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Attitudes of non-disabled college students toward other successful college students with histories of psychiatric hospitalization through the attribution of locus of control

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ATTITUDES OF NON-DISABLED COLLEGE STUDENTS
TOWARD OTHER SUCCESSFUL COLLEGE STUDENTS
WITH HISTORIES OF PSYCHIATRIC
HOSPITALIZATION THROUGH
THE ATTRIBUTION OF
LOCUS OF CONTROL

An Abstract of a Thesis
Submitted
In Partial Fulfillment
of the Requirements for the Degree
Specialist in Education

Robert Herman Stensrud
University of Northern Iowa
July 1981

ABSTRACT

The purpose of this study was to determine how non-disabled college students would perceive disabled college students who were depicted as being successful.

Undergraduate students at the University of Northern Iowa were studied to determine the attitudes they maintained toward a hypothetical individual. One-half of the 253 subjects received a story about an individual who had been a patient at the State Mental Health Institute, Independence, Iowa. The other one-half of the subjects received a story about an individual who had never been hospitalized for psychiatric treatment. Aside from this aspect, both stories were identical.

Subjects evaluated both hypothetical individuals on the basis of how internally controlled, controlled by powerful others, and controlled by chance subjects believed those individuals to be.

The major hypotheses of this paper were:

1. Subjects would perceive a successful non-disabled college student as being more internally controlled than a successful disabled college student.
2. Subjects would perceive a successful non-disabled college student as being less controlled by powerful others than a successful disabled college student.

3. Subjects would perceive a successful non-disabled college student as being less controlled by chance than a successful disabled college student.

The major findings were:

1. The ex-patient was perceived as being significantly less internally controlled than the non-patient.

2. The ex-patient was perceived as being more controlled by powerful others than the non-patient, but the difference was not significant.

3. The ex-patient was perceived as being significantly more controlled by chance than the non-patient.

4. Subjects perceived themselves as being more internally controlled, less controlled by powerful others, and less controlled by chance than the ex-patient college student.

5. Subjects perceived themselves as being less controlled by chance and powerful others than the non-patient and being equally as internally controlled as themselves.

The major conclusions were:

1. The experience of being hospitalized for psychiatric treatment seemed to become part of a person's social identity that persisted over time. This ex-mental patient stigma seemed to persist despite evidence that the

person could function successfully in the mainstream college community.

2. No favorable social identity seemed to be attributed to the non-patient despite his successful performance.

3. For the disabled college student, subjects tended to emphasize in their responses the environmental contingencies which led to the disabling condition. Subjects did not tend to emphasize in their responses the disabled person's responses to the disabling condition.

4. For the non-disabled college student, subjects tended to emphasize in their responses the personal actions taken by that person to overcome his disabling condition. Subjects did not tend to emphasize in their responses the environmental contingencies leading to the disability.

5. Subjects' responses to a disabled person seemed to involve a complex attributional process which evaluated environmental contingencies and personal responses to those contingencies. This attitudinal process may play a central role in subjects' attitudes toward disabled individuals and warrants further empirical investigation.

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LOCUS OF CONTROL

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Chapter 1

INTRODUCTION

This study is concerned with the attitudes of college students toward other college students who have a history of psychiatric hospitalization. There has been little research done on this topic and, with the current efforts to make colleges accessible for disabled students, this study assumes added importance. Such studies offer some insights into the attitudes which emotionally disabled college students may encounter as they interact with their peers on college campuses.

During the 1950's the public's attitudes toward the emotionally disabled became a topic of interest to researchers. This interest coincided with the introduction in the early 1950's of psychotropic medication for psychiatric patients. Whereas the primary treatment for mental illness before this time was custodial care, the introduction of medication made it possible for psychiatric patients to be discharged to the community and maintained on medication while functioning independently. Rather than spend their entire lives in psychiatric hospitals, patients could live and function as normal individuals.

A primary barrier to independent living has been the attitude of the public toward ex-mental patients. People often did not accept the ex-mental patient back into the community, or if they did, they did so grudgingly. Researchers began to investigate the attitudes of normals toward the emotionally disabled in hopes of understanding the basis for these attitudes. Their intent was to uncover ways of changing negative attitudes so individuals who were emotionally disabled would be more accepted by people in their environment.

As Sarbin and Mancuso (1970) have demonstrated, the efforts to change public opinion have not been successful. Normals accept deviant behavior as long as it does not threaten social stability, but when deviant behavior is linked with the label of mental illness, normals consistently and overwhelmingly are negative in their attitudes. Once the labels "mentally ill" and "ex-mental patient" are attached to a person, the labels tend to remain even though deviant behavior is extinguished. At this point a person may not be mentally ill, but he is treated as though he were mentally ill (Calhoun, Selby, & Wroten; 1977). Such stereotypic and prejudicial treatment may have far reaching effects on the long term remission of some emotional disorders.

Statement of the Problem

Most subjects, when asked to provide their personal attitudes toward people with emotional disabilities, insisted that they had no stereotypic prejudices. Studies which have successfully assessed personal attitudes while appearing to assess "objective facts" have found that this is not the case. Through behavioral observations and through questionnaires designed to exclude social desirability, researchers have consistently found negative attitudes that persist over time. If this was so when the disabled person demonstrated highly successful adjustment, however, was unknown. The purpose of this study was to assess college students' attitudes toward another college student with a history of psychiatric hospitalization who stabilized his disability and became highly successful in a college environment.

The problem posed for this study related to the need for a more clear understanding of how non-disabled college students tended to perceive successful disabled college students. Based on existing research, three hypotheses were tested as the central concern of this paper:

1. Subjects will perceive a successful non-disabled college student as being more internally controlled than a successful disabled college student.

2. Subjects will perceive a successful non-disabled college student as being less controlled by powerful others than a successful disabled college student.

3. Subjects will perceive a successful non-disabled college student as being less controlled by chance than a successful disabled college student.

Importance of the Study

Much research has been directed toward the assessment of attitudes toward abnormal behavior and people who were labeled mentally ill. Little research has been conducted on the stability of these attitudes toward people who once could have been labeled as mentally ill but who have stabilized their disabilities to the point that they no longer are handicapped. No published research has investigated the attitudes of normals toward someone who has been "mentally ill" but has stabilized his disability and become highly successful at functioning in the mainstream culture. If a person demonstrated behavior which represented highly successful adjustment to the point of exceeding the accomplishments of some normals, it is unknown whether a previous mental illness label remains stigmatizing.

As Vocational Rehabilitation clients with emotional disabilities attend college, successfully

graduate, and enter the world of work this question assumes added importance. If a highly successful person is followed by an outdated label, the possession of the label itself may be the overriding handicapping condition faced by that person. If this is the case, rehabilitation services must help the client learn how to cope with prejudicial attitudes that may follow him throughout life. Rehabilitation services also must begin exploring ways of rehabilitating the environments into which clients are placed. Clients may stabilize their disabilities only to find that they will be treated as though they still are mentally ill while they feel as though they are more emotionally stable than many of the normals with whom they interact. If the self-perceptions of clients and the ways they are perceived by normals differ, this may affect the long term remission of their disabilities.

Little attention has been paid to the emotionally disabled college student. When this author began this study many students and faculty who were interviewed did not know that emotionally disabled Vocational Rehabilitation clients were on college campuses as students. Vocational Rehabilitation clients who were students refused to admit to emotional disabilities for fear of rejection and exclusion from campus groups. As long as this situation exists the college environment may be free of physical barriers, but the interpersonal barriers may be too great for all but the most determined client.

Assumptions

Certain basic assumptions were implicit in the nature of this study. It was assumed that a locus of control questionnaire could function as a quasi-projective measure of attitudes. This assumption was consistent with the findings of Stern and Manifold (1977).

The second assumption was that the procedure of having subjects attribute specific personality characteristics to a fictitious person could function as an objective measure of subjects' attitudes. Such an assumption was consistent with the research of Scheff (1966).

The final assumption was that attitudes expressed on questionnaire data would correlate positively with overt behavior in interpersonal interactions. For this study it was assumed that, as Scheff (1966) and Goffman (1963) have noted, attitudes toward a disabled group generalize within a subject's behavioral repertoire to encompass all aspects of attitudes and expression. This would hold true for all overt and covert responses and all responses would tend to be congruent with a specific expectancy set.

Definition of Terms

A term of major importance in this study was locus of control. This term was first used by Rotter (1966) to

denote an expectancy variable. The locus of control which a person expects in any situation referred to the perceived origin of controlling factors. Some people generated behavior expecting that they were in control of all situational variables. These people were called "internals." Other people perceived their behavior as being controlled by external variables and these people were called "externals."

Levenson (1972) found empirical evidence to suggest that there exist two distinct groups of externals. Some externals perceive control as being exerted primarily by powerful others while others perceive control as being exerted by chance or fate. Significantly different cognitive attributions exist between these two groups of externals according to Levenson so they were treated as distinct and separate for this study through the use of Levenson's (1972) locus of control questionnaire.

For this paper the terms "mentally ill" and "emotionally disabled" were considered synonymous. In operational terms a person was considered to be emotionally disabled if he sought in-patient psychiatric treatment and received such treatment. Only that person who was actually diagnosed and treated was considered to be emotionally disabled.

The term "successful" played a major role in this study. Operationally, the successful person was defined

as someone whose behaviors were congruent with an internal locus of control. Stern and Manifold (1977) have found that such behaviors were positively valued by this culture and tended to be perceived synonymously with success. This definition also tended to accentuate the results in that any perceptions on the part of subjects which perceived a person as other than an internal would be recognized as being based not on fact but more on personal attitude.

Limitations

Some limitations exist which are inherent in the design utilized. One limitation of this study was the use of a male in both stories. It was necessary to keep the sex of the person in the story constant, but having two other stories identical to these although with female names would have been beneficial. It was uncertain whether college students would respond in the same manner to other emotional disabilities such as schizophrenia or behavioral disorders. This was beyond the scope of this study. It also may have been advantageous to have a third story in which the person was exactly like the other two except that there was no mention of either divorce or depression. Including stories representing physical disabilities which could be contrasted with emotional disabilities also may have been beneficial.

The procedure used for the assessment of attitudes toward mental illness has not received much attention in the published literature. Either this approach is innovative and noteworthy or it is an extension of existing questionnaire-based approaches which easily fall prey to social desirability. Only continued use of such an investigative approach can resolve this question. If this study cannot demonstrate a distinct advantage over existing approaches, or if replication is impossible, then existing approaches should be retained. If the validity of this approach can be shown, however, other personality tests and attitude questionnaires can be used in the same manner to determine the intricacies of public attitudes toward mental illness.

This study would benefit from being linked with studies which employ behavioral observations in order to assess attitudes toward mental illness. Few differences exist between most well designed questionnaire and behavioral observation studies as far as general results are concerned. The combination of this approach and behavioral observation approaches could provide useful information on the validity of this strategy.

Some sample bias may exist because all of the subjects were University of Northern Iowa education majors. Most subjects were white Iowa natives and they may contaminate the data. The race of the subjects was primarily white with some Native Americans and some blacks.

The story used may need to be refined. The person was not described as being of any specific race. This may have some effect on the results. The information provided on the person was minimal and this may have resulted in all the information provided assuming a greater significance than it otherwise would assume. The person in story two was described as having gone to the State Mental Health Institute and his admission to another type of in-patient facility may have resulted in different findings. His discharge on medications was routine, but this may also have influenced the results.

Summary

This study was concerned with the assessment of college students' attitudes toward successful emotionally disabled college students. Much research pertaining to attitudes toward the disabled existed but provided inconsistent results unless studied as multifactored.

Studies which concern the multi-dimensional assessment of locus of control were of major interest. The use of the locus of control questionnaire made it possible to obtain data less contaminated by social desirability and therefore research pertaining to this area was reviewed as well as research on attitudes toward mental illness.

Chapter 2

REVIEW OF LITERATURE

Attitudes Toward Mental Illness

Attitudes toward the emotionally disabled have been studied by numerous researchers since the 1950's and the results of many studies appear contradictory. To understand how some of these apparent discrepancies have arisen a review of the literature must trace four specific trends in the existing published research. A portion of the existing literature is based on the theoretical work of Goffman (1963) who first introduced the term "stigma" into research pertaining to those people who were considered emotionally disabled, who obviously were physically disabled, or who possessed other observable qualities which were considered unappealing to normals. Other research has been based on the theoretical propositions of Scheff (1966). Scheff was concerned only with public attitudes toward the emotionally disabled and developed his "labeling theory of mental illness" to explain public attitudes toward the stereotype associated with such a label. Within the realm of Scheff's theory people need not observe that a person is stigmatized but only know that someone else has attributed a stigmatizing

label to that person. The label becomes the overwhelming characteristic regardless of what actual personal characteristics exist.

A third trend which concerns the procedure by which attitudes are studied has developed through the use of behavioral observations of subjects actually interacting with people whom the subjects believe to be emotionally disabled. A fourth trend in the assessment of attitudes toward mental illness concerns the procedure of using questionnaires designed to assess attitudes toward mental illness.

When these four trends are recognized as having differing assumptions and being based on various research designs, some insights can be gained into why so many results appear contradictory. A synthesis of these four basic themes is possible and from this some common conclusions can be drawn.

A review of literature pertinent to Rotter's (1966) social learning theory and locus of control research also is necessary. Research regarding locus of control, the types of uses of locus of control questionnaires, and the benefits of utilizing a multidimensional locus of control instrument are discussed. From this review a basis is provided for the instrumentation and research design utilized for this study.

Stigma Theory

Goffman (1963) has been credited with the development of the stigma theory pertaining to attitudes toward disabled individuals. His synthesis of existing literature presented a thorough system through which prejudicial and stereotypic attitudes were understood and their impact on the stigmatized individuals was explored. Goffman's work has become an influential theory in the study of attitudes toward people who are emotionally disabled even though his intent was to understand attitudes toward all personal characteristics which were considered to be abnormal.

To delineate which specific personal attributes were stigmatizing and which were not was not the purpose of Goffman's study. The attribution of certain characteristics with a stigma was situation-specific and depended on innumerable variables. The central element in the attribution of stigma was the culture in which the attitude existed.

Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. Social settings establish the categories of persons likely to be encouraged there (Goffman, 1963, p. 2).

In some settings certain characteristics are considered to be natural while in other settings they may be considered unnatural. Behavior and attire which are considered

appropriate for a football game would not be considered appropriate in a church. The types of social interaction considered appropriate for a family reunion would not be considered appropriate in a court of law. The valuation of appropriateness and inappropriateness are a function of cultural beliefs and values and as such can be seen as arbitrary. Some churches, for instance, encourage behavior and attire more similar to that seen at football games while other churches would consider such attire highly inappropriate.

The attribution of a stigma cannot be divorced from its context. Stigmata are "incongruities with our stereotype of what a given type of individual should be" in a given situation (Goffman, 1963, p. 3).

The term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself (Goffman, 1963, p. 3).

Some personal characteristics exist which are stigmatizing in most situations but none can be said to be stigmatizing in all situations. The person most incongruous in a group of mental patients would be a patient who is not emotionally disabled. Depending on the stereotypes prevalent in the group members and any observers, the lack of mental illness on the part of that person could

act as a stigmatizing characteristic. The identity ascribed to people by the society in which they function is a determinant in the attribution of a stigma.

Goffman suggests that a distinction must be made between social identity and personal identity. These two elements interact and each has an impact on the other. These elements are distinct and research must differentiate between the two if the impact of stigmatization is to be understood. Personal identity consists of a person's "subjective sense of his own situation and his continuity and character that an individual comes to obtain as a result of his various social experiences" (Goffman, 1963, p. 105). It is through one's social identity, or the identity which is ascribed to a person by those surrounding him, that we find the process of stigmatization develop. The individual's personal identity acts on his social identity through his reaction to the experience of being stigmatized. The individual's social identity acts on his personal identity through his incorporation of the expectancies of others into his own self-perceptions or sense of self. In this way an ongoing process of personal change occurs in which each element acts on the other and, in turn, is acted on by the other.

The personal change which results from this interaction of social and personal identity may become destabilizing in which case the individual experiences

ambivalence. Individuals develop various methods of coping with this ambivalence and these methods themselves become part of their personal identity. Some methods result in the individual's stigma being accentuated and becoming more obvious to others while some methods result in the individual's stigma being obscured. The final effect of the individual's adaptive methods for coping with ambivalence therefore directly affect his appearance and the subsequent evaluation of his social identity.

Accentuating one's stigma implies identification with it and also identifying or associating with others possessing the same stigma. Obscuring one's stigma implies denying one's stigma and disidentifying with it and with the people who possess the same stigma. Whether one identifies or disidentifies with his stigma and with other people possessing the same stigma has a profound influence on the relationships available to the person. Either choice results in opening opportunities for establishing relationships with some groups and preventing opportunities for establishing relationships with other groups. In this way the relationships which are possible for the person are delimited.

Goffman suggests that this choice primarily is a function of the obtrusiveness of the stigma. This stigma which is the most obtrusive or obvious provides little choice for a person but to identify with it and associate

with people who possess the same stigma or who are accepting of the stigma. The stigma which is the least obtrusive to the point of not being observable to others usually results in the individual disidentifying with it and consciously disassociating himself from people possessing the same stigma. Those stigmata which are between these two extremes often result in the individual oscillating between these two responses sometimes identifying with his stigma and other times disidentifying with it.

Few studies pertaining to attitudes toward mental illness can be said to have investigated the process of stigmatization as described by Goffman because the experiment often divorced the attributes from the situations. In efforts by experimenters to restrict the number of intervening variables, major contextual variables often were lost which would negate much of Goffman's stigma concept of personal identity and social identity interaction. What often was being studied was labeling theory (Scheff, 1966) because the contexting upon which the subjects' responses were based were the pre-existing stereotypes of the subjects themselves. In these cases the subjects were attributing their stereotype of a "normal" situation to their experimentally controlled experience and interpreting their experiences from within this context. They previously had labeled some personal

attributes as stigmatizing and, when confronted with those attributes, labeled them as stigmatized in accordance with their personal stereotypes.

Labeling Theory

Scheff (1966), in concerning himself solely with mental illness, chose a personal characteristic which was less observable than was Goffman's stigma. Whereas Goffman's theory accounted for all stigmatizing characteristics, Scheff's theory pertained only to those for which the stigma was inferred from observed characteristics and attributed to mental illness. Unlike physical handicaps, mental illness was a label which was developed to account for deviant sequences of behavior--sequences which, if rearranged, quite possibly would not be labeled as mental illness-related. Scheff suggested that there were many presuppositions operating in the process of labeling mental illness-related activity. The cognitive organization inherent in such a labeling process went beyond the most spontaneous act of responding to observed attributes which were stigmatizing to the presupposing of characteristics which represented or signified an otherwise hidden stigma.

Labeling theory, which described the responding of people to presupposed and inferred characteristics, differed markedly from stigma theory in which people responded to immediately perceived or otherwise self-

evident and situation-specific characteristics. One could attach a stigma to deviant behaviors which were observed in a specific context, as in stigma theory, or one could presuppose a mental illness label and then interpret all observed behavior as stigmatized from within that conceptual expectancy. Experiments which provided only the label "mentally ill" or which presented behavior that had become stereotypic of mental illness and provided no situational context from within which to understand that behavior were studying labeling theory. Experiments which studied the same behavior in different situational contexts or which studied behaviors which could be disassociated from the mental illness stereotype were studying Goffman's stigma theory. Questionnaires which studied behavior or other observable characteristics devoid of a situational context or which asked only general hypothetical questions to which people responded were studying labeling theory.

Labeling theory complements stigma theory and it is suspected that both interact. Until they have been differentiated, however, and until they have been studied separately, the precise nature of this interaction cannot satisfactorily be stated.

Behavioral Observation Studies

One of the more strongly worded and explicit reviews which defended the behavioral observation approach

over the use of questionnaires was that of Page (1974). Page summarized some of the central differences between the results of behavioral observation studies versus questionnaire studies. He suggested that an underlying difference in existing results was due to the use of questionnaires to assess attitudes toward a general state of mental illness rather than attitudes toward a specific person who happened to be emotionally disabled. This corresponds to the difference noted in this paper between studies of stigma theory and studies of labeling theory.

A rather large number of research studies have now been completed concerning the image of the "mental patient" held by the public. The consensus of such research is the painful lament of the mental health profession, namely that the mentally ill individual still tends, at least in the abstract, to be viewed in negative uncomplimentary terms--this despite the fact that the public stereotype is generally felt to be misguided and exaggerated. ...There is little evidence that the public places a stigma on anything but the concept of mental illness. ... (A)lthough the public's attitudes usually reflect the pejorative image of "mental patient," its actual behavior toward such persons has often not been congruent with that image (Page, 1974, p. 15).

Page admitted that the public holds a negative attitude toward the label "mental illness" and any other terms which relate to it. He suggested however, that this negative attitude exists toward mental illness as an abstract construct, and that in face to face interaction social conduct norms were followed which required acceptance and fairness. Only on an impersonal basis did people

consider mental illness a stigma, and in actual contact there was no research evidence to prejudicial treatment. Not only did the public not behave according to the way it should if the questionnaire research on mental illness as a stigma was correct, Page cited the Thomas Eagleton affair as an example of how the public often reacted strongly against the discriminatory use of such a label by others. When Eagleton was dropped as George McGovern's running mate in the 1972 presidential election, the "experts" believed that public attitudes toward mental illness warranted such an action. In fact, the majority reaction, Page suggested, was against the use of such discriminatory behavior and for the retention of Eagleton on the ticket. Page suggested that:

Evidence from research indicates that the study of psychiatric stigma is beset by a problem usually unappreciated by theorists, namely the unclear relationship between attitudes and behavior in a specific setting. Attitudes which reflect the abstract concept of mental illness have almost always been studied academically--e.g., in a questionnaire, case history, or survey format. When attitudes toward a stigmatized concept are studied in these ways, the response will obviously be negatively-toned. However, factors other than "attitudes" play a major role in determining actual behavior toward the mentally ill person (Page, 1974, p. 16).

The results which Page referred to in defense of his thesis were not as conclusive as he suggested. When examined more closely, Page's points were not fully substantiated by his references.

Page cited Olshansky's (1959) article, "Community Aspects of Rehabilitation," as an example of evidence that actual behavior toward ex-mental patients was more positive than general attitudes measured by questionnaires.

Olshansky found that, although people expressed negative attitudes about the mentally ill, they were usually fair and generous in actual dealings with them (Page, 1974, p. 15).

In fact, the title of the article was "Employer Receptivity" and the results were the opposite of what Page claimed. Olshansky's study covered 200 employers within the greater Boston area. The size of the business and the principle activity of the business were controlled to ensure a more representative sample. All data was gained through face to face interviews during a time of high labor demand and economic optimism. Three-fourths of the employers expressed a willingness to hire ex-mental patients, but only 27 of the 200 employers actually had hired such people. Out of a work force of 90,000 for these 200 employers, only 58 ex-mental patients were employed. Small businesses were responsible for most of these 58 workers and four employers alone accounted for 25% of the 58 employers.

Olshansky noted that, "almost all employers rehired their own workers who had recovered from mental illness," but that, "they prefer to hire the non-disabled worker" (Olshansky, 1959, p. 215). Page failed to go beyond the

expressed attitudes of the employers to their actual behavior in his summary of Olshansky's article. This was exactly what he had criticized the "academic" studies for doing. This citation did not substantiate Page's point but refuted it. Employers reported non-prejudicial attitudes toward mental illness but practiced the opposite. The only exceptions to this were in cases in which a positive relationship existed between employer and employee before the label of mental illness was introduced. When the label was introduced before a positive relationship existed, the label was of overriding importance to employer attitudes.

The second study cited by Page to substantiate his point was that of Farina and Ring (1965). Page stated that:

Farina and Ring, in a lab experiment, found that the belief that someone was mentally ill did not affect how comfortable others felt with such a person, the degree to which they liked him, or their willingness to associate with him (Page, 1974, p. 15).

The Farina and Ring (1965) study was concerned with subjects' performance on a motor task requiring their cooperative effort to work with another person and their perception of that other person after having interacted with him. In half the cases subjects were led to believe they were working with someone who was normal and in half the cases subjects were led to believe they were working with someone who was mentally ill. The researchers did

note that, as Page suggested, subjects reported the mentally ill co-worker as being equally likeable to them as the normal co-workers. Subjects, however, did rate the mentally ill co-worker as being significantly less likeable by others than the normal co-worker. The degrees of comfort in working with their co-workers and their expressed willingness to work with those people again did not vary significantly between groups. But these last two items were not studied through observation but through self-reports on questionnaires (the method Page argued against).

Farina and Ring also reported other results that were not mentioned by Page. They state:

Those who received the sick sheet, in comparison to those who received the normal one, described their co-worker as: less able to get along with others, less able to understand others, less able to understand himself, and more unpredictable. For these four items the differences reached significance levels ranging from $p < .01$ to $p < .0001$ (Farina and Ring, 1965, p. 49).

They also found that those subjects who believed their co-workers had a history of mental illness worked harder and reported that their co-worker hindered the joint performance more often than did the other group. The experimental group also reported that they were more willing to work by themselves and more apt to blame their co-worker for failure on the assigned task than the control group. Farina and Ring concluded:

The most important conclusion of this study is that believing an individual to be mentally ill strongly influences the perception of that individual; this is true in spite of the fact that his behavior in no way justifies these perceptions. When a co-worker is viewed as mentally ill, subjects prefer to work alone rather than with him on a task and also blame him for inadequacies in performance. Since objective measures of performance do not warrant such responses, these findings attest to the importance of believing another to be mentally ill as a factor in interpersonal relationships (Farina and Ring, 1965, p. 50).

In the substantiation of his argument, Page had not accurately summarized the study he cited. Subjects reported favorable evaluations of the mentally ill if they feared their evaluation would reflect on themselves. When they believed they were providing objective and impersonal evaluations, subjects were more unfavorable and prejudiced toward the mentally ill person than toward the normal person.

The third study Page used to prove his points was that of Cumming and Cumming (1957).

Studies by Cumming and Cumming found that only about half of the mental patients studied reported feelings of stigma and found, furthermore, that such feelings were transitory and tended to decrease over time (Page, 1974, p. 15).

The Cumming and Cumming book, in fact, provided no such information. No systematic study of mental patients was undertaken by these authors and only three incidental reports of mental patients were provided. In each case (two on pages 101-102 and one on page 125) the emotionally

disabled people were kept out of a mental hospital for extended periods of time while they were demonstrating abnormal behavior. Once they were admitted for in-patient treatment, the family no longer wanted them returned home or even wanted to visit them. The observed behavior of the families in these cases were of acceptance and denial until the family members were hospitalized. After hospitalization, there was no contact with their families whatsoever. Although the actual behavior was abnormal at first, once the label "mental patient" was assigned to the people, the family ceased to acknowledge the existence of these people. This confirms that Scheff's labeling theory can be substantiated even within family groups.

The actual Cumming and Cumming (1957) study was an attempt to assess an entire Canadian community's attitudes toward mental illness and then alter those attitudes through educational intervention. After a serious attempt to change the community's attitudes toward the label of mental illness the authors found no change and more hostility toward themselves than existed at the start.

To sum up, in Blackfoot after the conclusion of the education program the average score on our two Guttman scales had not changed. We interpret this to mean that the average person in Blackfoot was neither willing to get closer to a mentally ill person nor willing to take any more responsibility for the problem of mental illness than he had been before the program (Cumming and Cumming, 1957, p. 87).

The Cumming and Cumming study was not intended to be a behavioral observation study but an attitude assessment. There was an incidental element of behavioral observation in that the attitudes of the citizens began as supportive and cooperative but increasingly became negative and openly hostile. The educational effort to enhance the acceptability of mentally ill people resulted in more resistance than existed previously. The authors were assessing the attitudes toward the mental illness label rather than the stigma of abnormal behavior in the absence of such a label. Their results demonstrated that attitudes toward the label and anyone who possessed such a label were negative. Their results also indicated that this attitude was highly resistant to change. The authors reported that:

Since this was written, a situation has come to our attention in which a man answering almost exactly to that of the paranoid schizophrenic described in our interviews has remained in the community for 20 years and has never been defined as mentally ill, although he has been seriously censured for his behavior (Cumming and Cumming, 1957, p. 101).

As with the mentally ill family members described by the authors, the person may have been mentally ill, but still was accepted by others with none of the antipathy reported for their attitudes toward ex-mental patients. It would seem that the stigma itself was not sufficient to warrant

prejudice until such time as it was reinforced by the mental illness label--or some fact which inferred such a label such as mental hospitalization.

The final study cited by Page to substantiate his thesis was that of Farina, Felner, and Boudreau (1973). Of this Page stated: "Farina found in three separate studies that co-workers did not unfavorably evaluate a female confederate who had an ostensible history of mental illness (Page, 1974, p. 15). This conclusion was correct in part. Subjects were required to rate female job applicants who were of four different groups: a tense ex-mental patient, a relaxed ex-mental patient, a tense normal, and a relaxed normal. When subjects evaluated the person's adjustment there was no difference between groups and when subjects evaluated how they believed the person would get along with other employees there was no difference. When subjects were asked how well they personally would get along with the person, they rated the ex-mental patient as more easy to get along with than the normal. Of this Farina, Felner, and Boudreau (1973, p. 365) state: "(P)eople will indicate greater favorability because of the illness under some circumstances." Subjects were still demonstrating prejudice toward the mental illness label, but they were demonstrating a positive prejudice, an attempt to compensate for their attitudes.

A second study in this article reported the same methodology but with male subjects rating male job applicants. Page made no mention of this study. In contrast to females, male subjects, when evaluating males from within the same four categories as above, perceived the ex-mental patient as more poorly adjusted, more unpredictable, less reliable, more tense, less valuable, and less trustworthy. This indicated that a possible sex difference existed between males and females and their attitudes toward mental illness. In a later study on this topic Farina, Murray, and Groh conducted essentially the same experiment and concluded that: "(W)omen are more accepting of former mental patients than men and that men are more accepting of female than male ex-patients" (Farina, Murray, and Groh, 1978, p. 887).

In a more recent study Page (1977) found evidence which contradicted his previous position. Subjects were 180 individuals who had advertised rooms or flats for rent. One control and five experimental conditions were tested through the behavioral observation approach. In the first condition a female called to ask about the room stating she presently was a psychiatric in-patient who would be released in a day or two. In the second condition the person implied that she was an involuntary patient and would be "released soon." The third condition was like the first except that the caller asked directly when

she could see the room. In condition four the caller asked about the room on behalf of her brother who would be released from prison in a day or two. Condition five was like condition four except the caller asked when her brother could see the room. The control group was a normal person asking about the room. The response to the control group was significantly more positive than to any of the experimental groups ($p < .001$). Page concluded:

Simply put, the results indicated that the stigma of identification with the mental illness label can, under some circumstances, be undeniable; further, the magnitude of such effects may also at times equal those elicited by an implied "criminal" label. ...These results would seemingly indicate a strong tendency on the part of the general public to place considerable stigma upon persons assumed to be suffering from mental illness (Page, 1977, p. 88).

Page's study did not follow through to determine how many people actually would be offered rooms, but concluded with the results of the telephone call. All of the callers in this study were female despite the evidence found by Farina, Felner, and Boudreau (1973) that females were less discriminated against. It remained unclear whether male callers would have received the same treatment. Page does not indicate the sex of the landlords contacted, which was a serious omission.

A final study pertaining to behavioral observations of attitudes toward mental illness germane to this review was that of Farina, Holland, and Ring (1966). Undergrad-

uate students acted as subjects in this experiment to determine the interaction of stigma and personal history on subjects' perceptions of another person. Subjects were randomly assigned to one of four treatments in which they were given the task of being a "teacher" while the accomplice was given the task of being the "learner." Subjects were told that the purpose of the experiment was to study interpersonal communication and their role in communicating with another person. As part of the study learners had to provide information on their personal background under the assumption that, "the more a teacher knows about someone, the more effectively and rapidly he can communicate with him" (Farina, Holland, and Ring, 1966, p. 423).

The personal information disclosed by the accomplices varied along two axes for four separate groups. Accomplices first discussed their childhood with one of two stories. The first story pertained to a normal and typical childhood under the assumption that this would create a perceptual set in which the subject would be prepared to judge the accomplice (group J). The second story was of a person who sounded disturbed and pathogenic due to parental divorce and subsequent adjustment problems. It was assumed that the perceptual set in this case would be one of understanding (group U).

The second axis related to the accomplice's alleged present adjustment and consisted of two separate

stories. The first story was of a person who presently sounded normal (group N) while the second story was of a person who sounded withdrawn and insecure. This second person related a history of psychiatric hospitalization as a form of stigma (group S).

The task given to the subject was that of teaching a series of button presses to the accomplice who responded in all cases with the same sequence of incorrect responses. For each incorrect response the subject was to punish the learner through the administration of an electrical shock. The subject had personal control over the severity and duration of the shocks administered to the learners. The purpose of the experiment was to determine the differences between groups as to the severity and the duration of the shocks administered.

The JN (judge-normal) condition which presented the most normal sounding person consistently was administered the mildest and shortest shock. The most intense shock was administered in the JS (judge-stigma) condition while the longest shock was administered in the UN (understanding-normal) condition. The authors suggest:

For each measure and in each series a set to understand leads to less pain being inflicted on a stigmatized individual than a set to judge him, whereas the opposite is true for a normal person (Farina, Holland, and Ring, 1966, p. 425).

On a follow-up questionnaire subjects described the stigmatized person as being less likeable and reported less willingness to work with that person in the future. Regardless of the described childhood, the stigmatized individual was perceived more negatively than the normal person while the understanding-stigma condition created a less favorable evaluation than the judge-stigma condition. The accomplice in the judge-normal condition was rated significantly more favorably than in the understanding-normal condition indicating that a stigma was attached even to childhood experiences beyond the individual's control.

What the results clearly show is that a normal and rather typical person is treated more favorably than someone who deviates from this norm. Whether this departure takes the form of poor adult adjustment or bad childhood experiences, the deviant is dealt with in a harsher manner. ... (T)he differences in amount of pain inflicted seem primarily due to the use of longer rather than more intense shocks. This suggests that when someone maltreats a stigmatized individual he may not be fully aware of what he is doing since no information is given as to how long the shock was administered (Farina, Holland, and Ring, 1966, p. 427).

A primary limitation of this study was in the number of subjects. Eleven subjects were assigned to the judge-normal group and ten to each of the other three groups. The accomplices were both male graduate students while the subjects' sex was not given. Sex may have been a significant intervening variable as was found in other studies.

The results of this study were based on behavioral observations and on questionnaires. The findings were comparable showing that the least obvious behaviors were the most negative and the "objective" questionnaire responses were the most negative. Negative attitudes toward mental illness seemed to be consciously mediated and in both stigma theory and labeling theory responses consistently were negative. When subjects were aware of being observed in their behaviors or when they were responding with their own personal feelings, negative attitudes were not reported. In some studies the mentally ill were rated more positively than the normals. This seemed to indicate more concern on the subjects' parts with their own self-concept than with any real positive attitudes toward individuals who appeared or were said to be mentally ill.

Questionnaires

Questionnaires designed to assess attitudes toward mental illness have been used in two primary ways. As in some of the studies cited above, questionnaires were designed to follow a specific experimental manipulation and assess the effect of that manipulation. In other cases questionnaires were developed with validity and reliability data to substantiate their efficacy. The latter questionnaires usually were administered to groups which differed on some variable to determine attitudinal difference across groups.

Of primary interest in this review were those studies which pertained to questionnaires which followed experimentally manipulated experiences to assess individual responses to the situations in which subjects found themselves. Farina, Thaw, Loven, and Mangone (1974) conducted a study in which an accomplice went to interview apartment dwellers and asked them to listen to a tape of someone who would be moving into their apartment in the near future. Subjects were then administered a 15 item questionnaire to assess their reactions to the person talking on the tape in terms of his likeability, emotional stability, probability of acceptance by the community, his job potential, and each subject's personal acceptance of the individual. Four separate tapes were played to subjects. One tape reflected a person who sounded normal and was a surgical patient, another sounded mildly abnormal and was a surgical patient, the third sounded normal and was a mental patient, and the fourth sounded mildly abnormal and was a mental patient. The person was made to sound normal by his responding to questions in an alert and clear manner and by his talking at a brisk rate. He was made to sound abnormal by responding to questions slowly, talking softly, and appearing to be relatively unresponsive to questions. The same person was used to record each tape.

The results indicated that respondents were more willing to invite the former mental patient to a party than the former surgery patient. Of this the authors stated:

This may seem puzzling in view of the highly negative attitudes rather uniformly held by the general public toward those with a psychiatric history. However, we have all learned from childhood that we must be kind to those less fortunate than ourselves. ...Our Ss expressed greater favorability toward the luckless victim of mental illness than toward the more normal ex-medical-surgical patient (Farina, Thaw, Lovern, and Mangone, 1974, p. 110).

Subjects' responses indicated that they believed the ex-mental patient would have a harder time finding employment than the ex-surgical patient. Again the message was clear: subjects reported that they attached no stigma to mental illness but most others did. Subjects were accepting of mental illness themselves, but on the more "objective" evaluations they perceived the ex-mental patient as less emotionally stable and less acceptable to others. The authors stated:

Here, too, Ss appeared to believe that they were well disposed toward the blemished person. However, they perceived his behavior to be palpably deficient, which they believed to be an objective fact and for which, of course, the observer cannot be blamed (Farina, Thaw, Lovern, and Mangone, 1974, p. 110).

The authors reported that a major limitation of this study was in the sample selection. The study contacted only those people who were home during working

hours (50% of the contacts were successful) and only 25% of these people were willing to be interviewed. They learned that salesmen had recently been using this technique of being a university researcher to gain entrance to apartments and sell merchandise. The same size for each of the four groups was small (N=15, 15, 16, and 17) and all were middle class. Sex was not introduced into the statistical analysis and this could significantly have affected the results as other studies have shown. Educational levels varied but all subjects were all close to the same age (roughly 30).

Another study which investigated situational constraint was conducted by Calhoun, Selby, and Wroten (1977). In this study 130 undergraduate students were assigned to either one of eight groups. Each group was read a short paragraph describing a situation in which a young woman was crying. One group heard that she was crying during a job interview (previously found to be highly inappropriate) and the other group heard that the person was crying in her room (previously found to be considered appropriate). Within each story the crying was attributed to one of four reasons: organic causes, internal conflict, death of a family member, and no apparent cause. Each paragraph was less than 100 words so any information given was significant in the subjects' interpretation of the context.

Subjects rated the person in the paragraph by completing two six point response scales to assess attribution of mental illness and psychological disorder, and on a six-item social-distance scale. The correlation of social rejection and mental illness was positive and significant as were correlations of social rejection and attributed psychological disturbances. The authors suggested that:

The results of the present study suggest that the situational appropriateness of behavior has a significant effect on the degree to which an individual may be perceived as being "mentally ill" and the degree to which an individual will be socially rejected. Descriptions of behaviors which were not situationally appropriate resulted in a greater attribution of mental illness and a greater degree of social rejection (Calhoun, Selby, and Wroten, 1977, p. 99).

A multivariate analysis of variance showed a significance for the main effect of situation and for the main effect of causal explanation. The interaction effects of these two factors were not significant. Although the total sample size for this study was 130 (60% female and 40% male), when divided into eight groups the maximum in any group would be 17. The main effects would combine subgroups into two larger groups, but the interaction effects would possibly have been influenced by such a small size.

The second approach to the use of questionnaires in the assessment of attitudes toward mental illness used

normed questionnaires with validation and reliability studies to determine differences between intact groups. These questionnaires did not require the experimental manipulation of variables but rather were used to assess the attitudes of separate groups. Their use in the assessment of group-specific general attitudes was valuable but they offered little help in understanding individual attitudes toward other individuals who were emotionally disabled.

Three questionnaires were most commonly used in the published literature. Gilbert and Levinson (1957) developed the Custodial Mental Illness Ideology Scale (CMI). This was a 20 item Likert format scale which assessed people's opinions along a continuum from custodialism to humanism. People who scored as the most custodial tended to believe mental illness could not really be cured but that mental patients should remain in mental hospitals because they always would be dangerous and in need of external control and custodial care. People who scored toward the humanism extreme were more egalitarian and open minded about the possibility for successful treatment of mental illness.

The Opinions about Mental Illness Scale (OMI), developed by Cohen and Struening (1962), soon evolved as the questionnaire of preference. This newer scale was comprised of 51 Likert type questions which were divided into five separate scales. The scales were: Authoritar-

ianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal etiology. People scoring high on the authoritarian scale tended to perceive the emotionally disabled as being an inferior group requiring coercive handling. People scoring high on the benevolence scale tended to perceive the emotionally disabled in a paternalistic manner. The mental hygiene ideology referred to the belief that mental illness is an illness like any other requiring medical attention. People who scored high on the social restrictiveness scale tended to perceive the emotionally disabled as being a threat to society and believed that these people should be isolated from the community. Interpersonal ideology referred to those people who believed that mental illness was a result of poor interpersonal relations and childhood emotional deprivation. The Opinions about Mental Illness Scale has been the most popular questionnaire for research on attitudes toward mental illness.

The Community Mental Health Ideology Scale (CMHI) developed by Baker and Schulberg (1967) was the third major attitudinal instrument. This questionnaire contained 38 Likert type items corresponding to three scales. The questionnaire attempted to determine public attitudes toward community mental health services and the three scales reflected different emphases in this area. One scale represented the attitude that the mental health of

the whole community should be emphasized over the treatment of only those people who seek treatment. The second concerned the attitude that a variety of community services should be coordinated to treat individuals. The third scale referred to the attitude that preventative efforts should be emphasized through environmental intervention. High scores on any scale reflected agreement with that scale's intent. Low scores indicated a restrictive negative attitude.

The general questionnaire may have some value when large groups were of interest, but in the study of individual attitudes toward mental illness they were of little value. Questionnaires used with experimental manipulation were more effective in assessing attitudes not affected by social desirability.

Summary

Four distinct factors therefore exist in regard to research pertaining to attitudes toward mental illness. Two dominant theories which exist are Goffman's stigma theory and Scheff's labeling theory. Both offer significant insights into attitudinal process but both pertain to slightly different phenomena. Stigma theory pertains to subjects' perceptions of disabled individuals in specific situations from which the disabilities derive their handicapping attributes. Labeling theory pertains

only to attitudes toward mental illness and studies these attitudes devoid of any situational factors other than subjects' perceptual sets.

The two dominant research modes used to study attitudes toward mental illness have been the controlled experiment and the normed questionnaire approaches. Of these two approaches, the former offers consistent results while the latter seems highly susceptible to social desirability.

Locus of Control

Locus of control research began in the early 1960's with the work of Julian Rotter. Rotter hypothesized this concept on the basis of social learning theory in which he assumed that there were five classes of relevant variables: behaviors, reinforcers, expectancies, values, and psychological situations. Of social learning theory Rotter stated:

It is hypothesized in social learning theory that when an organism perceives two situations as similar, then his expectancies for a particular kind of reinforcement, or a class of reinforcements, will generalize from one situation to another. This does not mean that the expectancies will be the same in the two similar situations, but changes in the expectancies in one situation will have some small effect in changing expectancies in the other. Expectancies in each situation are determined not only by specific experiences in that situation but also, to some varying extent, by expectancies in other situations that the individual perceives as similar (Rotter, 1975, p. 57).

In identical situations certain people tended to increase their expectancies of reinforcement while other people tended to decrease their expectancies of reinforcement. Expectancies seemed to be contingent upon the characteristics of the people involved and the nature of the situations. Rotter (1966) called one group internals and the other group who perceived themselves as being controlled by powerful others or chance, as externals.

Internals perceived themselves as having the ability to influence situations and believed that they could act in a manner which enhanced their capacities to elicit reinforcement from their environments. Although they seldom felt in total control of all situations, internals consistently attributed to themselves more personal power than did externals. Internals tended to believe that their personal attributes, behaviors, skills, and capacities were sufficient to impact upon any situation in which they were involved.

Those who felt controlled by powerful others or chance, externals, perceived themselves as being more controlled by their environments and less able to take individual action which significantly would impact on their environments. Externals seldom perceived themselves as being totally controlled or powerless, but they attributed significantly more power to their environments

than did internals. They perceived reinforcement as being contingent upon chance, fate, or powerful other people.

Locus of Control Research

In studying attitudes toward disabilities, MacDonald and Hall (1971) found that the locus of control score of the subjects had a direct and significant influence on their attitudes. The authors studied 479 undergraduates (211 males and 268 females). They had subjects complete Rotter's locus of control questionnaire for themselves, a short personal history form, and an attitudes toward disabilities scale developed by the authors. Subjects were to rate the disabling effect of four general disabilities: internal disorders, sensory disorders, cosmetic disorders, and emotional disorders. They first rated the effect of disabilities on someone else's self concept, then on that person's social adjustment, and finally they rated the effect of each class of disability on how they personally would respond.

The authors reported that externals rated internal, sensory, and cosmetic disabilities as being significantly more disabling than did internals in regard to their reaction to being personally disabled. In regard to how they believed these three physical disabilities would affect other people, no differences were noted between internals and externals. In no case did the authors note

a significant difference between how internals and externals rated the disabling effect of emotional disorders. The authors did note that internals rated emotional disorders as being more disabling than physical disorders. Externals demonstrated the opposite tendency in rating physical disorders as being more debilitating than emotional disorders. The authors concluded their study by stating, "(T)hose who are doing research and/or therapy with the disabled might find it worthwhile to include a locus of control measure within their group of psychometric instruments" (MacDonald and Hall, 1971, p. 343).

The context established for the interpretations by subjects of the hypothetical person's self concept and social acceptance had to do only with the general assumptions that the person was a 28 year old male head of a family with two pre-teenage children. The person was supposed to be a high school graduate who earned a modest income. The person's various disabilities were not described in terms of the four general labels. Because the subjects would have to provide their own contexts as to what these disabilities were and how they would be handicapping, a serious question as to the validity of this study must be raised. It assessed only general stereotypes rather than situation-specific attitudes. With that reservation in mind, the study appeared methodologically sound.

Navaree and Minton (1977) have studied the effects of locus of control scores on subjects' attitudes toward physical disabilities. The article was a brief report and little description of the study was provided.

The design of the study involved the two independent variables of locus of control and disability versus nondisability and the dependent measure of evaluating job performance for the purpose of making a promotion decision. To test the validity of the promotion ratings, competent and incompetent levels of job performance were introduced. It was expected that differences in locus of control would affect promotion ratings only under the competent condition (Navaree and Minton, 1977, p. 961).

One hundred sixty male undergraduate students were subjects in this study. They were divided into internals, middles, and externals on the basis of the different disability competency possibilities. Videotapes reflecting high competence were rated significantly higher than the low competence videotapes as was expected. In the high competence condition, externals rated the disabled person (person in a wheelchair) significantly more positively than they did the non-disabled person. Under the high competence condition internals showed no difference in their ratings of the disabled and non-disabled person.

Because of the experimental study of specific disability and situational context, this study could be considered a study of stigma theory. All subjects were

males, and of the two accomplices used to videotape the situations, at least one was male while the sex of the other was not stated. This was a critical omission. The design of the experiment was a 2 x 2 x 3. With 160 subjects, this means that about 13 subjects were assigned to each experimental condition. It could be argued that the use of a wheelchair to indicate a disability is not the best choice. When only a videotape is being watched, the stigmatizing impact of a wheelchair may greatly be diminished to the point of contributing little to the measure of attitudes toward disabilities. Other physical disabilities could significantly have influenced the results. The job interview which subjects watched was a bank employee. Different vocations could have influenced the results also.

Locus of control and attitudes toward mental illness were studied by Miller (1974). In this study locus of control scores were obtained through the administration of Rotter's instrument and attitudes toward mental illness were obtained through the use of the Opinions about Mental Illness scale. Seventy-eight subjects volunteered to work at a mental institution while 78 other subjects acted as a control and did not have the volunteer experience. No indication as to the sex breakdown was given. Locus of control and attitudes toward mental illness were assessed on a pre-test, post-test basis. No significant difference

was found on the pre-test, but on the post-test, the volunteer group was significantly more internal than the control group. The Opinions about Mental Illness scale results indicated that the volunteer group also changed significantly in the direction of more positive attitudes toward mental illness as a result of their experience. The interrelationship of locus of control and attitude toward mental illness was not studied.

The author did not indicate what means were taken to keep the volunteer group and the control group equivalent other than a pre-test. It is possible that a volunteer would differ dramatically from a non-volunteer in significant ways. Although change was noted for each variable measured, no analysis was done to determine the inter-action of the two variables and therefore provides little insight into the relationship between them.

Stern and Manifold (1977) studied internal locus of control as a positive social value. The authors investigated the value of an internal personality versus an external personality among 118 undergraduate students (64 males and 54 females). Students were given a locus of control questionnaire to complete on themselves and later were asked to help score the locus of control questionnaires of other students. Their help was needed because "there are so many to score." The forms scored

by the subjects contained no identifying information except locus of control score which was controlled by the experimenter.

Each subject received one of five forms ranging from high internal to high external. Subjects then were asked to complete a questionnaire consisting of 12 eleven-point questions to determine their perceptions of the person whose locus of control scale they had finished scoring. The authors concluded that:

It was found that higher positive evaluations were attributed to another person to the extent the other person possessed a belief in internal control. Correspondingly, higher negative evaluations were attributed to others who possessed a belief in external control. Since the findings were not a function of raters' own beliefs in control, the results suggest that internal locus of control is perceived as a positive value (Stern and Manifold, 1977, pp. 240-241).

This study seemed well designed and the author's conclusions indicated that locus of control could be used as a subtle means of studying subjects' attitudes toward other people. If a high internal score reflected a positive social value, it could be hypothesized that subjects' attitudes toward another person could be assessed through having them attribute a locus of control score to that person. If subjects attributed an internal score to the person this would indicate a positive social value, while if they attributed an external score it would indicate a negative social value. Having subjects

attribute a locus of control score to another person would have the effect of seeming to be "objective" in the evaluation of that person while in fact it would be an evaluation of personal attitudes. In the study of attitudes toward mental illness in which social desirability plays such a central role, this approach could possibly function as a means of overcoming social desirability as an intervening variable.

Multidimensional Locus of Control Research

The original dualistic internal-external conceptualization of the locus of control concept has been questioned by numerous researchers. In surveying black youth Gurin, Gurin, Lao, and Beattie (1969) factor analyzed the responses of 1,695 subjects to an extended locus of control scale. The authors selected a random sample of black youth from a homogeneous population. They found that five distinct subscales emerged from their study. The first factor, Control Ideology, referred to how much control subjects believed most people possessed. The second factor, Personal Control, referred to how much control each individual believed he possessed. System Modifiability measured the degree to which institutional oppression was amenable to systematic change. The fourth factor, Race Ideology, referred to the attitudes of subjects toward personal control over general racial

issues while the final factor, Individual System Blame, referred to the locus of attribution of blame for institutional racism.

Two other studies confirmed the existence of multiple factors within the locus of control construct based on research with Rotter's (1966) original questionnaire. Both Collins (1974) and Mirels (1970) found that multiple factors existed. Collins' research essentially was a refinement of Mirels and found that four distinct factors emerged: belief in a difficult world, a just world, a predictable world, and a politically responsive world. Little further work has been done with these factors although they undermine the validity of much locus of control research based on a two factor scale.

The most attention paid to a multidimensional locus of control scale has been to that of Levenson (1972). The Levenson scale consists of 24 Likert-type items which result in three subscales: internal control, control by chance, and control by powerful others. The differentiation of the two external scales, chance and powerful others, was logically derived based on previous locus of control findings.

The original article by Levenson (1972) reporting the design of this instrument reported research conducted on college students. Students were asked to take the locus of control instrument and obtained scores of each sub-

scale. Also subjects' social activist orientations were obtained through self-report. Those subjects who were highest on the chance subscale did not become involved in social action groups while those who scored highest on the powerful other subscale were significantly more apt to do so.

Levenson and Miller (1976) replicated and expanded the above study to provide a more clear understanding of the phenomenon of social activism in relation to locus of control. This study involved the selection of 48 self-proclaimed activists and 50 self-proclaimed non-activists who all rated their own degree of activism on a basis of four categories: low, moderate, high, and very high. The authors specifically sought politically active subjects from both liberal and conservative populations. Sex was not a variable and age was relatively constant with a mean age of 23 and a range of 4 years.

No differences between conservatives and liberals were found on the activism scale for low, moderate, and high scores. For the very high activism scores, liberals were significantly higher than were the conservatives. The very high activists therefore were excluded from the locus of control experiment so that liberal-conservative groups were as matched as possible on this dimension.

When locus of control was introduced as an additional variable, the internal and chance scales indicated

that neither the effect of activism nor the activism and ideology interaction were significant. Conservatives tended to score higher on the internal scale and lower on the chance scale than did liberals. A significant interaction of activism and ideology existed in relation to the powerful others scale. For low, moderate, and very high activism levels, conservatives tended to perceive themselves as significantly less controlled by powerful others than did liberals. Results were reversed for the high activism group.

This study demonstrated the need to conceptualize locus of control as a multidimensional variable. Distinct differences were found between chance scores and powerful others scores so the justification seems to exist for treating these two subscales as distinct.

Summary

Locus of control has been a commonly used research instrument. It has been used with college populations and disabled populations. It seems necessary to treat locus of control as a multidimensional variable. The instrument which most successfully does this is Levenson's (1972) scale which is comprised of three variables: internal control, control by chance, and control by powerful others. Such an instrument should function as a successful instrument for assessing attitudes toward successful

emotionally disabled individuals if the individuals in question are described as successful on the basis of an internal locus of control.

Chapter 3

METHODOLOGY

To study attitudes toward mental illness, specifications must be indicated as to whether a study was designed to examine such attitudes from within the framework of stigma theory, labeling theory, or a combination of the two. If questionnaires were to be utilized, they must operate more as forms of unobtrusive attitude measures than as overt questionnaires which were susceptible to social desirability.

Based on such research as that of Stern and Manifest (1977), the quasi-projective nature of locus of control questionnaires may be utilized as a method for assessing attitudes toward the emotionally disabled. Such a method may have been less susceptible to social desirability than a more obvious attitudinal measure. Multi-dimensional locus of control scales such as that of Levenson (1972) seemed most appropriate for creating more trait-specific attitudinal measures. Levenson's Likert scale offered subjects greater flexibility of response than did Rotter's (1966) forced-choice questionnaire.

Instrument

The instrument used for this study was Levenson's multidimensional locus of control measure (1972) which consisted of three subscales: internal control, control by powerful others, and control by chance. The instrument consisted of 24 items to which subjects responded on a 5 point Likert scale. Eight items referred to each of the three subscales for a range of scores for each subscale from eight to forty.

The range of options on the Likert scale was one through five and subjects were instructed to select one of these options on the basis of how true each question was for them. Selecting one meant the statement was strongly disagreed with, selecting two meant the statement was somewhat disagreed with, selecting three meant the subject was not sure, selecting four meant the statement was somewhat agreed with, and selecting five meant the statement was strongly agreed with.

The internal control subscale measured the degree to which people perceived themselves as being in control of their own lives, able to make and accomplish plans, and able to succeed in what they attempted. The powerful others subscale pertained to the subjects' perceived control by other people who had power or authority over their lives. The control by chance subscale reflected the

degree to which people perceived themselves as being controlled by accidental happenings, fate, or luck.

The reliability of Levenson's three subscales was only moderately high but since the items were drawn from a variety of situations the author expected this result (Levenson, 1972). Effort was made to draw items from diverse situations such as traffic accident responsibility, personal relationships responsibility, and non-specific statements pertaining to the locus of responsibility for general expectations. Such an approach tended to reduce the reliability of the subscales because of the possible situation-specific nature of some locus of control expectancies. In attempting to ascertain a general control expectancy, Levenson also created an instrument in which interitem reliability within subscales may have been affected by the divergence of specific questions.

Levenson suggested that the reliability of this instrument was similar to that of other locus of control measures. For a student group the Kuder-Richardson reliabilities varied between the mid .60's and the high .70's. Spearman-Brown split-half reliabilities for an adult sample were in the mid .60's. College student test-retest reliabilities for a one-week period were between the mid .60's and the mid .70's (Levenson, 1972). Within a psychiatric population (Levenson, 1973), Kuder-Richardson reliabilities for the subscales were: internal .67, powerful others .82, and chance .79.

When Levenson's various articles were examined, variations in reliability could be found on the two external locus of control subscales: control by powerful others and control by chance. For in-patient psychiatric patients, the powerful others subscale was more reliable than the control by chance subscale (Levenson, 1973). For college students this was reversed and the control by chance subscale was more reliable than the control by powerful others subscale (Levenson, 1972). The internal control subscale tended to maintain a stable reliability coefficient of over .60 for both groups. These findings substantiated the situation-specific nature of the scale in that control expectations seemed to relate directly to the environment in which subjects were functioning at the time of their taking the questionnaire.

The validity of Levenson's three dimensional scale has been determined through correlation with other instruments, actual subject behaviors, and psychiatric diagnosis and hospital status (Levenson, 1972). In all cases locus of control scores for each subscale were in the predicted directions. Most studies have been with college students but one study contrasted psychiatric patients with various diagnoses and with different admission statuses (involuntary and voluntary) to each other and to a group of normals (Levenson, 1973).

Table 1 shows that psychotics' mean scores were significantly lower on the internal control subscale and significantly higher on the powerful others subscale than were neurotics' mean scores. The neurotics scored significantly higher on the powerful others subscale and lower on the internal control subscale than did normals.

Table 1

Locus of Control by Psychiatric Diagnosis

SUBSCALE		SIGNIFICANCE	
Internal	Psychotic < Neurotic < Normal	p < .05	
Powerful Others	Psychotic > Neurotic > Normal	p < .05	
Chance	Psychotic > Neurotic > Normal	p > .05	

Table 1 demonstrates that all mean scores were in the direction predicted by Levenson and significant for both the internal control and the powerful others subscales. The chance subscale was in the predicted direction but results were not significant. Specifically, Levenson (1973) anticipated that, the greater the severity of the emotional disability, the greater the expectancy of external control. She anticipated that the nature of the disorder would influence the perceived internal control, control by chance, and control by powerful others expectancies.

Subjects

Subjects for this study were obtained from all ten sections of Dynamics of Human Development classes at the University of Northern Iowa during the spring semester 1979. This course was required for all students majoring in teaching and included people from most academic majors. Locus of control was a course topic but was not discussed until after the study had been completed.

All subjects were volunteers who received no extra credit for participating in the study. A day was selected on which the classroom teacher was absent. All students were requested to attend but were informed in advance that attendance was not going to be taken so there was no way that their participation could be forced. The investigator administered the questionnaires to the subjects.

A total of 253 subjects participated in the study. Almost three-fourths of the subjects were in the second semester of their sophomore year (185 or 73%). Most of the other subjects were juniors.

Procedure

The study was designed procedurally as an unobtrusive measure of both stigma theory and labeling theory. Both situation-specificity and label attribution were

examined. No effort was made in the procedure to differentiate between the two.

A short introductory statement was read to the subjects which explained that the purpose of the study was to determine their personal attitudes through a questionnaire and then to determine how well they could empathize with another person by having them read a story about someone. They were asked to complete the same questionnaire they had just finished in the manner they believed the person in the story would complete it. The term empathy was explained to them, they were told that their own scores would be provided to them on request after scoring, and they were asked to sign consent forms indicating that their participation was voluntary.

Subjects signed consent forms, completed the locus of control instrument for themselves, and then were given one of two stories in which a fictitious person was described (see Appendix A for the two stories). Students randomly were given either story one or story two and completed the locus of control questionnaire a second time the way they believed the person in the story would complete it.

In story one a fictitious male was raised in Cedar Rapids. While in high school this person was popular, involved in student government, and active in sports.

During his senior year this person's parents were divorced and he became depressed. After his senior year this person attended the University of Northern Iowa as a business major. He earned high grades and had many friendships. He became engaged during his senior year of college and spent time visiting both his parents regularly with his fiancée. He graduated with positive references from his advisor and other faculty and found a job immediately after his graduation.

The second story presented to subjects was identical to the first except that an extra paragraph was added. This paragraph indicated that the person, after his parents were divorced, went to the State Mental Health Institute for a brief time. He was treated for depression and discharged as improved.

This process of administering the questionnaires required approximately twenty minutes and students were dismissed after they were finished. At a later date the investigator visited each class, explained the nature of the experiment, and lectured on locus of control and social learning theory.

Summary

This study was designed to assess the situation-specific nature of stigma attachment by subjects as a result of describing a person as being an ex-mental

patient. An identical situation was created for two hypothetical individuals. In both cases, a person was described as being depressed as a result of circumstances beyond his control. In the first case the person took no active steps to alleviate the depression while in the second case the person sought professional help to alleviate the depression.

Both individuals were described in terms of an "ideal" internal locus of control with the person in the second story (the ex-mental patient) described as more internal because he actively sought methods of altering contingencies. Given a situation described in this manner, only if the label of "ex-mental patient" was a stigma would subjects consider the ex-patient to be less internally controlled, more controlled by chance, and more controlled by powerful others than the non-patient.

As with the experimental design utilized by Farina and Ring (1965), an effort was made in this study to convince subjects that they were providing "objective" information rather than personal reactions. Such an approach utilized the ability of behavioral observations to study responses less contaminated by social desirability.

If the locus of control measure was valid, both the group given the ex-mental patient story and the group

given the non-patient story would rate the hypothetical person as being more controlled by chance and powerful others than themselves. If the major hypotheses of this study are correct, the hypothetical ex-mental patient would be perceived as being less internally controlled, more controlled by chance, and more controlled by powerful others than would the non-patient. Such a response would be evidence of prejudicial attitudes because both hypothetical persons were described as internals but the ex-patient, because he actively sought help for a problem, would technically be more of an internal based on Rotter's (1966) conceptualization of locus of control.

Chapter 4

RESULTS

The results indicate that subjects in this study perceived themselves in a substantially different manner than did the adult subjects in Levenson's study (1973). Table 2 demonstrates the personal locus of control scores for subjects in this study in contrast to subjects in Levenson's study. The three subscales are presented followed by means and standard deviations for each subscale. Distinct differences are evidenced on all subscales

Table 2

Stensrud and Levenson Locus of Control
Mean Scores and Standard Deviations
for Subjects

Scale	Stensrud Study			Levenson Study		
	N	\bar{X}	SD	N	\bar{X}	SD
Internal	253	29.1	4.2	96	31.5	6.3
Powerful Others	253	20.0	5.1	96	16.7	7.6
Chance	253	21.8	4.0	96	13.9	8.4

As Table 2 demonstrates, subjects in this study recorded markedly different scores on each of the three

subscales than did subjects in Levenson's study. Subjects in that study were the only ones reported in the literature by Levenson with which contrasts could be made. Those subjects were not college students so the differences may be accounted for by that fact. It is possible that a group of sophomores may score substantially lower on the internal subscale and substantially higher on the powerful others and chance subscales than would adults. This suggests that the scores may reflect developmental differences. The possibility that developmental differences may affect locus of control scores has been proposed by Lao (1974) but the results of her study were inconclusive. Lao did find that, from a college sample to an adult (30-35 year old) sample, internality increased and externality decreased. This may have been due, however, to numerous uncontrolled intervening variables such as social class or vocational position.

Subjects rated the people in the two stories by completing a questionnaire as they believed those people would have completed it. This questionnaire consisted of three subscales, and three t-tests were used to compute the differences on each subscale for subjects responding to story one and those responding to story two. Two-tailed t-tests were used to determine significance between group means. Results are recorded in Table 3 by subscale.

Means and standard deviations are presented to demonstrate the nature of the different results. Story one refers to the scores attributed to the non-patient and story two refers to the scores attributed to the ex-mental patient.

Table 3

Locus of Control Mean Scores
and Standard Deviations by
Story and Subscale

Scale	Story	N	\bar{X}	SD	t	2-Tail p
Internal	1	113	29.035	4.615	3.65	0.000
	2	140	26.750	5.346		
Powerful Others	1	113	24.575	5.724	-1.58	0.115
	2	140	25.771	6.292		
Chance	1	113	25.885	4.895	-2.23	0.026
	2	140	27.264	4.873		

Significant differences exist for story one in which the hypothetical person is not a mental patient and story two for which he is an ex-mental patient on two of the three subscales. The internal control subscale demonstrates a significant difference ($p < .001$) with the non-patient perceived as more internal than the ex-patient. The chance subscale results in a significant difference ($p < .05$) with the non-patient perceived as

less controlled by chance than the ex-patient. While the powerful others subscale demonstrates a difference in the expected direction, the difference is not significant ($p > .05$).

Table 3 shows results in which two-tailed t -tests confirm two of the three hypotheses of this paper. The person who was described in terms that implied he was emotionally disabled was perceived as being significantly less internally controlled, more controlled by chance, and significantly more controlled by powerful others than a person described in terms that implied no mental illness label. Significant differences are found on the first two subscales and a non-significant difference is found on the powerful others subscale.

The internal, chance, and powerful others subscale scores of subjects who responded to the story of the ex-mental patient were contrasted with the scores those subjects attributed to the person in the story. Table 4 presents the results of t -tests of correlated means used to contrast the mean scores for each subscale of subjects' personal responses and the responses they attributed to the ex-mental patient. Differences are significant ($p < .001$) for each of the three subscales. Means and standard deviations for each group are presented by subscale.

Table 4
 Subjects' Personal Mean Scores
 and Standard Deviations
 Versus Attributed Mean Scores
 and Standard Deviations
 --Ex-Patient Story

Scale	N	\bar{X}	SD	t	2-Tail P
Personal Internal	140	28.99	4.48	4.29	0.000
Attributed Internal		26.75	5.35		
Personal Powerful Others	140	20.06	5.33	-8.71	0.000
Attributed Powerful Others		25.77	6.29		
Personal Chance	140	21.96	4.28	-10.79	0.000
Attributed Chance		27.26	4.87		

Table 4 demonstrates that subjects who responded to the story describing the ex-mental patient perceived themselves as significantly ($p < .001$) more internal than the person described in the story. Subjects also perceived themselves as significantly ($p < .001$) less controlled by either chance or powerful others than the person described in the story. Despite the fact that the story depicted a person whose actions corresponded to the ideal internal locus of control, subjects perceived the person in a distinctly different manner focusing instead on the contingencies to which he was exposed through the parental divorce.

These results tend to verify the significant differences summarized in Table 3 between the attributed locus of control scores for the ex-mental patient and the non-patient. Although Table 4 does not pertain directly to a stated hypothesis, it does accentuate the fact that subjects responding to the ex-mental patient story perceived themselves as significantly more internally controlled, less controlled by chance, and less controlled by powerful others than they perceived the ex-mental patient. The ex-patient not only was perceived differently than the non-patient, he was perceived differently than the subjects themselves. This finding offers more evidence of stereotypic conceptualization on the part of subjects and demonstrates that subjects' evaluations of the person in the story may be based more on the contingencies of life events and less on individual responses to such events.

Table 5 presents the responses of subjects to the first story in which the person was described as depressed but not an ex-mental patient. Subjects' personal locus of control scores for internal, chance, and powerful others subscales were contrasted with the locus of control scores they attributed to the non-patient on each of these three subscales. A t-test for correlated means was utilized to contrast the mean internal, chance, and powerful others

subscale scores for the subjects who responded to story one of the non-patient and the attributed subscale scores given by those subjects to the hypothetical non-patient. Such an analysis illustrates the differences between subjects' personal locus of control scores as they perceived them and the locus of control scores attributed to the non-patient as the subjects perceived them. Different scores for each category represent distinctly different valuation conceptualizations on the part of subjects. Means and standard deviations are presented for each group by subscale.

Table 5

Subjects' Personal Mean Scores
and Standard Deviations
Versus Attributed Mean Scores
and Standard Deviations
-Non-Patient Story

Scale	N	\bar{X}	SD	t	2-Tail P
Personal Internal	113	29.29	3.92	1.36	0.173
Attributed Internal		29.04	4.62		
Personal Powerful Others	113	19.65	4.89	-7.39	0.000
Attributed Powerful Others					
Personal Chance	113	21.70	3.72	-7.91	0.000
Attributed Chance		25.88	4.90		

Table 5 demonstrates that subjects who responded to the story describing the non-patient perceived that person as being significantly more controlled by powerful others and chance than they perceived themselves. On both the powerful others and chance subscales significant differences ($p < .001$) exist between self-perceptions and attributed perceptions of subjects. The internal subscale demonstrates non-significant ($p > .05$) results in the expected direction. As with the results of Table 4, subjects tended to respond to the non-patient in terms of environmental contingencies rather than in terms of personal response to those contingencies.

Summary

Two of the three hypotheses proposed in this study were confirmed as a result of the experimental investigation. Subjects did perceive the ex-mental patient as significantly ($p < .001$) less internally controlled than the non-patient as was shown by the results of subjects' locus of control questionnaires taken as they believed the non-patient and the ex-patient would take them.

Subjects perceived the ex-mental patient as significantly ($p < .05$) more controlled by chance than the non-patient. This confirms another hypothesis of this paper.

Subjects perceived the ex-mental patient as more controlled by powerful others than the non-patient. The difference was not significant ($p > .05$) but was in the predicted direction. This does not confirm the third of the three hypotheses.

When only those subjects who responded to the ex-mental patient story were studied, their personal locus of control scores were significantly ($p < .001$) different from the scores they attributed to the person in the story. Subjects perceived themselves as significantly more internally controlled, significantly less controlled by chance, and significantly less controlled by powerful others than the ex-mental patient. These findings offer some validation of the study and emphasize the fact that subjects tended to respond primarily to situational contingencies rather than to personal responses to contingencies when they evaluated the ex-mental patient.

Similar results were found when subjects who responded to the story of the depressed non-patient were studied. These subjects also perceived themselves as significantly ($p < .001$) less controlled by both chance and powerful others than the person in the story to which they responded whom they believed to be a depressed non-patient. They did not perceive themselves as significantly more internally controlled than the non-patient, but their responses were in that direction. It is possible these

subjects responded to the hypothetical non-patient in terms of environmental contingencies rather than in terms of personal response to adversity. This would be similar to the results found when subjects' personal locus of control scores were contrasted with their attributed locus of control scores for the ex-mental patient story.

Chapter 5

SUMMARY AND DISCUSSION

The purpose of this study was to determine how non-disabled college students would perceive disabled college students who were depicted as being successful. Little research has been conducted on the attitudes of subjects toward disabled college students who had demonstrated the capacity to integrate themselves successfully into the mainstream culture. This study proposed to assess such attitudes.

To determine subjects' attitudes, a locus of control questionnaire was utilized because of the research supporting its use as a quasi-projective measure of attitudes (Stern & Manifold, 1977). The problem therefore was to determine specifically how subjects rated hypothetical disabled and hypothetical non-disabled college students on a locus of control instrument. These two hypothetical students were described as representing an "ideal" internal locus of control. Subjects' attributions of locus of control scores were obtained for three locus of control subscales: internal control, control by chance, and control by powerful others.

Three hypotheses were tested as a result of this study:

1. Subjects would perceive a successful non-disabled college student as being more internally controlled than a successful disabled college student.

2. Subjects would perceive a successful non-disabled college student as being less controlled by powerful others than a successful disabled college student.

3. Subjects would perceive a successful non-disabled college student as being less controlled by chance than a successful disabled college student.

This study assumed importance from the recognition that increasing numbers of emotionally disabled individuals were attending college. It was necessary to determine whether negative attitudes toward psychiatric hospitalization persisted despite the fact that disabled students demonstrated the capacity to succeed in a college environment. Without such information, interpersonal barriers to higher education may exist which prevent many disabled individuals from completing their degree programs. Once it was determined whether such barriers existed, future research could be directed toward evaluating possible strategies for their alleviation.

This study was based on certain implicit assumptions. It was assumed, based on empirical research, that

a locus of control questionnaire could function as a quasi-projective measure of attitudes. It was assumed that social desirability could be controlled through the strategy of leading subjects to assume they were providing objective evaluations rather than subjective responses to hypothetical people. The final assumption was that subjects' responses on questionnaires would positively correlate with actual behavior in interpersonal interactions.

The terminology utilized throughout this paper relied on three essential definitions: locus of control, mental illness, and successful. Locus of control was defined as an expectancy valuation placed on events. Control could be based on internal factors, based on chance or fate, or based on powerful others from within the perceptual framework of the subject. Mental illness for this study referred specifically to someone who had in-patient psychiatric treatment for an emotional disorder. Successful was defined in terms of an internal locus of control. The successful person was described as someone who took directed action to accomplish specific goals, who completed college, and who established a positive career and family immediately after college graduation.

Basic limitations exist within this study which delimit the extent to which it can be generalized. The

sex of the hypothetical person was male. If this had been complemented with similar stories about a female, results may have been different. The emotional disability described was that of depression. The use of other disabling conditions may have resulted in different findings. A third story describing a person who had not experienced a parental divorce may have added a useful control. A story describing a physically disabled person also may have added a useful control. The procedure utilized could be expanded to other areas of investigation such as subjects' overt behavior toward disabled people and could benefit from replication with a different population of subjects.

This study would benefit from being linked with studies which employ behavioral observations in order to assess attitudes toward mental illness. Few differences exist between most well designed questionnaire and behavioral observation studies as far as general results are concerned. The combination of this approach and behavioral observation approaches could provide useful information on the validity of this strategy.

A review of the related literature demonstrated that there exist two major theoretical approaches to understanding attitudes toward emotionally disabled individuals: stigma theory and labeling theory. Both

theories tend to encompass the existing empirical evidence, and both tend to complement the other.

Stigma theory (Goffman, 1963) pertained to the process by which people attribute stigmatizing stereotypes to individuals as a situation-specific response to observed phenomena. People tended to stigmatize other people with specific attributes that derived from the stigmatized people's personal characteristics. What characteristics were considered stigmatizing however, could only be understood in terms of specific situations. Devoid of a situational environment, stigmata did not exist according to Goffman's theory.

Labeling theory (Scheff, 1966) pertained solely to the attribution by normals of a mental illness label to other people who possessed specific personal characteristics. Labeling theory did not relate to any situation-specific variables and pertained more to the stereotypes held by normals than to the personal behaviors that become labeled as mentally ill. The process by which a mental illness label was inferred and generalized was of primary concern in this theory.

Research pertaining to attitudes toward the emotionally disabled were divided into groups which utilized two general procedures: behavioral observations and standardized questionnaires. Some research tended to

utilize both procedures while most existing research utilized the behavioral observation approach.

Research utilizing the behavioral observation approach tended to present normals with situations in which they were asked to respond to someone who either was behaving in a manner which implied mental illness or who had been labeled by others as mentally ill. In this way both stigma theory and labeling theory were examined. In most studies, regardless of the specific hypotheses being tested, confirmation was found for the general assumption that negative stereotypes existed toward emotionally disabled individuals. When this was not the case, the reason tended to involve the desire of subjects to appear non-prejudicial. Social desirability therefore seemed to be an intervening variable and studies that either observed direct personal interactions or requested subjects to provide "objective" information were most successful at excluding social desirability from the investigation.

Research which utilized standardized questionnaires tended to be influenced by social desirability. Subjects, in providing their opinions about mental illness, tended to provide those opinions which caused them to be perceived in a positive way. For this reason, such research, which investigated only labeling theory, did not offer much help in understanding attitudes toward mental illness.

Methodologically, this study utilized the behavioral observation approach to understand attitudes toward the emotionally disabled. It did so through the design of a method by which subjects were asked to offer "objective" evaluations of a hypothetical person. Two stories were presented which described this hypothetical person.

In one story the person was described as a successful individual whose parents had been divorced but who responded with no severe emotional dysfunction. This person was a successful college student and became successfully employed after his college graduation. The second story depicted an identical individual except that this person actively sought psychiatric treatment for depression after his parents' divorce.

The instrument used to evaluate subjects' attitudes was Levenson's multidimensional locus of control questionnaire. This questionnaire was comprised of three scales: internal control, control by chance, and control by powerful others. The instrument had sufficient reliability and validity. It was scored on a five point Likert scale with one representing a "strongly disagree" response and five representing a "strongly agree" response.

Subjects were drawn from all undergraduate students enrolled in Dynamics of Human Development classes at the University of Northern Iowa during the spring semester,

1979. A total of 253 students participated as volunteers in this study.

Students first were asked to complete a locus of control scale for themselves. They were then randomly given one of two stories to read. Story one depicted the non-disabled student and story two depicted the ex-mental patient student. After reading the story they received, subjects completed the Levenson locus of control questionnaire as they believed the person in the story they read would complete it.

Shortly after the completion of the experiment, the investigator returned to each class, debriefed all subjects, and lectured on social learning theory and locus of control.

An analysis of the results demonstrated that subjects in this study scored markedly different on each of the three locus of control subscales than did subjects in Levenson's (1973) study. It may be that these results reflected the developmental nature of the locus of control construct (Lao, 1974), but no substantiation was possible due to the nature of the data available.

The results confirmed two of the three of the stated hypotheses. The ex-patient was perceived as significantly less internally controlled than the non-patient. The ex-patient was perceived as more controlled

by powerful others than the non-patient but not significantly so. Finally, the ex-patient was perceived as significantly more controlled by chance than the non-patient.

When only subjects who responded to the story pertaining to the ex-mental patient were studied, additional results were noted. Subjects' own locus of control scores were contrasted with those locus of control scores they attributed to the ex-mental patient. Subjects tended to perceive themselves as more internally controlled, less controlled by powerful others, and less controlled by chance than they perceived the ex-mental patient.

When the locus of control scores for only subjects who responded to the non-patient story were contrasted with the locus of control scores they attributed to the non-patient, similar results were found. Subjects attributed to the non-patient significantly higher scores on both the powerful others and chance subscales than they gave to themselves. Interestingly, the internal control subscale demonstrated no difference.

Discussion

The results of this study suggest that even people who are described in terms that indicate they have successfully integrated themselves into the mainstream culture may be judged on the basis of their past

experiences. Past negative or disabled conditions therefore may significantly influence how non-disabled people perceive those who are disabled. This may be so despite the fact that disabled individuals may no longer exhibit any disabling characteristics.

The fact that a person has received psychiatric treatment seems to influence how others perceive that person. These perceptions tend to persist over time and may be resistant to change despite evidence that demonstrates successful rehabilitation. To the extent that stereotyped attitudes toward ex-mental patients persist despite evidence contradictory to those stereotypes, non-disabled people could be considered prejudiced.

In subjects' attributions of locus of control to the non-patient, internal control scores were roughly similar to their own internal scores. In their response to the ex-patient, they perceived the person as significantly less internally controlled than they perceived themselves. This suggests that, for the non-patient, attribution may be based on his response to contingencies while, for the ex-patient, attribution may be based on the disabling condition itself. The attribution of locus of control expectancies on the basis of the disabling condition rather than on the basis of efforts to overcome that disability offers some understanding of the nature of subjects' prejudicial attitudes.

Implications

Current efforts have been made to create barrier-free environments for disabled college students. Much emphasis has been placed on the physical barriers to higher education and less on the interpersonal barriers to higher education. As information is obtained pertaining to the existing interpersonal barriers faced by emotionally disabled college students, these barriers may be removed so that a totally open environment might exist. The removal of such barriers is essential for both the disabled individuals themselves and the society that eventually benefits from these people's contributions.

This study demonstrates that non-disabled students maintain prejudicial attitudes toward successful disabled college students. The nature of these prejudicial attitudes seems based on the attribution of responsibility made by the non-disabled students. When a successful non-disabled person is evaluated, subjects seem to respond on the basis of his personal efforts to overcome environmental contingencies. When a successful disabled person is evaluated, subjects seem to respond on the basis of his original disabling condition while ignoring his response to these conditions.

If it is through this attributional process that prejudices evolve, then it is on these attributions that

efforts to eradicate prejudices must be directed. Sarbin and Mancuso (1970) have emphasized that efforts to reduce prejudice toward the emotionally disabled have inevitably failed. It is possible that this occurs because these efforts focus on changing stereotypes while leaving attributions intact. Despite the fact that stereotypes are altered, all that may happen is that attributions change from negative to positive prejudicial evaluations. Both such evaluations are detrimental to the disabled person.

It is possible that attitudes toward ex-mental patients would be most amenable to change when addressed as a problem of inaccurate attributions. Further research is necessary to confirm and clarify this point. Generalizations must be made to other disabling conditions. It is possible, however, to begin attempting to alter prejudicial attitudes through various procedures to ascertain the efficacy of this approach. This seems to be a major subsequent step in continuing research on this issue.

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APPENDIXES

APPENDIX A

Story 1

Empathy can be defined as the ability to see the world as another person sees it, to put yourself in another person's place and think and feel as that person would. This study is designed to measure how well you can answer the questionnaire which you have just completed as another person would. Based on the following brief history, answer the questionnaire again as you believe the person in the story would answer it. There are no right or wrong answers and we just want you to be as empathic as you can.

John Peterson was born and grew up in Cedar Rapids. He is the oldest of three children in a middle class family. His father worked at Collins Radio and his mother stayed home with the children. He was on the honor roll in school, on the football team, and involved in student government. He was popular with teachers and other students.

During his senior year in high school John's parents were divorced. His father moved to California while John stayed with his mother in Cedar Rapids. The divorce depressed John and his grades dropped off the last half of his senior year.

The next fall John began school at UNI as a business major and has been successfully pursuing that degree for two years. He is engaged to be married and hopes to return to Cedar Rapids to live after graduation. His advisor says he is impressed with John's accomplishments and will do all he can to help John find employment in Cedar Rapids. John still keeps in touch with both parents and usually spends about two months out of each year with his father in California.

APPENDIX A

Story 2

Empathy can be defined as the ability to see the world as another person sees it, to put yourself in another person's place and think and feel as that person would. This study is designed to measure how well you can answer the questionnaire which you have just completed as another person would. Based on the following brief history, answer the questionnaire again as you believe the person in the story would answer it. There are no right or wrong answers and we just want you to be as empathic as you can.

John Peterson was born and grew up in Cedar Rapids. He is the oldest of three children in a middle class family. His father worked at Collins Radio and his mother stayed home with the children. He was on the honor roll in school, on the football team, and involved in student government. He was popular with teachers and other students.

During his senior year in high school John's parents were divorced. His father moved to California while John stayed with his mother in Cedar Rapids. The divorce depressed John and his grades dropped off the last half of his senior year.

During the summer after his senior year, John was admitted to the State Mental Health Institute in Independence for five weeks because of depression. He was discharged to return home with his family and was required to continue taking medication for his depression.

The next fall John began school at UNI as a business major and has been successfully pursuing that degree for two years. He is engaged to be married and hopes to return to Cedar Rapids to live after graduation. His advisor says he is impressed with John's accomplishments and will do all he can to help John find employment in Cedar Rapids. John still keeps in touch with both parents and usually spends about two months out of each year with his father in California.

APPENDIX B

QUESTIONNAIRE

This questionnaire is designed to determine how you feel about certain topics. There are no right or wrong answers, so just record your immediate response to each statement. After each statement you will find five possible responses. Check that response which most closely corresponds to your immediate reaction to each statement.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 Strongly Somewhat Not sure Somewhat Strongly
 Disagree Disagree Agree Agree

1. Whether or not I get to be a leader depends mostly on my ability.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
2. To a great extent my life is controlled by accidental happenings.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
3. I feel like what happens in my life is mostly determined by powerful people.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
4. My behavior determines whether or not I am involved in a car accident.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
5. When I make plans, I am almost certain to make them work.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____
6. Often there is no chance of protecting my personal interests from bad luck happenings.
 1. ____ 2. ____ 3. ____ 4. ____ 5. ____

7. When I get what I want, it's usually because I'm lucky.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
8. Even if I were a good leader, I would not be made a leader unless I play up to those in positions of power.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
9. How many friends I have depends on how nice a person I am.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
10. I have often found that what is going to happen will happen.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
11. My life is chiefly controlled by powerful others.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
12. It is impossible for anyone to say if I will ever be involved in a car accident.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
13. People like myself have very little chance of protecting our personal interests when they conflict with those of powerful other people.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
15. Getting what I want means I have to please those people above me.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____

17. If important people were to decide they didn't like me, I probably wouldn't make many friends.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
18. I can pretty much determine what will happen in my life.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
19. I am usually able to protect my personal interests.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
20. The actions of other people will determine whether or not I ever get in a car accident.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
21. When I get what I want, it's usually because I worked hard for it.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
23. My life is determined by my own actions.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____
24. It's chiefly a matter of fate whether or not I have a few friends or many friends.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____