she had control over large amounts of money?

    _____ yes  _____ no

    1  2  3  4  5  6  7
    not confident         very confident

7. I would like to work with this person, and socialize with him/her outside of business activities?

    _____ yes  _____ no

    1  2  3  4  5  6  7
    not confident         very confident

8. I feel this person is dependable.

    _____ yes  _____ no

    1  2  3  4  5  6  7
    not confident         very confident

9. I feel this person is responsible.

    _____ yes  _____ no

    1  2  3  4  5  6  7
    not confident         very confident

10. I feel this person could solve problems at work without asking for directions.

    _____ yes  _____ no

    1  2  3  4  5  6  7
    not confident         very confident
APPENDIX K

Debriefing Instructions
Debriefing Instructions

Thank you all for your participation in this study. As you are aware sometimes it is necessary to use deception in psychological experimentation. This study employed a minor deception in that Don/Dawn Nelson is a fictitious character and never was a) in a mental institution, b) in a prison, or c) traveling abroad. The deception was used so that we could obtain your honest opinions on how you regarded the individual when he/she was labeled a former prison inmate, or a former mental patient. Thank you again, and if you have any further questions regarding this study please feel free to contact me.