NEGATIVE AFFECT AND JUDGMENT

OF MENTAL ILLNESS

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PREFACE

This study is concerned with the investigation of factors which might influence an attribution of mental illness other than the specific characteristics of the identified patient. The primary objective is to evaluate the role of negative affect in the observer as well as the gender of the observer in judgments of a videotaped patient's mental health.

The author wishes to express her appreciation to her major adviser, Dr. William C. Scott, for his guidance and assistance throughout this study. Appreciation is also expressed to the other committee members, Dr. Robert Helm, Dr. Robert Weber, and Dr. Edgar Webster for their invaluable assistance in the preparation of the final manuscript.

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CHAPTER I

INTRODUCTION

The arrival of the 17th Century marked a turning point in the history of the care and treatment of those identified as mentally ill. It was early in this century that England and France first established madhouses to which one could be involuntarily confined by the force of the law. Being identified as mentally ill took on a new significance: it presented the possibility of involuntary incarceration and the deprivation of civil rights (Neaman, 1975).

This was an especially notable development in light of the fact that neither then, nor now, have legal or mental health professionals been able to define insanity or agree upon the criteria by which an insane person could be identified (Amis, 1977; Ennis & Siegal, 1973; Neaman, 1975). Further, it has been argued that the presence of 43% of state hospital inpatients cannot be readily explained in terms of their psychiatric condition (Kittrie, 1971).

This ambiguity surrounding the accurate selection of the mentally ill has apparently had little adverse effect on the rate of involuntary hospitalization. In 1966 over twice as many adults were institutionalized in mental facilities as in Federal prisons (Kittrie, 1971). At one point, over three times as many persons were involuntarily detained in state hospitals as were incarcerated in penitentiaries (Joint Commission, 1961). Although the resident population of state hospitals has been declining, the rate of admission to these facilities continues to

rise (Ennis & Siegal, 1973).

The high rate of involuntary hospitalization and the ease with which hospitalization occurs has created concern among both legal and mental health practitioners. One reaction has been the revision of laws governing commitment procedures, including an attempt to make the criteria for involuntary hospitalization more precise. Most of the states have enacted laws which require that an individual be proven either potentially dangerous or in need of care or treatment. Unfortunately, professionals have been unable to devise a method for the accurate prediction of dangerousness (Amis, 1977; Dix, 1976; Halfon, David, & Steadman, 1972; Hunt & Wiley, 1968; Kahle & Sales, 1977; Kozol, Boucher, & Garofalo, 1972; Rappeport & Lassen, 1966) or agree upon the symptoms which render one "in need of care or treatment" (Ennis & Litwack, 1974; Miller, 1976).

Many have argued that it is hopeless to search for an absolute set of symptoms with which to identify someone as mentally ill. These writers assert that mental illness is not a specific defect within the individual, but the product of interaction between the individual and his culture. Their theories take varying form, viewing the assignment of the label of mental illness as a process of scapegoating (Foucault, 1965; Szasz, 1970), the control of deviance (Ennis & Siegal, 1973; Kittrie, 1971), or the reaction of a culture to certain categories of non-normative behavior (Neaman, 1975; Scheff, 1975).

By and large these viewpoints lead to the charge that involuntary hospitalization is merely a legal ratification of a label assigned earlier (Baldwin, 1976; Caetano, 1974; Clark, 1969; DiNardo, 1975; Scheff, 1975; Wohl & Palmer, 1973). The critical point in identifying an individual as mentally ill is in the first application of the term, usually

by those in the community with whom the person has contact.

The initial diagnosis is rarely made by a professional. In almost all cases it is a lay person who first decides that a patient is mentally ill. Professionals have the option, of course, to reject the diagnosis. They rarely do (Amis, 1977; Miller & Schwartz, 1966; Scheff, 1964; Wenger & Fletcher, 1969).

The view of mental illness as a cultural, or social, phenomenon emphasizes two critical elements: the role of fear and the importance of the observer or labeler. The existence of a fearful reaction to mental illness has been amply demonstrated. Three decades of research has consistently indicated that the public regards behaviors associated with mental illness as threatening or repugnant (Cumming & Cumming, 1957; D'Arcy, 1976; Farina & Ring, 1965; Lehman, 1976; Nunnally, 1961; Wilkins & Velicer, 1980). Similarly, surveys have indicated that most communities would prefer to have a prison located in their midst than allow the establishment of a mental institution (Chambliss, 1975).

A review of the literature provides a variety of psychological mechanisms which may account for the fearful reaction of individuals to those considered as mentally ill. For instance, public reaction could be based in the process of scapegoating, or displaced hostility and fear toward less powerful groups of people. This explanation is endorsed by Foucault (1965), who points out that increased concern about mental illness in the European community did not surface until leprosy had all but vanished from the continent. This author contends that involuntary hospitalization is a "ritualistic act of purging" used to purify the culture. It is suggested that human beings fear chaos and are frightened by the possibility of having little control over their fate. By projecting these traits onto those called mentally ill, people are able

to eradicate some of their own sense of vulnerability to the world. A recent study supports this point of view. Subjects who were encouraged to project hostility by labeling others evidenced less anxiety than subjects not provided with projective mechanisms (Bloom & Houston, 1976).

Scheff (1975) advances a second explanation of the labeling of mental illness and the fear generated by behavior that is so identified. This author argues that mental illness is primarily behavior that is not normative within a given context. Essentially, people who tend to appear out of conformity with many of the subtle rules which govern social interaction engender the risk of being labeled mentally ill. Mental illness, according to this view, is a labeled violation of social norms, rather than intrapsychic disturbance within the individual (Scheff, 1966). Scheff contends that people are often times ill-prepared to cope with certain categories of non-normative behavior and that their reactions to such deviance include fear and the assignment of a punitive sanction: the label of mental illness. Scheff (1975) emphasizes the relative nature of "normative" behavior and suggests that intolerance and authoritarianism on the part of the observer are critical factors in the labeling of mental illness.

Many cognitive psychologists, including Festinger (1957), Hebb (1946), Heider (1958), Kelly (1955), McReynolds (1967), Rogers (1951) have long held that distress is caused by information that is incompatible with an individual's cognitive structure. Perceptual incongruence, or disconfirmed expectancies, elicits a response of anxiety. The negative effect of disconfirmed expectancies was most vividly demonstrated by Carlsmith and Aronson (1967) in an experiment involving taste sensation. Similarly, stimuli which are exceedingly novel, or strange,

have consistently evoked negative reactions from animals and from human infants and adults (Zuckerman, 1976).

The theoretical positions of Foucault, Szasz, and Scheff emphasize the role of affective responses, particularly of fear, anxiety, or hostility, not within the "patient" but within observers of the "patient." The distress of disconfirmed expectancies is associated with a projection of fear and hostility, resulting in an assignment of the label of mental illness.

The evidence thus links the affective state of the observer to evaluations of others. Byrne (1971) has specifically explored this relationship with regard to interpersonal attraction, suggesting that any affect associated with a stimulus influences the evaluation of that stimulus. The influence of emotional arousal has been of particular interest. Arousal which is identified as unpleasurable is predicted to evoke a negative emotional response. Stimuli which are strange, ambiguous, unexpected, or frightening are all identified as factors which lead to negative states of arousal, and hence, to negative emotional states. Unpleasant affective states in the observer are predicted to lead to negative evaluations of others.

Moreover, research investigating misattribution of emotional states (Schacter & Singer, 1962), along with research in human aggression (Berkowitz, 1971; Berkowitz, Cochran & Embree, 1981; Feshbach, 1961; Mueller, Nelson & Donnerstein, 1977; Zillman, 1971), has demonstrated aptly that emotional arousal need not be a product of the stimulus at hand to influence the evaluation of that stimulus. The general affective state of the individual has a marked influence on the decisions he makes.

Recognition of this relationship between emotional state and perception of others has long been prominent in clinical theorizing concerning the behavior of patients (Zuckerman, 1976). Far less attention has been given to the possibility that the emotional state of those in proximity to the identified patient exerts influence on their judgment. Yaffe and Mancuso (1977) have recently proposed an attributional model to explain the labeling of mental illness. This model de-emphasizes the problematic individual's personality structure and focuses on the internal decision making process of the observer and the environmental contingencies that influence the decision process (Knox & Mancuso, 1981; Yaffe & Mancuso, 1977). These authors suggest that mental illness is a negative attribution made by an observer to a target individual.

Attribution theory suggests that when individuals are confronted with uncertain situations, they are motivated to understand cause and effect relationships and give stable meaning to the events. Theorists within this framework (Jones et al., 1972) argue that there is a pervasive tendency for observers to attribute the behavior of others to stable personality dispositions. Further, attributional research has indicated that individuals are inclined to rely on situational cues to explain their arousal.

It does seem plausible and consistent with the literature, therefore, to suggest that an attribution of mental illness is, in part, a function of behavior which evokes or simply coincides with the arousal of negative affect in ovservers. That is, anxiety within the observer is a critical component in the process of the labeling of an individual as mentally ill. Further, theory and literature thus far reviewed indicate that the situation or contextual cues available to the

observer may function as additional components in the process of assigning a label of mental illness. This characterization suggests that the label of mental illness results from an interaction between the characteristics of the identified patient and the observer within a context which promotes labeling.

Psychologists and psychiatrists have, for the most part, expended most of their energies investigating the characteristics of the person who has been labeled mentally ill. Recently, however, some authors have explored the effects of context on the labeling process. Rosenhan (1973) provided a vivid demonstration of this effect when he and his colleagues gained admission to several state hospitals. Although they behaved as usual after their admission, all but one was diagnosed as schizophrenic and most encountered difficulty in negotiating their release. Numerous other researchers have offered evidence which underscored the importance of situational characteristics on the diagnosis of mental illness (Critchley, 1979; Haney & Michielutte, 1970; Jones, Hansson, & Phillips, 1978; Kilty & Meenaghan, 1977; Klein & Temerlin, 1969; Know & Mancuso, 1981; Langer & Abelson, 1974; Miller & Schwartz, 1966; Sattin, 1978; Scheff, 1964; Sushinsky & Wener, 1975; Temerlin, 1968).

Surprisingly little research has investigated the role of the affective state of the observer on subsequent judgments of other people. The social psychological literature exploring this relationship was inaugurated by Murray (1933). The author reported that eleven-year-old girls viewed adults more negatively after they had played two rounds of the board game "Murder." This study and the studies which followed have required subjects to evaluate only normal individuals, and have

rarely provided more than minimal descriptive information.

More recently, researchers have focused on the effects of a perceiver's emotional state on interpersonal attraction. Studies which manipulated affective arousal have used films (Russ, Gold & Stone, 1979; Gouaux, 1972; Swartz, 1966), self-deprecating or self-enhancing statements (Gouaux, 1971), positive and negative adjectives (Veitch, 1976), room temperature (Griffitt, 1970), foul odors (Rotton, Barry, Frey, & Solor, 1978), and disgusting sights (White, 1979). It is commonly reported that subjects under excessively high, or negative, levels of arousal rate similar others more negatively than do subjects under low levels of arousal.

Veitch and Griffitt (1976) manipulated subject mood by varying the content of news broadcasts presented prior to the judgment task. Subjects heard a taped news report which featured either pleasant or unpleasant events. The broadcasts were shown to differentially elicit positive and negative evaluations of similar others.

Schiffenbauer (1974) investigated the effects of the subjects' emotional state on his judgments of facial expressions. The results of the study indicated that the rater's affective state exerted a strong influence on the emotions he attributed to the persons pictured. This study, along with the investigations of interpersonal attraction, suggests that negative affective states predispose the subject to make highly negative ratings of others.

Finally, two studies employing false heart-rate feedback (Walsh, Meister, & Kleinke, 1979) and false GSR feedback (Piccione & Veitch, 1979) demonstrated significant increases in the likelihood of negative evaluations of others as a function of the subjects' perceptions of their own arousal levels. That is, when subjects believed that they

were aroused, regardless of the consistency of that belief with physiological measures, they were likely to rate dissimilar others more negatively than subjects who believed they were not aroused.

A number of studies, then, have demonstrated that subjects are inclined to rate others more negatively when the subjects are aroused or experiencing aversive stimuli. The theoretical mechanism which would serve to explain this tendency is an issue of current debate in social psychology literature. Piccione and Veitch (1979) argue, simply, that we like people associated with pleasant stimuli and dislike people associated with negative stimuli. This model, essentially that of classical conditioning, is frequently employed by researchers investigating altruistic behavior (Isen, Clark, Shalker, & Karp, 1978; Sherrod, Armstrong, Hewitt, Madonia, Speno, & Teruya, 1977).

Alternately, Berkowitz, Cochran, and Embree (1981) suggest that subjects' negative ratings are, in fact, a product of reinforcement. These authors suggest that aversive events often evoke negative sanctions because the expression of hostility is reinforcing for the subject.

Finally, Isen et al. (1978) offer an explanation based on cognitive theory. According to this view, the affective state of the subject serves to cue other similarly valenced memories.

It should be noted, however, that more than the explanatory theoretical device is in question. There is some inconsistency in the data, as well. Most notably, data presented by Schacter and Singer (1962) and Kenrick and Johnson (1978) suggests that aroused subjects are predisposed to express greater attraction to targets than are non-aroused subjects. Kenrick and Johnson (1979) and other authors (Isen et al. 1978) explain this inconsistency by suggesting that data supporting a

generalization of negative affect to subsequent stimuli is a product of experimental artifact, particularly pointing to the use of bogus attitude surveys to artificially simulate the strangers to be rated as being responsible for the effect.

Finally, although Veitch (1966), investigating the effects of good and bad news on ratings of others, did report differential effects of the stimulus for male and female subjects, subsequent literature has failed to confirm this finding. Neither studies reporting negative subject responses as a function of arousal (Mueller, Nelson, & Donnerstein, 1977; Piccione & Veitch, 1979; Russ, Gold, & Stone, 1979; Walsh, Meister, & Kleinke, 1977) or studies investigating the effects of exposure to aversive stimuli (Berkowitz, Cochran, & Embree, 1981; Isen et al., 1978; Rotton et al., 1978; Sherrod et al., 1977) report any differences between male and female subjects.

CHAPTER II

STATEMENT OF THE PROBLEM

The literature reviewed suggests the possibility of conceptualizing the labeling of mental illness as a product of the interaction of the behavior of the identified patient, the characteristics of the observer, and the context in which the decision is made. The primary purpose of the present study is to investigate the role of the affective state of the observer on subsequent judgments of a person's mental health.

Numerous studies, both surveys and laboratory experiments, have indicated that persons have negative responses to those they suspect to be mentally ill. One implication from this literature is that the public does not respond to suspected mental illness in terms of moral neutrality: the application of the label "mentally ill" functions as a negative sanction.

Empirical literature also indicates that high levels of affective arousal often predisposes subjects to rate others negatively. This and the aforementioned evidence provide the basis for the general hypothesis of this study: in a context where labeling is a possible response, high levels of negative affect induced by experimental manipulation will result in a more-negative evaluation of the mental health of another. That is, subjects who are experiencing negative affective arousal (anxiety) will be more likely than others to assign the label

of mental illness, and to rate the individual in question as pathological.

The experimental manipulation of subjects' affective state is critical in this study. In previous research (Gouaux, 1970; Veitch & Griffitt, 1976; White, 1979), experimenters have presumed that unpleasant events generated negative affective states within subjects. Other experimenters have induced unpleasant affective states using arousal stimuli. These researchers, for the most part, have used a concept of arousal developed by Berlyne (1967). This author suggests that arousal is a nonspecific energizing agent which "can be conceptualized as something whose rise to a higher level means an increase in the overall activity level and an indiscriminate strengthening of any responses that happen to be evoked or instigated" (Berlyne, p. 17). Fear, novelty, incongruity, and ambiguity are all listed by Berlyne (1967) as factors which contribute to an individual's overall arousal level. Changes in the momentary level of arousal are said to determine the quality and quantity of affective responding. Excessively high levels of arousal, regardless of the source, are typically aversive (Berlyne, 1967; Sokolov, 1958).

Although the relationship of state anxiety and arousal remains unclear, a number of studies have made clear that induced anxiety does lead to increased arousal. These studies have most often used films (Gouaux, 1970; Lazarus & Opton, 1966; Levonian, 1967; Russ, Gold, & Stone, 1978, Swartz, 1966; Zillman, 1971), threat (Berlyne, 1967; Bloom & Houston, 1976; Rosenstein, 1960; Smith & Wenger, 1965), and

white noise (Balsham, 1962; Berlyne, Craw, Salapatek, & Lewis, 1963; Kenrick & Johnson, 1979; Schiffenbauer, 1974). Because the patterns of physiological arousal remain unclear, and such measures are typically intrusive, most social psychological researchers have used self-report measures to assess the success of the experimental manipulation.

An analysis of gender differences has also been included in this study. The failure to include such analyses in past research has left potentially important subject differences relatively unexplored. Due to the lack of clear findings in this area, a non-directional hypothesis is advanced.

These specific hypotheses will be tested: (a) Negatively aroused subjects will be more likely to rate prospective patients as mentally ill after viewing either the "pathological" or "normal" interview; (b) negatively aroused subjects will be more likely to recommend hospitalization after viewing either the "pathological" or "normal" interview; (c) males and females will differ in their likelihood to rate the prospective patient as mentally ill.

CHAPTER III

METHOD

The present study is a 2 x 3 x 2 completely randomized design involving two levels of the mental health of the individual to be rated ("pathological" or "normal"), three levels of affective state (high, low, or no-inducement control), and an analysis of gender differences (male and female). Dependent measures include a dispositional decision about the "patient," pathology ratings, and a behavior postdiction test.

Subjects

The subjects were 90 students drawn from undergraduate courses offered by the Department of Psychology. Both male and female subjects were included in the sample. All subjects were solicited with an offer of extra-credit points applicable to their final grade in the psychology class in which they were enrolled. Aside from this incentive, all subjects participated voluntarily.

Stimulus Materials

Videotaped interviews. Two scripts were utilized, one portraying a "normal," well-adjusted man, the other, a "psychotic" individual. In recognition of the elusiveness of any absolute criteria for accurate determination of these two categories of behavior, the diagnosis of the individuals presented in the tapes was operationally defined. The diagnosis of the "normalcy" or "pathology" of the individuals presented

was made by clinical psychologists.

The scripts of the interviews were drawn from Temerlin (1966) and Klein and Temerlin (1969). Each script depicts an interview between a clinical psychologist and one other individual. These interviews were rated originally by clinical psychologists with the rating process repeated in two subsequent experiments regarding clinical diagnosis DiNardo, 1975; Suchinsky & Wener, 1975). In each case, the professional raters successfully discriminated the normal from the psychotic interviewee.

Male student actors were engaged to depict each role in the videotaped interviews. Each tape employed the same actor, the same interviewer, and approximately the same questions. Each of the two interviews was approximately 15 minutes in length.

A copy of each interview appears in Appendix A.

Films used to manipulate subject mood. Two films were employed to manipulate the subject's affective state prior to his viewing of the interview.

A traffic safety film, produced by the Ohio State Police, was presented to all subjects in the arousal condition. This film quite graphically portrays the hazards of driving, showing numerous scenes of blood and violence. Reports of those who have observed the film indicate that viewing it elicits an unpleasant emotional response. Further, Levonian (1967) presented a similar film to subjects, obtained several measures of internal bodily activity, and reported a significant overall increase in subjects' arousal level.

The second film, presented to subjects in the low arousal condition, was a travel film, depicting the pleasures of a vacation in Maine.

Gouaux (1971), Swartz (1966), and Zillman (1971) each presented travel films to subjects and reported no significant increase in arousal levels. Each film is approximately 17 minutes long.

Control groups viewed no films prior to their exposure to the interview tapes.

Instruments

Byrne Effectance Arousal Scale. This scale, developed by Byrne and Clore (1967), was used to assess the effectiveness of the experimental manipulation of mood. The scale consists of 16 questions and differentiates between positive arousal (alert, stimulated, interested) and negative arousal (anxious, uneasy, disturbed). Each of the eight positive and eight negative scale items offer a choice of five alternatives wherein a subject indicates his or her level of arousal ranging from "not at all" which is assigned a scale value of one, to "extremely" aroused, which is assigned a scale value of five. The range of scores possible is between 8 and 40 on both the Positive and the Negative Arousal subscales and between 16 and 80 for the Total Arousal score. A copy of this scale appears in Appendix B.

Dependent Measures

All subjects rated the videotaped interviewee in three different ways.

Pathology Rating Scales. First, subjects judged the interviewee on each of four seven-point measures developed by Sushinsky and Wener (1975). In each case a score of one represents the least degree of pathology and seven represents the most pathology. The four measures on which subjects are to rate the interviewee are: (1) Normal - Psychotic; (2) Relaxed - Extremely Tense; (3) High Self-Esteem - Poor

Self-Esteem; and (4) Functions Well in Daily Life - Unable to Function. The order in which these ratings were made was varied across subjects. (See Appendix C).

Behavior Postdiction Test. The second instrument used by all subjects to rate the interviewee was the Behavioral Postdiction Test developed by Litchford (1973), (See Appendix D). This test consists of 16 descriptive items, each of which has four alternative choices. By choosing one of the alternatives, subjects indicate how they expect that the interviewee would behave in interpersonal situations. The alternatives are scored on an adjustment - maladjustment continuum, with a scale value of one assigned to the behavior least indicative of mental illness and a scale value of four assigned to the alternative identified as most reflective of mental illness. Scores on this test range from 16 (well-adjusted) to 64 (highly maladjusted).

An example of an item is given below. The "pathology value" of each alternative is indicated in parentheses.

> When his father invites him to the family gathering which involves his brothers, sisters, and their families
>
> a. He accepts the invitation as he feels fairly close to his father and does not mind talking or visiting with his father. (2)
> b. He does not accept the invitation as he feels very distant from his father and would rather avoid talking or visiting with his father. (4)
> c. He does not accept the invitation as he does not feel very close to his father and would rather not visit or talk with his father. (3)
> d. He accepts the invitation as he feels close to his father and often enjoys visiting or talking with his father. (1)

Disposition Form. The third rating required a decision concerning the proper disposition of the interviewee. Subjects selected one of

four recommendations: (1) No intervention (assigned a value of 1); (2) Voluntary outpatient treatment (assigned a value of 2); (3) Voluntary inpatient treatment (assigned a value of 3); and (4) Recommended for involuntary hospitalization (assigned a value of 4). (See Appendix E.)

Procedure

The subjects, who were randomly assigned to the experimental and control groups, were told that the experiment in which they were participating was designed to evaluate the educational value of filmed and videotaped material (See Appendix F).

Subjects in the experimental groups each viewed one of the two mood-manipulation films. This viewing was immediately followed by the presentation of either the "normal" or "pathological" videotape. Those subjects in the control groups viewed only the videotaped interviews.

Upon the conclusion of the videotaped interview, all subjects rated the interviewee on the pathology rating scales, the Behavior Postdiction Test, and the disposition form. These rating forms were presented to the subject in a packet entitled "Rating of Videotape." The order of the pathology rating scales and Behavior Postdiction Tests were varied across subjects, but the disposition form was always presented last.

The Byrne Effectance Arousal Scale was administered in a packet entitled "Rating of Travel Film." This was the final item completed by each subject.

Each subject was informed of the true purpose of the experiment prior to his or her departure from the laboratory.

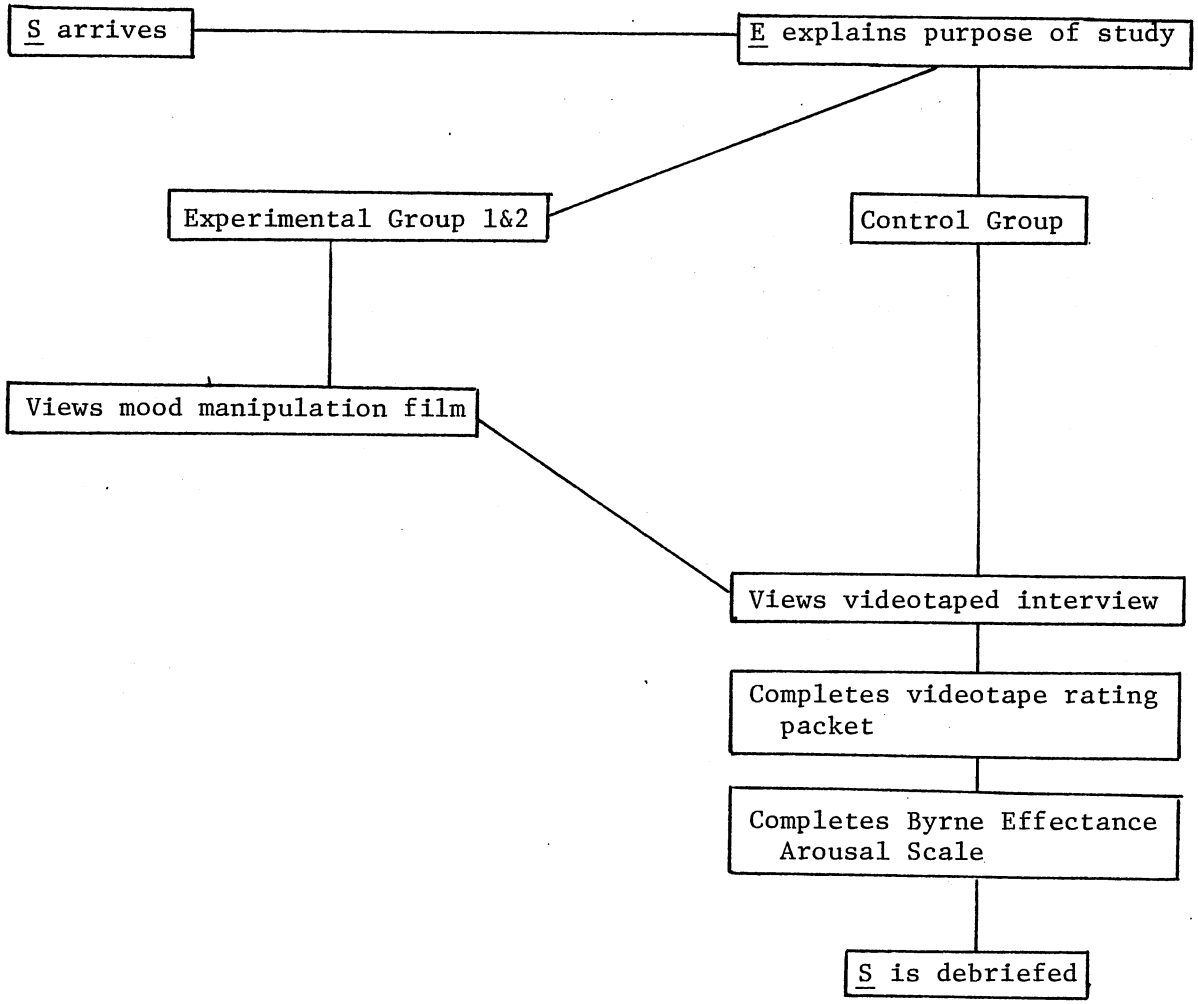

Figure 1. Flow Chart for Laboratory Procedure

CHAPTER IV

RESULTS

Byrne Effectance Arousal Scale

In order to validate the success of manipulating one of the major independent variables, the Byrne Effectance Arousal Scale was administered to all subjects. Three types of analysis were performed on the scale, providing measures of total, negative, and positive arousal. These analyses provide evidence as to the effectiveness of the attempt at mood manipulation as a function of viewing the films.

Total Arousal Scores. The Total Arousal scale produces a range of scores from 16 (low arousal) to 80 (high arousal). A 2 x 3 x 2 analysis of variance with unequal n's performed on the Total Arousal scale indicated that the films were judged as significantly different on Total Arousal ($F(2,78) = 21.47$, $p < .01$) (see Table I, Appendix G). Subject scores on this scale ranged from 23 to 64. A subsequent Neuman-Keuls analysis on the total arousal measure indicated that viewing the traffic film ($\bar{X} = 40.13$) was significantly more arousing than viewing either the travel film ($\bar{X} = 30.30$) or seeing no film at all ($\bar{X} = 32.60$, both $p < .01$) (see Table II, Appendix G and Figure 1, Appendix H).

A main effect was also found for gender on the Total Arousal scale ($F(1,78) = 6.90$, $p < .01$) (see Table I, Appendix G). The analysis of means indicates significantly higher scores for females ($\bar{X} = 36.09$) than for males ($\bar{X} = 32.84$) in total arousal (see Table III, Appendix G).

There were no significant two-way or three-way interactions indicated on the Total Arousal scale.

Negative Arousal Scores. The negative arousal subscale provides for a range of scores from 8 (low negative arousal) to 40 (high negative arousal). A 2 x 3 x 2 analysis of variance with unequal n's performed on the negative arousal scores indicated a highly significant main effect for the arousal subscale ($F(2,78) = 15.80$, $p < .01$) (see Table IV, Appendix G). Subject scores on this subscale ranged from 8 to 29. A subsequent Newman-Keuls analysis on this measure indicated that the traffic film ($\bar{X} = 17.5$) was significantly more arousing than the travel film ($\bar{X} = 13.40$) or the control condition ($\bar{X} = 11.47$) (both $p < .01$). The means and standard deviations for this analysis are presented in Table V, Appendix G.

A second main effect for gender was also indicated ($F(1,78) = 4.26$, $p < .05$). An inspection of the means indicated significantly higher negative arousal scores for females ($\bar{X} = 15.10$) than for males ($\bar{X} = 13.19$) (see Table III, Appendix G).

This analysis also yielded a two-way interaction for Film x Gender ($F(2,78) = 3.03$, $p < .05$) (see Table IV, Appendix G). That is, the main effect for gender must be qualified in light of the fact that male and female subjects were differentially aroused by viewing the films. Specifically, a subsequent analysis of means indicates that female subjects ($\bar{X} = 20.07$) were significantly more negatively aroused by the traffic film than were the male subjects ($\bar{X} = 15.00$) (see Table VI, Appendix G and Figure 1, Appendix H). The data yielded no additional significant two-way or three-way interactions.

Positive Arousal Scores. Although the data regarding the positive arousal subscale are not pertinent to the hypotheses of this study, a 2 x 3 x 2 analysis of variance with unequal n's was, likewise performed on this subscale. Again, the positive arousal subscale provides for a range of scores from 8 (low positive arousal) to 40 (high positive arousal). Subject scores on this measure ranged from 9 to 35. The analysis of variance indicated a main effect for film ($F(2,78) = 8.34$, $p < .01$) (see Table VII, Appendix G). The analysis of means indicated that positive arousal was higher for subjects who viewed the traffic film ($\bar{X} = 22.37$) than for those who viewed the travel film ($\bar{X} = 16.93$, $p < .01$) (see Table VIII, Appendix G). Perhaps these results are more easily comprehended in light of the inclusion of such items as "entertained," "stimulated," and "alert and eager" on this subscale measure.

Insofar as subjects who viewed the traffic film exhibited higher Total Arousal and Negative Arousal scores than those viewing the travel film or no film at all, the films satisfy the requirements of the study. That is, the effort at manipulation of mood was successful. It should be carefully noted, however, that females were more negatively aroused by the traffic film than were males.

Pathology Rating Scales

Subjects were given four seven-point measures on which to rate the videotaped interviewees' psychological health. Ratings of one (least pathological) to seven (most pathological) were assigned with regard to the interviewee's (1) pathology, (2) tension, (3) functioning in daily life, and (4) level of self-esteem. A 2 x 3 x 2 analysis of variance was performed on each of these measures.

Pathology. Significant main effects for the videotapes were indicated on the subject rating of the interviewee's degree of pathology ($F(1,78) = 28.09$, $p < .01$) and the interviewee's level of tension ($F(1,78) = 13.94$, $p < .01$) (see Tables IX and X, Appendix G).

Subjects viewing the "normal" videotape produced a range of scores from one to five, and rated the interviewee as significantly more normal ($\bar{X} = 3.42$) than subjects who viewed the "pathological" videotape ($\bar{X} = 4.87$) (see Table XI, Appendix G). The scores of normal-pathological ratings for the "pathological" videotape ranged from one to seven. Likewise, subjects rated the "normal" interviewee ($\bar{X} = 4.02$) as less tense than the "pathological" interviewee ($\bar{X} = 4.24$) (see Table XII, Appendix G). That is, these analyses indicated that subjects can accurately distinguish between a normal and pathological interviewee on certain ratings. In each case, subjects concurred with those ratings of the Temerlin (1966) tapes provided in previous research by clinical psychologists, perceiving the "pathological" tape as one reflecting more pathology than the "normal" tape.

Tension. The 2 x 3 x 2 analysis of variance on the dependent measure assessing the interviewee's level of tension also yielded a main effect for gender ($F(1,78) = 4.420$, $p < .05$) (see Table X, Appendix G). Subsequent inspection of means indicated that females ($\bar{X} = 5.04$) were more likely than males ($\bar{X} = 4.33$), to perceive the interviewee as extremely tense (see Table XIII, Appendix G).

No additional significant main effects, two-way, or three-way interactions were indicated in either the analysis of the ratings of pathology or level of tension.

Functioning in Daily Life. A 2 x 3 x 2 analysis of variance performed on the scores of subject ratings of the interviewee's functioning in daily life, likewise, yielded a main effect for the videotapes ($F(1,78) = 24.24$, $p < .01$) (see Table XIV, Appendix G). Again, subjects accuragely identified the pathological interviewee ($\bar{X} = 4.51$) as more pathological than the normal interviewee ($\bar{X} = 3.28$, $p < .01$) (see Table XV). This analysis also yielded a significant two-way interaction for Film x Gender ($F(2,78) = 5.64$, $p < .01$) (see Table XIV, Appendix G). This interaction suggests that males and females provided different ratings as a function of arousal level. A subsequent inspection of means indicated that females in the aroused condition ($\bar{X} = 4.50$, $p < .05$) and males in the non-aroused condition ($\bar{X} = 4.40$, $p < .05$) perceived the interviewee as functioning more poorly in daily life than any of the remaining experimental or control groups (see Table XVI, Appendix G and Figure 2, Appendix G).

Self-Esteem. Finally, the 2 x 3 x 2 analysis of the rating of the interviewee's level of self-esteem yielded one main effect: females ($\bar{X} = 4.59$) were more likely than males ($\bar{X} = 3.83$) to rate the interviewee as having poor self-esteem ($F(1,78) = 6.51$, $p < .01$) (see Tables XVII and XVIII, Appendix G). This analysis also revealed a significant two-way interaction for Film x Gender ($F(2,78) = 4.60$, $p < .01$) (see Table XVII, Appendix G). An analysis of the means indicated that females in the high arousal condition were more likely than any other group to rate the prospective patient as having poor self-esteem ($\bar{X} = 5.36$, $p < .01$) (see Table XIII, Appendix G and Figure 3, Appendix H).

No additional main effects, two-way, or three-way interactions were found for either the analysis of ratings of daily functioning or

level of self-esteem.

The analysis of these four subject ratings clearly suggest that, at least on some measures, subjects can accurately distinguish a "normal" interviewee from a "pathological" one, regardless of the level of arousal. Subjects rated the "pathological" interviewee as more pathological, more tense, and functioning less well in daily life than the "normal" interviewee.

In addition, however, these data provide marginal support for the hypothesis that aroused subjects would be more likely to rate the videotaped interviewees as more pathological. The data suggests, however, that the hypothesis must be modified in terms of gender differences. The significant two-way interactions (Film x Gender) and subsequent means analyses of the subject ratings of the interviewee's functioning in daily life and level of self-esteem suggest that only some ratings of only female subjects are likely to be influenced by high levels of arousal.

Further, however, the data does not indicate that ratings by male subjects are wholly independent of arousal level, only that the effect is in the direction contrary to that hypothesized. Male subjects who viewed the travel film perceived the interviewee as functioning more poorly in daily life than any other experimental or control group, with the exception of female subjects who had viewed the traffic film.

Marginal support for the hypothesis that males and females will differ in their likelihood to rate the prospective patient as mentally ill is also provided in the analysis of these ratings. Females were more likely than males to rate the interviewee as exhibiting higher levels of tension and lower levels of self-esteem.

Behavior Postdiction Test

This dependent measure asked subjects to predict the behavior of the interviewee in 16 different situations. The scale thereby provides a subject rating of the interviewee's pathology, allowing for a range of scores from 16 (adaptive) to 64 (maladaptive).

A significant main effect for the videotapes was found in a 2 x 3 x 2 analysis of variance on this measure ($F(1,78) = 45.604$, $p < .01$) (see Table XIX, Appendix G). That is, subjects who viewed the normal tape rated the interviewee as more adaptive ($\overline{X} = 37.96$) than those who viewed the pathological tape ($X = 49.58$, $p < .01$), (See Table XX, Appendix G). Subject ratings on this scale ranged between 24 and 56 for the "normal" tape and 23 and 62 for the "pathological" tape. Once again, the data indicates that subjects are capable of discriminating between normal and pathological interviewees.

No additional main effects, two-way, or three-way interactions were indicated in this analysis.

CHAPTER V

DISCUSSION

The results of the study provide some support for the hypothesis that negative affect within an observer may predispose that observer to rate the mental health of another more adversely. Contrary to prediction, however, the data suggests that a high level of negative arousal is a factor in the ratings of another's mental health only for female subjects. Negatively aroused male subjects were not significantly more inclined to rate the target as pathological. Only negatively aroused females were significantly more likely to view the interviewee as having lower self-esteem and functioning poorly in daily life, regardless of whether they were viewing a tape of a normal or pathological individual. In fact, for male subjects, negative arousal appears to have a contrary effect: males in the non-aroused conditions were more likely to view the interviewee as having lower self-esteem and functioning poorly in daily life.

The results extend the findings of previous research which indicates that perception of another's mental health is a product, in part, of the characteristics of the observer. It would appear that, for males and females, though in different ways, negative affect, along with expectancy (Critchley, 1978; Farina & Ring, 1965; Sattin, 1978; Suchinsky & Wener, 1975; Temerlin, 1968), professional affiliation (Temerlin, 1968), and age (Knox & Mancuso, 1981), could be expected

to affect an observer's judgments concerning the psychological health of another.

It is clear, however, that subjects can accurately discern real distinctions between the behavior of a 'normal' individual and a "pathological" individual. The pathological interviewee was rated as more disturbed than the normal interviewee on the Normal-Psychotic measure and on the Behavior Postdiction Test. Subjects also described the pathological interviewee as more tense and functioning less well in daily life. This data would also seem to support the argument of Suchinsky and Wener (1975) and Crocetti, Spiro, Lemkau, and Siassi (1972) that the lay populus does not rely exclusively on extremely deviant behaviors in identifying mental illness. Non-professionals apparently use some of the same subtle behavioral characteristics which comprise the framework of the professional clinician in labeling abnormal behavior. This judgment task is not made without reference to the actual behavior of the target nor without perceptions of mental illness shared by professionals.

Aside from providing further support for the validity of differences in the Temerlin scripts, this study would seem to support an interactionist position, such as that espoused by Scheff (1979), or the contextualist view of Yaffe and Mancuso (1977). These authors present a view of the identification of mental illness that is long-familiar in the social psychology of person perception: the characteristics of the target, the characteristics of the observer, and the characteristics of the situation each play a role in one person's perception, or labeling, of another.

While it certainly is notable that subjects can distinguish real differences in the mental health of the two interviewees, the data suggesting that theoretically irrelevant stimuli such as attire of the prospective patient (Knox & Mancuso, 1981), or the physical location of the interaction (Rosenhan, 1973), or, as in this study, characteristics of the observer such as gender and negative arousal each have an effect on the judgments of another's psychological functioning seems equally important. Although this study certainly does not point to arousal or gender as factors which overshadow all others in a judgment concerning another's mental health, the results do suggest that for females, arousal is an element of some potential influence in the judgment process.

Along with suggesting the limited role of arousal in mental health judgments, the failure of the results of this study to support the second hypothesis, that aroused subjects would be more likely to recommend hospitalization than non-aroused subjects, might be understood in terms of data recently published by Ritzema and Fancher (1980). These authors report that non-professional judges are reluctant to use labels such as "mentally ill," "insane," or "has psychological problems." The subjects preferred to use a rating of "emotionally disturbed" in preference to any of the aforementioned labels when rating slightly, moderately, or severely deviant behavior. It may be that in the present study the request of the subject to remand the interviewee to a state mental institution exceeded the subjects' comfort in offering opinionated judgments of another.

Although a review of the literature provided little or no reason to expect a specific pattern of gender differences in the rating of another's mental health or in the subject's behavior in conjunction with

arousing or aversive stimuli, differences between males and females in both processes were suggested in this study. The third hypothesis of this study did receive marginal support: female subjects did rate the prospective patient, whether pathological or normal, as more tense than did male subjects. Negatively aroused female subjects also rated the prospective patient, whether pathological or normal, as having lower self-esteem than negatively aroused male subjects and all non-aroused subjects. Negatively aroused females and non-aroused males rated the interviewee as functioning more poorly in daily life than the other experimental or control groups. None of the studies reviewed which measured attributed mental illness in professionals (Critchley, 1979; Haney & Michielutte, 1970; Klein & Temerlin, 1969; Langer & Abelson, 1974; Miller & Swartz, 1966; Settin & Bramel, 1981; Suchinsky & Wener, 1975; Temerlin, 1968) or in non-professionals (Kilty & Meenaghan, 1977; Knox & Mancuso, 1981; Leimkuler & Ziegler, 1978; Sattin, 1978; Suchinsky & Wener, 1975) reported any male-female differences in subject ratings. The differential ratings by males and females in this study, though limited in scope, suggest that further investigation of the attribution of, or diagnosis of mental illness might benefit from an analysis of gender difference.

Although Veitch and Griffitt (1976) reported differential stimulus effects for male and female subjects, subsequent literature investigating effects of arousing or aversive stimuli on interpersonal behavior have reported no such effects. Some studies have used only male (Sherrod, 1977) or female (Berkowitz, 1981; Kenrick & Johnson, 1979; Mueller, 1977; Rotton, 1978; Walsh, 1979; Russ, Gold, & Stone, 1979) subjects. The only explanation offered by any of these authors for the inclusion of only

males or females was that cited by Kenrick and Johnson (1979): female subjects were more reliable volunteers.

Two studies (Isen, Clark, Shalker, & Karp, 1978; Piccione & Veitch, 1979) did include both male and female subjects, but indicated no analyses of gender differences.

The results of the present study coincide with those of Veitch and Griffitt (1976). Female and male subjects evidenced differential response to the arousing stimulus, with females reporting significantly higher total arousal and negative arousal. Perhaps the results of the present study might serve to help clarify some of the aforementioned inconsistency in this literature. Kenrick and Johnson (1979) attribute the findings of a generalization of negative affect to subsequent stimuli to be a product of the physical absence of the target figure to be rated. That is, the authors suggest that if a target figure is present, rather than simulated by bogus attitude surveys, subjects will rate that figure more, rather than less, positively. The results of this study, which presented subjects with a videotaped target, did present further support for the transference model. The present study also suggests differing effects for males and females. It may be that the inconsistency in the literature assessing transference of negative affect is at least in part, due to the absence of a thorough investigation of differential gender response to arousing or aversive stimuli. Even though both male and female subjects in the present study were negatively aroused after viewing the traffic film, the affective state did not affect male and female subjects in identical fashion.

The results of this study would seem to indicate several findings likely to be of use in further investigation of factors affecting judgments of mental illness. Subjects in this study were able to distinguish

between the normal and pathological interviews on certain measures. These results confirm earlier research which indicates that the Temerlin scripts are successful in presenting interviewees which perceivably differ on a dimension of pathology. (DiNardo, 1975; Klein & Temerlin, 1969; Suchinsky & Wener, 1975; Temerlin, 1966).

This study would also seem to enhance previous literature suggesting the utility of a traffic safety film as an arousing, or aversive device (Lazarus & Opton, 1966; Levonian, 1967) as well as the use of a travel film as a non-arousing manipulation (Gouaux, 1971; Swartz, 1966; Zillman, 1971). Subjects in this study were differentially affected by the two films, with those subjects who viewed the traffic film reporting more total arousal and negative arousal than those in the latter condition.

Certainly the results of the study add to a large body of evidence suggesting that a pro forma analysis of gender differences is likely to be essential to a comprehensive understanding of subject judgments of mental illness as well as subject responsiveness to stimuli. Previous research (Settin & Bromel, 1981) has indicated that the gender of the client may have an effect on a professional's diagnosis. The current study suggests that the gender of the rater may influence the judgment, as well.

The current study additionally indicates that the investigation of differential gender response to stimuli may be critical. Although the manipulation of affect was effective for all subjects, the stimulus appeared to invoke different responses in males and females.

Finally, that data which supports the principle hypothesis of this study adds to the growing evidence that a judgment of psychological

health is, indeed, no simple process. This implication that, for females, negative affect may influence such a judgment only serves to exacerbate the complexity of an already complex area of research. Certainly it seems that the results of the study present some reason to believe that further investigation of affective state of the observer is warranted. Although it would seem that general arousal level plays no profound role in judgments of mental illness, the data does suggest that arousal may be a factor. Perhaps a necessary refinement in future research would include a consideration of the source of the arousal. It is certainly possible, if not likely, that subject ratings of another's psychological health, even when aroused, are mediated by a cognitive appraisal of their own level of tension and the source of that tension. Perhaps the individual's capacity for cognitive discrimination prevents a simple generalization of affect or an indiscriminate drive for relief of tension. Future investigation ideally would explore the effect of arousal which is directly associated with the individual to be rated.

In summary, the results of this study suggest that, along with those characteristics traditionally considered in mental health diagnosis, i. e. age and attire (Knox & Mancuso, 1981), social class (DiNardo, 1975; Kilty & Meenaghan, 1977), physical attractiveness (Jones, Hansson, & Phillips, 1978), and gender (Settin & Bramel, 1981) of the client, as well as expectancy (DiNardo, 1975; Klein & Temerlin, 1969, Temerlin, 1968), and professional affiliation (Suchinsky & Wener, 1975; Temerlin, 1968) of the observer, perhaps the gender and affective state of the observer should be considered as relevant variables in judgments of mental health.

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APPENDIXES

APPENDIX A

INTERVIEW SCRIPTS

Transcript of Interview With Normal, Healthy Man

I = interviewer

C = "client"

I 1: My name is Dr. Temerlin. What can I do for you?

C 1: Well, I don't really know. I don't think there's anything wrong with me. I, I've read a lot about psychotherapy--oh, not a lot but I, I've read some about psychotherapy and it may be that psychotherapy can help me so--I, I really came in here to, to talk that over with you I guess.

I 2: Well, where does it hurt? What makes you think you need psychotherapy?

C 2: I'm not really sure I do need it. I'm not crazy you know, I know what other people are saying and doing. I don't hear voices. I'm not a homosexual--nobody's calling me a homosexual and I'm not a Communist. (Laughter.)

I 3: (Laughter.) Well, what makes you think you need treatment then?

C 3: Well, I'm not really sure I do but you, you know, as far as I know, I, I've only got one life to live and it may be that psychotherapy could help me get more out of life. I, I want to live life to the fullest and experience as much as I can. I want to have as good a time as I can. I was raised a Christian but I'm not really a Christian. I don't believe in life after death and a Supreme Being and more. I think that I should just get as much out of this life as I can. Actually, I'm getting quite a bit out of it, I think. I enjoy my work and I think I'm very good at it.

I 4: What is your work? What do you do?

C 4: I'm a graduate student. I'm in mathematics. I've always been good at math or any kind of physical science. I, I enjoy it. I can get off into math and, you know, it's just a, a world of its own. It's got its own symmetry and its own beauty, its own orderly procedures and processes and I'm quite happy with it. I don't mean to imply by this now that I don't get along with

people--don't really have any trouble with them. I, I suppose I'm somewhat atypical as a math major. I was raised on a farm and I know a lot of the other graduate students over there come from families where their parents were professors or scientists of one sort or another or something like this.

Actually, I guess I get along real well with the graduate students. For that matter, with most people. My wife and I are, are very happy together. We, we do quarrel sometimes though.

I 5: What do you quarrel about?

C 5: Well, we quarrel--I wouldn't say a lot but we fight sometimes. I suspect everybody fights sometimes. A lot of times I have doubts about whether or not we're raising our son right. We've been married about eight, I guess about seven years and have a child five, a boy and, and a lot of little things you know come up in the process of raising a child. I'm sure you know about this better than I do. Well, you want to do one thing--your wife wants to do another. You really don't know what's best for the child. We're raising him as well, as good as we can--not like I was raised or not like my wife was raised.

I 6: You're trying to do as well by him as you can.

C 6: Yeah. We're as modern and progressive as we can. We've read Spock, and we love our child. We give him the best of medical care and all that but, oh, I don't know, sometimes when I come home I'm all preoccupied with studying for general exams or some aspect of mathematics. I'm probably not, I probably don't pay as much attention as I ought to, but you can't really say there's anything the matter with that. Aren't most people that way?

I 7: Are they?

C 7: Well, my wife, she loves him. We, we don't punish him at all. Sometimes, well, my wife doesn't punish him either. She found him masturbating the other day and she didn't say anything about it, you know. He was just sitting on the couch in the living room playing with himself and she told him, she told him that he shouldn't do that, but she didn't punish him or anything like that. She probably figures, well, he didn't know what he was doing. He's really too young to know anything about sex and so on, so she told thim that this was private, you know, and he ought to do it in the bathroom but not in the living room--particularly when there's anybody about, you know. But, I, I thought she did all right on that. She didn't tell him she was going to cut it off or anything like my mother would have. We do quarrel though over raising the child about one thing though.

I 8: What's that?

C 8: Well, my wife goes to the Episcopal Church and she wants to take him. You know, I was raised in the Church of Christ--you know what that's like--and I had religion crammed into me when I was very, very young. Now, I don't want to force my child to go to the Episcopal, or go to any church. He's only 5 1/2 or 6, I think that's too early really to start a kid in Sunday School or church. He, he's not old enough to make up his own mind. I, I'm a scientist myself and I think you should never indoctrinate a child in religious dogma until he's old enough to examine the evidence for himself. Well, anyway, she wants to take him to church with her and I don't care whether she goes to church or not--she can believe anything she damn well wants to. That's her own business. I just, I wouldn't go myself and I think it's sheer hypocrisy that she wants me to go. I'd rather sleep late on Sunday mornings frankly, and I'd really rather she stay in bed with me and I tell her this but she's just all the time off to church and she wants to take him. Well, we quarrel about this and it's a bone of contention between us and we, we differ on the Viet Nam situation too.

I 9: I know what you mean.

C 9: Well, I'm really worried about what we're doing in Viet Nam. It, it bothers me. I, I don't mean because I'm involved. I've got a deferment because I'm in graduate school, in mathematics--well, I'm a veteran anyway. The issue is, I just don't think we ought to be over there in the first place and I sure don't think we ought to be fighting a war that we can't win and you know, war never solves any problems anyway, but my wife thinks we ought to be there and we ought to use more force and perhaps even use the A Bomb, you know and she thinks that I'm just a soft-headed humanitarian about this, but I've always been against violence in any form. As a matter of fact I don't even punish my child if there's any possible way to get around it, you know because I think violence is bad--it never leads to anything except more violence and she probably considers that this is weakness.

I 10: And she probably thinks this is weakness and would just incite them to more violence or something like that.

C 10: Yeah, I don't want you to think I'm crazy on the subject of violence or anything like that. I've seen my share of it and I've had my share of it. In fact, that's probably what got me interested in reading and studying. I, I had nothing else to do when I was in the Army except, ah, sit around the PX and read.

I 11: A little earlier, you said you were from a farm background--that this is atypical for a math major and it's my experience too. Was your wife from a farm too?

C 11: Well, I was born on a farm and I was certainly raised on a farm but I was always a very atypical person. I, I think my parents

were very atypical people to be farmers. They were actually farmers. My, my father owned a large wheat farm in Iowa and he made his living off of it but he inherited the farm originally from his mother. She was the strong one in that family. She, she really worked it up into a paying operation. My father originally was an engineer but this was during the depression and he wasn't making a very good living in engineering so he decided he'd better give it up. And, ah, he came to the farm to live there and, and be self-supporting. But as far as that goes, he continued with his reading and his engineering and he was always building things and, ah, making gimmicks on the farm. Well, for instance, I remember--yeah, we had a, we had an automatic baler before anybody, any people in the same county and he went out and fixed up an automatic milking machine. He made it himself, just, oh, he had all kinds of little automated gimmicks (laughter) and, you know, this was back in the days when most farms were just a matter of hard work and a strong back but, ah, I think our farm was far more modern than any of the others in the county.

I 12: To change the subject slightly here but still on the farm--what were your parents like back on the farm?

C 12: Well, I was always a lot closer to my father than I was to Mother. You know, I liked to, like all kids I guess, I liked to go out on the tractor with him and when he wasn't farming he was always taking me hunting or fishing. I remember we used to go pheasant hunting; when I was just 6 or 7 he got me a .22, my first rifle, then a couple of years later I got a shotgun. But, I suppose he was as good a dad as anybody could ask for. I, I know when he died, when he died about 4 years ago--I was really shook up. I remember I was very depressed over that, very unhappy. Ah, I'd been closer to him than anyone I guess. I really loved him and I remember for several weeks there I couldn't, couldn't work or sleep or do anything--couldn't even read very well at all. I, I was really shook up. I, I stayed at home for a while, helped my mother with the farm and eventually she, she got herself some people you know, to live with her and she's she's still living on the farm. You know, she doesn't really do that much of the work herself but keeps books I think.

I 13: You--I may be putting words in your mouth, but if so you can spit them out, but you seem to feel much differently about her than you did your father.

C 13: Well, I, I guess I was always closer to my father than I was to my mother. She, she's all right in her way. I, I think she loved me. I think--we had a big family, you know, I had three brothers and two sisters. It, it was a big family. She was always taking care of them and I, I always kinda felt that she, I thought she picked at my father a little bit. Oh, she'd always want him to wash up before dinner. He didn't think of anything like that. He'd come in from the field and he'd have

dirt on his hands and sit right down and she'd say, "Now, Daddy, you're setting a bad example." She, she always called hime "Daddy." She'd say, "You're setting a bad example for the children--go on in the bathroom and wash your hands," just like make him go in the other room and wash his hands. You know, I always felt about it--I was a kid, I felt about it, you know, hell, my hands are going to get dirty again anyway.

I 14: Well, she did seem a lot different. She was a different kind of person than he was.

C 14: Well, I mean, well, my dad, even though he was a farmer, you know--he always, well he liked to talk science and show me things like how to fix cars and those things, ah, on the farm. We were always tinkering with things. I could always talk to him, you know but I, I couldn't with her so very well. She, she seemed to be mostly interested in taking care of the kids, cooking and baking and (laughter) going to country socials--she, you've heard this about mother, she always had to enter her jams or her relish in some kind of contest or was always making a cake for the fair.

I 15: (Laughter.)

C 15: Well, I wanted to sit around and read or talk to my dad or, or go hunting or fishing or, I wasn't really interested. And besides, Mother was kind of nuts--well, maybe I shouldn't say she was nuts, but she was at least she was pretty fanatical.

I 16: I'll bet I can guess on what subject--sex or religion or both?

C 16: Both, a combination. She was pretty fanatic, you know she was always taking me to Sunday School--I had this religion forced down me and telling me about my "private parts" and how these were "private" and she would always say, "You know the Lord gave us these to reproduce our own kind, but for heaven's sakes, don't touch them," and didn't want us to have any dirty thoughts. I, I remember the first time she, ah, she found me playing with my sex, playing with myself, ah, it was really something. I really didn't, I didn't know a thing about sex or what it was or anything. I, I remember one day, I came out, just as I was leaving the bathroom, I felt this funny sensation--it was actually kind of good, you know, it was kind of funny--I don't remember now exactly how it felt but so without thinking about it I was just rubbing myself as I came out of the bathroom instead of putting my penis back in my pants and Mother saw this and she, boy, she must have thought I was running amuck or something. (Laughter.)

I 17: (Laughter.)

C 17: She got this real funny expression on her face and said, "What are you doing?" you know. Well, I, hell, I didn't even know what to tell her. It was so new, but I, I got the idea all

right that I should never do anything like that. And she told me that she never wanted to see me touching my "privates" again. I remember, I was scared. I, I really didn't know what I was doing wrong but, I, I knew from her expression or something, I'd really done something wrong. I was real scared for, for a long time there.

I 18: What happened?

C 18: I don't know what happened. Nothing happened, I guess. I, probably, I probably just forgot about sex for a while. I, I don't think I ever had much to do with it probably then or maybe until I was pretty far along in high school or junior high or something like that. When I started, actually started, you know, started having dates and going with girls I was still scared. You know, I really was. I got so, well, there was this one girl I remember in junior high school. I thought she was, boy, she was the sweetest, prettiest thing I ever saw. She was just too much and I remember I got real interest in her and I really liked her and I was so scared even to ask her over to my house or take her on a date or something. Well, she was the first one I had a date with I guess. I didn't ask her for a long time, you know because I was afraid. I just knew she'd say no. Well, finally I, well, I finally just screwed up my courage I guess and I, I took her out, I took her for a date and we went together--I guess we went steady, I guess you'd call it in those days, for a long time and that was, really that was my first experience with sex. I remember, I was very nervous and I was really anxious about it. She was too and, oh, I don't remember now but we were probably too scared--so scared we couldn't really enjoy it.

I 19: Do you--I wonder if you still feel that way.

C 19: What way?

I 20: So anxious about sex that you can't enjoy it.

C 20: Oh, no, no. This was just in junior high school. She and I started, just started having intercourse in junior high school. I was pretty anxious for a while. Oh, but it gradually got to where it was much more fun and she and I went together for two or three years, ah, having intercourse all through junior high school and high school. Oh, we got kind of worried once or twice about getting caught, you know, but we never did. It worked out real well. We, the only problem was that we could never get away from her family and from my family and school for long enough to have all we wanted. You know--

I 21: (Laughter.)

C 21: Well, sometimes, looking back at this now, it's just a miracle that she didn't get pregnant because, well, sometimes we took

precautions and sometimes we didn't and, ah, I've thought about it a lot and it's just a miracle but I guess maybe we were both so young at the time or something.

I 22: Is this your wife you're talking about?

C 22: Oh, no, no. This, this was my first real sexual experience with a girl. You know, I used to masturbate some in high school and I, I felt real guilty about it. I didn't get married until after I was out of high school--matter of fact, right after I got out of high school, I was drafted, well, I was going to be drafted so I figured I might as well join so I spent two years in the Army.

I 23: What--how was that? What did you do in the Army?

C 23: (Laughter.) Nothing, by and large, really nothing. It was a sheer waste of time on my part. I, I didn't get a thing out of it at all. I doubt that the military got anything out of me either. It really, it was an unrewarding experience for both of us I suppose. You know, I don't like anybody, somebody always telling me what to do. I like to live my own life and do what I want to do when I want to do it and you just can't have that in the military service you know. So, well, I didn't like some sergeant, you know, telling me to go dig a ditch or shine your shoes or clean your rifle or something like that.

I 24: Well, let me interrupt you for a moment. I think we're almost out of time at least for today and I don't think we're anywhere near finished.

C 24: I, I don't either. You know, actually, ah, well, I suppose this is, happens all the time but I kind of enjoyed talking to you. I didn't, I really didn't think I would. When, when I came out here I was kinda scared--before I came out here today. Well, I really hated to come out here actually but I've kind of enjoyed it.

I 25: Well, perhaps we should talk some more. Let me tell you the way we normally function when a person comes to the Psychological Clinic. We try to get to know them as well as possible before we come to any conclusions or decisions and this usually involves seeing the person two or three times for an interview like this one and also giving him, you a battery of psychological tests and after this we would be in a position to perhaps talk more intelligently with you. Would you like to arrange an appointment when we both have some more time, you and the Clinic, and we'll try and get to know you as well as possible and then we can see whether we might be of help to you.

C 25: Yeah, yeah, I'd like--if we could do that. You know, like I say, I don't think there's anything wrong with me but I think maybe--

I 25: If you've got doubts or something--

C 26: This, if this can maybe help me live a full life and get more out of life, I'd like to do that.

Transcript of Interview with Psychotic Man

I - interviewer

C = "client"

I 1: My name is Dr. Temerlin, what can I do for you?

C 1: Well, somebody told me to come here, so I'm here. I mean, they said I ought to come. . .

I 2: Oh, tell me about it. . .

C 2: You know, help's a funny thing. How can you, how can you even talk about helping another person. . .but somebody told me I should be here, and, (sigh) life's been hard.

I 3: You feel you might need some kind of help.

C 3: (laugh) Well, it's not getting any easier--what do you want to know?

I 4: Well, you're here, apparently for some reason--why don't you just tell me all about yourself.

C 4: I don't know what you mean by that. Well, I was born on a farm in Iowa. My parents were very good people and they reared a good family--are you always like this? Why don't you just ask me some questions? I'll tell you anything you want to know--just ask me some questions. . .

I 5: Oh, just go ahead. Tell me more about yourself.

C 5: They're dead (flatly).

I 6: They?

C 6: They're dead. You know, they were fine--they're dead now. They were farmers--they farmed--good land--they raised crops. Yah, I remember, I remember when my father died, my mother carried on like a banshee for three weeks, she wouldn't stop crying. . .and then she never mentioned his name again. She was a good woman. You know, whenever I think about that my head starts to ache and my head's started to ache now. Let's talk about something else. . .When I think about that whole

business of my father dying and my mother being a banshee I. . .(Pause).

I 7: You have strong feeling. . .

C 7: No, No, its over and done with! I'd rather talk about. . .now . . .about my family. . .now. My family now consists of my wife and my son and myself. . .my wife is a tall, skinny woman. My son's eight. I leave most of the rearing to my wife in some ways. She controls the boy but I don't want her trying to control me. . .she's going to spoil that kid. . .she's going to spoil the boy.

I 8: The boy.

C 8: She's going to spoil him by. . .she's going to spoil that kid. You know, he's not a bad boy I suppose. . .but . . .she likes to keep him weak and he's going to need to be strong in this world . . .this world's a hard place and he's going to need to be strong. . .and she fusses over him and she worries about this and she worries about that. I say what that boy needs is <u>more</u> discipline.

I 9: More discipline?

C 9: He should be punished, he needs to be beaten. . .when he does something wrong. Now, I say, be kind to a child. . .when they're doing the right thing, but, if they're doing the wrong thing they need to learn it. And this kid's going to grow up to be a sissy. . .he's going to grow up to be a sissy and he, I mean she is going to make him into a sissy. I can see it coming So you know that boy is over eight years old and he still likes a teddy bear! But she's mighty hard to control, that woman, and so is he, he's getting hard to control just like her, he's getting just like she is.

I 10: How's that?

C 10: Now mind, I love him. But he shouldn't be like this.

I 11: Like this? What do you mean?

C 11: What do you mean? Well, it's hard to tolerate, (long pause) I, I do love the boy. . .after all, he's my son. How, I don't want you getting any wrong ideas. . .we all get along fine. You know, when that boy grows up he's going to go to war. We're in war now, and in ten years he's going to be drafted. And he's going to be on the front lines, and if he's a sissy he'll get killed right away. You know, Viet Nam could still be going on ten years from now, and if he goes to Viet Nam I want him to be able to kill gooks with the best of them. Now, my wife doesn't believe in war. You know how women are. . .Good woman! Fine woman! Church going woman! I don't think she's ever had a wicked thought. She's very active in the church.

I 12: She's the religious one in the family. . .

C 12: You know, I'm. . .I'm a mathematician. I like to think of God as a formula. Search for the truth. . .what I'm after is truth. I taught myself math. . .I'm a self-made man and I use it in my business. . .I know more math than most of those professors on that campus. . .and I understand it, and I enjoy it. I can get off into math and it's just a, a world of its own. It's got its own symmetry and its own beauty, its own orderly procedures and processes. . .That's my religion.

I 13: Religion?

C 13: "I see in a particular sense God becoming more alive" in mathematics. "My conviction is that we can understand God in conjunction with the reality of. . .mathematics we can then understand in a sense the whole tradition in which we live. . . we can really only move into the future by negating and transcending the past. Considering what we are facing we have no ethical principles to guide us. And all. . .we have had, must necessarily be negated. I have observed a number of things about the universe. It is a universe and it it is a certain measure of order more or less predictable by science." ". . .we are coming to know a whole new reality of man, world, time, space. . .we are moving into a form of ions in which these old values are becoming reversed. Now we are coming to know a world which has lost all in relation to its dependency. . .on creation. World becomes all, world becomes absolute. We can also say this about man, history, time, life, energy. . ."
My parents believed in God, (sigh) they were good people. Now, mind you, they didn't believe in God in a truth-seeking kind of way but as a personal God, a personal savior, with, ah, you know, the long beard and all that. . .and that God is dead.
My mother prayed a lot, yah, mother prayed an awful lot. She always prayed for us and it made me feel terrible, like I had really done something awful. My father was. . .not there very much. . .but my mother was always there. . . good woman. . . she was very kind, very kind in her heart. . .she was always doing things for other people. . .things she thought they needed, like she would take their children to Sunday school. (pause) She was a tough old farm woman, though, and she didn't have too much. . .time. . .for nonsense. And its a good thing too, you know, I would have grown up a sissy, like the boy's going to do. But you know, in her heart she was a good woman. She worked all the time, cleaning and washing, she said she could never stay ahead of the dirt. . .and she beat me when I needed to be beaten. She did it for my own good and she was right.

I 14: Could you tell me something about your father--I didn't understand what you said about him.

C 14: My mother didn't pay much attention to my father. Nobody paid much attention to my father. He was all right, he just wasn't there much--he was out in the fields all day and then after supper he would find some excuse to go to town. . .probably to

drink beer with his cronies. You know, you'd have to say I didn't notice him, I didn't really notice him. . .she was always the important one. Nor, my older brother left home. . .he said he hated it there, he said he hated it bad.

I 15: Hated it?

C 15: (sigh). . .I liked my mother. She was a strong woman and I always wanted to be strong like her. I always said when I grew up I was going to be just like my mother. She never took any nonsense off anybody. My father was. . .(long pause), my father, well, my father was a calm man. He never got excited about anything. But you know, even so, he was a weak man. He was nice enough, I suppose, uh, he was a good man and he meant well but, he couldn't ever keep control of his sons or else that oldest son of his wouldn't have run away from home like he did. . .

I 16: You had a big family. . .

C 16: He ran away from home and my father didn't go after him, no if that had been me I would have gone after that youngster and I would have pulled him back and I would have beat the hell out of him. When I left home the old man got teary-eyed and I swore I'd never go back. . .but I did. I can't stand to see a man cry, but I went back. . .to see my mother. I went back for his funeral. . .I went back when he died. She was a good woman. He died and she just carried on but she was a good woman, and she was a strong woman. He always called her "mother." They never fought. . .I never heard them argue. Sometimes, when I was a kid I used to wonder about that, when he would come home late and I'd hear mother get up to let him in. . .but that's a long time ago. . .that's water under the bridge. . .you'd rather hear about me, I suppose.

I 17: Well, what about you and your wife. . .is the relationship comfortable?

C 17: I knew you'd get around to that. There are some things I just keep private, but I'll tell you anything you want to know. All you psychiatrists have dirty minds, don't you? You always want to talk about sex.

I 18: Sex?

C 18: Yah, you're always prying into other people's business. You know, lots of people pry into other people's business and they ought to keep out of it. You know, I have some neighbors and they pry and they pry and they pry, and they watch. They watch everything I do.

I 19: You say they watch you?

C 19: I'm not doing anything. But you know, they watch me, and its because they think that I think they are Communists. . .and they are.

I 20: What do you make of it?

C 20: I don't care too much if they peek out from behind their blinds (sigh). I know what they think. But you know, you don't have to pay too much attention to what people think. One of these neighbors is pretty funny. . .he keeps talking about, about Communists around me. Came over the other day, I was just mowing my lawn, Sunday morning, and wanted to know what I thought about Communists. I didn't tell him a thing. Communists are dirty rotten people.

I 21: And you've always got to be careful. . .

C 21: You've got to be careful, you've got to protect yourself--These people are dangerous, they really are more dangerous than most people realize. . .and you have every right to protect yourself . . .you know, the police don't care what happens until afterwards, and even then they don't care about the average Joe Blow, and I keep a gun in my closet so that if they do anything I can protect myself. . .now, mind you, I wouldn't use it unless I really had to but everyone has a right to protect himself from those kind of people.

I 22: Those kinds of people. . .?

C 22: You really can't trust anyone. . .you know, Communists are so clever about using other people. . .they convert some but they even use those they don't convert. . .like liberals, although I think more of them are Communists than people realize. . . Communism under Stalin was one thing, under Kruschev was another, and now it is yet another. . .its hard, in my opinion, and I'm no expert, its hard for the average man to realize how dangerous Communism is, under any guise. Communism is the same thing as the French revolution when the uneducated realized with their power that they could kill and destroy. . .liberty, equality, fraternity (sarcastically). . .1795. . .July 14. . .when mobs took over and wrecked France. . .it was horrible. . .and because every move in one direction has a move in the other direction . . .as the Communist state exists today it is patterned on any army. . .it is part of the planned policy. . .to undermine the government and to eventually destroy the government. . .that's the way they work. . .they have. . .and then you have a blood bath. If you don't conform you die or go to the salt mines. . . they have to, to win. . .they have to rule by fear, Oh! the well-known knock at the door. . .at two o'clock in the morning, theydrag you out and you disappear, period. They have one weapon, its fear, and they use it. Dreadful thing! When the state controls you you can call it any name you want, socialism . . .Communism, its all the same thing, and we are going to have to control them and purge our country of them.

I 23: Oh?

C 23: It's part of the planned policy. . .to undermine the government and eventually destroy the government. That's the way they

work. . .They have. . .(long pause) When the Bolshevicks took control, and one of them was Trotsky. . .who fled for his life and later was assassinated in Mexico. Korensky, Korinsky, whatever his name was. . .left. . .had to . . .and then our government, among one or two others, thought we should do something about it and made a miserable attempt, failed, and communism took over and then you had a blood bath in Russia. Stalin purged the Russian army, and I mean purged it, he killed them . . .he had to, to win. The secret police were reorganized four times. The purge of 1937 was something. He purged the red army. Oh, he took those officers, by the thousands. . .and got rid of them! Here, the best we do is move the man out of the army (sneering tone). . .we don't kill them. . .but there, they, they just kill them. One Russian general defected to the Germans and raised a million, one million Russian soldiers who didn't like Communism, think of it, one million. So the Russians counter-attacked and lost fifteen million men and. . .their brutality and everything along the way. . .it was rough. They rule by force. The Communists, in their invasion of Poland, with the help and aid of Germany, killed ten thousand Polish officers who were prisoners. . .and buried them. I'm talking more about the war than I am about Communism but it's all the same thing, the way they work. They want to win, to rule.

I 24: Well, let me interrupt you for a moment. I think we are almost out of time at least for today and I don't think we're anywhere near finished. . .perhaps we should talk some more. . .

1. Complete this 16 item inventory on the basis of how you felt when you were viewing the traffic safety film.

---

1. Entertained (check one)
   ___Not at all entertained
   ___Slightly entertained
   ___Moderately entertained
   ___Entertained
   ___Quite entertained

2. Disgusted (check one)
   ___Not at all disgusted
   ___Slightly disgusted
   ___Moderately disgusted
   ___Disgusted
   ___Extremely disgusted

3. Unreality (check one)
   ___Strong feelings of unreality
   ___Feeling of unreality
   ___Moderate feeling of unreality
   ___Slight feelings of unreality
   ___No feeling of unreality

4. Anxious (check one)
   ___Not at all anxious
   ___Slightly anxious
   ___Moderately anxious
   ___Anxious
   ___Extremely anxious

5. Bored (check one)
   ___Extremely bored
   ___Bored
   ___Moderately bored
   ___Slightly bored
   ___Not at all bored

6. Uneasy (check one)
   ___Not at all uneasy
   ___Slightly uneasy
   ___Moderately uneasy
   ___Uneasy
   ___Quite uneasy

7. Confused (check one)
   ___Not at all confused
   ___Slightly confused
   ___Moderately confused
   ___Confused
   ___Quite confused

8. Curiosity (check one)
___Strong curiosity
___Curiosity
___Moderate curiosity
___Slight curiosity
___No curiosity

9. Confident (check one)
___Not at all confident
___Slightly confident
___Moderately confident
___Confident
___Extremely confident

10. Intellectually challenges (check one)
___Strongly challenges intellectually
___Intellectually challenged
___Moderately challenges intellectually
___Slightly challenges intellectually
___Not at all challenges intellectually

11. Stimulated (check one)
___Not at all stimulated
___Slightly stimulated
___Moderately stimulated
___Stimulated
___Extremely stimulated

12. Interested (check one)
___Extremely interested
___Interested
___Moderately interested
___Slightly interested
___Not at all interested

13. Alert and eager (check one)
___Not at all alert and eager
___Slightly alert and eager
___Moderately alert and eager
___Alert and eager
___Extremely alert and eager

14. Depressed (check one)
___Not at all depressed
___Slightly depressed
___Moderately depressed
___Depressed
___Extremely depressed

15. Aroused (check one)
___Not at all aroused
___Slightly aroused
___Moderately aroused
___Aroused
___Extremely aroused

16. Disturbed (check one)
___Not at all disturbed
___Slightly disturbed
___Moderately disturbed
___Disturbed
___Extremely disturbed

APPENDIX C

PATHOLOGY RATING SCALES

Normal			Somewhat Disturbed			Psychotic
1	2	3	4	5	6	7

Relaxed			Somewhat Tense			Extremely Tense
1	2	3	4	5	6	7

High Self-Esteem			Somewhat Poor Self-Esteem			Poor Self-Esteem
1	2	3	4	5	6	7

Functions Well in Daily Life			Functions Poorly in Daily Life			Unable to Function
1	2	3	4	5	6	7

APPENDIX D

BEHAVIOR POSTDICTION TEST

Code #_____

BEHAVIORAL POSTDICTION

Instructions

The following questions represent various situations where the client presented in the videotape has acted in relation to various aspects of his life. For example, these questions concern his attitudes, reactions and behavior toward members of his family, his friends, his occupational interests and goals.

Read the following questions and for each item attempt to predict, based upon your impressions of the young man, which alternative is most characteristic of the young man.

Please indicate your prediction by circling the appropriate letter for each item. Please circle only one letter, making your choice clear. If you make a mistake, erase your first mark completely.

1. When he is invited to the family gatherings which involve his brothers, sisters and their families,

   a. He accepts the invitation as he feels fairly close to his relatives and does not mind talking or visiting with them.

   b. He does not accept the invitation as he feels very distant from his relatives and would rather avoid talking or visiting with them.

   c. He does not accept the invitation as he does not feel very close to his relatives and would rather not visit or talk with them.

   d. He accepts the invitation as he feels close to his relatives and often enjoys visiting or talking with them.

2. One night at a New Year's Eve party he entered a room where there were quite a few people he did not know,

   a. He felt he would like to meet these new people and introduced himself to some of them.

   b. He was not interested in meeting these people and left the room.

   c. He did not want to meet the new people, left the room, and actively avoided meeting them for the remainder of the evening.

   d. He did not introduce himself, however, he remained in the room and made himself available for others to introduce themselves to him.

3. Recently, several people who know him well saw him walking through a department store. They

   a. waited for him to say hello as he passed by.

   b. waved to him in order to capture his attention, said hello, and then walked on.

   c. were happy to see him, walked over to where he was standing and started a conversation.

   d. pretended they were busy and that they had not seen him as he passed by them.

4. Last month, during a classroom discussion concerning the Middle East negotiations,

   a. he remained quiet during the conversation, feeling his opinions would be seen as trite and stupid.

b. he added little to the conversation, feeling his opinions might be seen as unsupportable.

c. he contributed to the discussion but was very cautious about introducing opinions that might be challenged.

d. he contributed to the conversation, feeling his opinions were as valid as those of other students.

5. After obtaining a low grade on the first exam in a course in mathematics, he felt unhappy,

a. however, he expected that he would do well with additional study on the next exam.

b. however, he expected that the next exam might not be too difficult, and that with additional study he would do well.

c. and took this as evidence that the subject matter was too difficult for him and that he would fail the course even if the professor changed the style of the exam.

d. and believed it was unlikely for him to pass any future exams unless the professor changed the style of the exam.

6. Last summer on an airplane trip to Washington, D.C. he was seated next to a well known United States Congressman. He

a. became anxious and uncomfortable and tried to act as if he was not interested in conversing with the Congressman.

b. became somewhat anxious and uncomfortable, however, he did respond to the Congressman's questions.

c. did not become anxious, and initiated a conversation with the Congressman about current political events.

d. became somewhat anxious, however, he initiated a conversation with the Congressman about current political events.

7. Last summer he took a six-week vacation with a friend. He

a. and his friend had some disagreements concerning travel plans, however, generally speaking he enjoyed himself.

b. had a very enjoyable time and he and his friend got along very well.

c. did not enjoy himself as he and his friend had many arguments concerning travel plans, places to stay, etc.

d. became very jealous toward his friend, whom he felt to be dominating their plans, and he constantly provoked arguments with his friend.

8. In college his friends described him as having

   a. been introverted and experiencing many difficulties in adjusting to college life. Some of these friends said that they had become worried about him because of his withdrawn attitudes and behavior.

   b. seemed adjusted to college life, and hardly ever having difficulty with problems associated with college.

   c. had difficulty in adjusting to college, however, he handled these problems in a generally mature manner.

   d. been generally immature and as having many difficulties in adjusting to the college environment.

9. People who have had considerable contact with him in various types of interpersonal situations generally described him as being

   a. somewhat remote and aloof and conveyed the impression that he would rather maintain his distance and remain relatively uninvolved.

   b. the type of person who enjoys personal closeness and would become personally involved in interpersonal relationships.

   c. rather neutral with regard to his feelings toward others.

   d. remote and aloof, and he led people to feel that he was not interested or involved with other people.

10. Last fall he was interested in obtaining a stereo tape recorder which was considered by many electronics magazines to be an excellent recorder. However, upon discovering that the price for this machine was over 250 dollars. he

   a. simply decided that the tape recorder was too expensive and did not purchase it. However, he still believed that the recorder was a technically excellent machine.

   b. thought the recorder was expensive. However, he still believed the machine was technically excellent and he decided to save his money so that he could purchase it.

   c. decided not to purchase the tape recorder. He changed his mind, believing that the recorder was not as excellent as he had originally thought.

   d. changed his mind from believing the recorder was technically excellent to believing it was actually technically very inadequate. In addition, he started to discover many reasons why he did not really want the tape recorder.

11. In college he

    a. generally put off doing his work and as a result he maintained the minimal grade point average.

    b. took his course work seriously and worked hard at maintaining a respectable grade point average.

    c. did not take his course work seriously, usually falling behind in his courses. However, he would cram a day or two before an important exam.

    d. was moderately interested in his course work and was concerned about maintaining a passing average.

12. In situations where something goes wrong and does not come out as expected, he

    a. typically feels as if he were the cause of the failure and he feels guilty and accepts the blame.

    b. typically does not feel guilty even if the mistake was his fault. He believes that feeling guilty does not serve a purpose.

    c. sometimes feels guilty, believing that he is to blame.

    d. typically examines the situation to discover the difficulties and feels guilty only if he believes he was at fault.

13. In describing his childhood relationship with his parents, he describes his parents as

    a. being inattentive to him and preoccupied with their own concerns.

    b. being interested and concerned about his affairs and well-being.

    c. giving as much attention to him as they could considering their own financial and emotional limitations.

    d. being extremely overcritical and administering severe punishments for seemingly minor indiscretions.

14. Last month his friend raised for discussion a personal problem that was interfering with their friendship. He

    a. discussed the problem openly and freely related his personal feelings about the problem.

    b. discussed the problem with his friend. However, he found it too difficult to relate many of his thoughts and feelings.

c. discussed the problem in a defensive and guarded manner, trying to avoid topics that would test the strength of their friendship.

d. discussed the problem fairly openly, finding it somewhat difficult to relate his personal feelings.

15. Last summer his boss accused him of being lazy on the job and bawled him out for it. He

a. became upset but attempted to discuss the problem in a straightforward manner.

b. became upset and let the boss do most of the talking, saying only that he did not agree with him.

c. became upset, did not say anything to the boss, and went off by himself to be alone.

d. became upset, however, he discussed the problem in a straightforward manner.

16. How much will he profit from his current experiences with interpersonal problems (for example with his wife)? He

a. will learn to resolve these problems to the satisfaction of all concerned.

b. will continue to feel uncomfortable with these problems, having not satisfactorily resolved them.

c. will let these problems become worse.

d. will let these problems increase in intensity until his relationships deteriorate considerably.

APPENDIX E

ORDER FOR DISPOSITION

IN THE DISTRICT OF KENNEBEC COUNTY

STATE OF MAINE

RE: THE MENTAL HEALTH OF

_____

ORDER FOR DISPOSITION

On this _____ day of _____, 19____, I have carefully observed an interview between a psychologist and perspective patient, and on the basis of the facts and circumstances observed, I do hereby recommend that _____ be:

(Put an X beside one of the following.)

_____ Not referred for treatment

_____ Recommended for voluntary outpatient treatment (weekly visits to local mental health clinic).

_____ Recommended for voluntary inpatient treatment (hospitalized in the state institution if the patient agrees).

_____ Recommended for involuntary hospitalization (Required hospitalization in state institution).

_____

Signature of Observer

APPENDIX F

SUBJECT INSTRUCTIONS

Subject Instructions

Are you finished with the questionnaire? Good. Now I would like for you to view some filmed materials. Maybe it would be helpful if I first gave you some information about the purpose of this study. This is part of a regional research project. A large part of the project involves the development of varied approaches to learning and communication. You'll be seeing one film and one videotape. What we want to do is assess the educational value of each of these audio-visual aids. The film will be concerned with aspects of travel and the videotape presents a psychological interview.

We're a little short on time, so you'll be viewing them consecutively, without interruption. When you've seen both, I'd like for you to fill out some ratings. I'm interested in both your reactions and evaluation of these films and the individuals presented in them. Since it is for a regional project, I'd like for you to consider these films carefully.

Protection of Human Subjects Consent Form

Subject's Name:_____ Date:_____

Project Title: Perception and Evaluation of Filmed and Videotaped Material

Explanation of the procedure to be undertaken:

Students will be viewing both a film and a videotape. First, a portion of a (traffic safety) (travel) film will be presented and, immediately following that, a videotaped interview will be shown in its entirety. After viewing both the film and the videotape, each student will be asked to complete a packet of forms for the purpose of rating or evaluating each of these materials.

Explanation of attendant discomforts and risks to be expected:

In this experiment each subject may view segments of a (traffic safety) film which might be found to be personally offensive. Although the scenes presented might create discomfort, it is material which has been extensively viewed by the general public.

Explanation of benefits to be expected:

The benefits of this project include the opportunity for the student to become acquainted with experimental procedure as well as the possibility of extending comprehension of communication and perceptual processes.

Explanation of appropriate alternative procedures:

All students have the option of writing a paper in lieu of the requirement of participation in a laboratory experiment.

I have fully explained to the Subject_____ the nature and purpose of the procedures described above and such risks as are involved in its performance. I have asked the Subject if any questions have arisen regarding the procedures and have answered these questions to the best of my ability.

_____

Investigator's Signature

I have been fully informed of the above noted procedure with its possible benefits, risks, and consequences. I hereby agree to become a subject in this investigation. I understand that if physical, psychological or other injury should occur as a direct result of this activity, neither compensation nor long-term treatment will be provided. Furthermore, I recognize that I am free to withdraw this consent and to discontinue participation in this project and activity at any time without prejudice to me.

_____

Subject's Signature

APPENDIX G

TABLES

TABLE I

SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE
FOR TOTAL AROUSAL SCORES OF BYRNE'S
EFFECTANCE AROUSAL SCALE

SOURCE	SS	df	MS	F	p
A (video)	14.13	1	14.13	0.40	
B (film)	1518.45	2	759.23	21.47	$< .01$
C (gender)	243.97	1	243.97	6.90	$< .01$
AB	57.29	2	28.64	0.81	
AC	0.90	1	0.91	0.02	
BC	147.99	2	73.99	2.09	
ABC	72.152	2	36.08	1.02	
Within-cell	2758.52	78	35.36		

N = 90

TABLE II

MEAN RATINGS OF FILMS FOR THE TOTAL AROUSAL SCORES OF BYRNE'S EFFECTANCE AROUSAL SCALE

FILM	$\bar{X}$	Std. Dev.
Control (no film)	32.6	5.30
Travel	30.3	4.85
Traffic	40.3	7.87

$F = 21.47$, $p < .01$

* CV = 2.13, $p < .05$

**CV = 2.68, $p < .01$

TABLE III

MEAN RATINGS AND STANDARD DEVIATIONS OF SUBJECTS' TOTAL AROUSAL SCORES AND NEGATIVE AROUSAL SCORES FOR MALES AND FEMALES FOR BYRNE'S EFFECTANCE AROUSAL SCALE

	MALE		FEMALE	
	$\bar{X}$	Std. Dev.	$\bar{X}$	Std. Dev.
TOTAL AROUSAL*	32.84	8.02	36.09	8.32
NEGATIVE AROUSAL**	13.19	5.97	15.10	5.92

*$F = 6.90$, $p < .01$

**$F = 4.26$, $p < .05$

TABLE IV

SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE
FOR THE NEGATIVE AROUSAL SUBSCALE OF
BYRNE'S EFFECTANCE AROUSAL SCALE

SOURCE	SS	df	MS	F	p
A (video)	18.53	1	18.53	1.06	$<.01$
B (film)	553.89	2	276.95	15.80	$<.01$
C (gender)	74.73	1	74.73	4.26	$<.05$
AB	24.01	2	12.01	0.69	
AC	9.19	1	9.19	0.52	
BC	106.09	2	53.05	3.03	$<.05$
ABC	31.30	2	15.65	0.89	
Within-cell	1367.32	78	17.53		

N = 90

TABLE V

MEAN RATINGS AND STANDARD DEVIATIONS OF FILMS FOR THE NEGATIVE AROUSAL SUBSCALE OF BYRNE'S EFFECTANCE AROUSAL SCALE

FILM	$\bar{X}$	Std. Dev.
Control (no film)	11.47	2.86
Travel	13.40	3.84
Traffic	17.5	5.90

$F = 3.03$ $p < .05$

*CV = 1.50, $p < .05$

**CV = 1.89, $p < .01$

TABLE VI

MEAN RATINGS AND STANDARD DEVIATIONS OF SUBJECTS' NEGATIVE AROUSAL SCORES FOR THE FILM X GENDER INTERACTION OF THE BYRNE'S EFFECTANCE AROUSAL SCALE

	MALE		FEMALE	
FILM	$\bar{X}$	Std. Dev.	$\bar{X}$	Std. Dev.
Control (no film)	11.59	2.31	11.24	2.66
Travel	13.00	4.00	14.00	3.71
Traffic	15.00	5.71	20.07	5.39

$F = 3.03$, $p < .05$

*CV = 1.80, $p < .05$

**CV = 2.15, $p < .01$

TABLE VII

A SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE FOR THE POSITIVE AROUSAL SUBSCALE OF BYRNE'S EFFECTANCE AROUSAL SCALE

SOURCE	SS	df	MS	F	P
A (video)	48.03	1	48.03	1.69	
B (film)	472.21	2	236.10	8.34	$< .01$
C (gender)	33.56	1	33.56	1.18	
AB	43.16	2	21.58	0.76	
AC	10.07	1	10.07	0.35	
BC	152.06	2	76.03	2.68	
ABC	37.56	2	18.79	0.66	
Within Cell	2207.49	78	28.30		

N = 90

TABLE VIII

MEAN RATINGS AND STANDARD DEVIATIONS OF FILMS BY ALL SUBJECTS FOR THE POSITIVE AROUSAL SUBSCALE OF BYRNE'S EFFECTANCE AROUSAL SCALE

FILM	$\bar{X}$	STANDARD DEVIATION
Control (no film)	21.13	4.76
Travel	16.93	4.22
Traffic	22.36	6.85

$F = 8.34, p < .01$

*CV = 1.88, $p < .05$

**CV = 235, $p < .01$

TABLE IX

A SUMMARY OF A 2 x 3 x 2 ANALYSIS
OF VARIANCE FOR THE NORMAL-
PATHOLOGICAL DIMENSION

SOURCE	SS	df	MS	F	p
A (video)	46.91	1	46.91	28.09	$<.01$
B (film)	2.41	2	1.20	0.72	
C (gender)	0.01	1	0.01	0.01	
AB	3.56	2	1.78	1.06	
AC	0.07	1	0.07	0.04	
BC	5.08	2	2.54	1.52	
ABC	0.75	2	0.37	0.22	
Within-cell	130.24	78	1.67		

N = 90

TABLE X

A SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE
FOR THE RELAXED-TENSE DIMENSION

SOURCE	SS	df	MS	F	p
A (video)	32.76	1	32.76	13.95	$<.01$
B (film)	5.31	2	2.65	1.13	
C (gender)	10.38	1	10.38	4.42	$<.05$
AB	8.22	2	4.11	1.75	
AC	5.80	1	5.80	2.47	
BC	0.38	2	0.19	0.08	
ABC	0.77	2	0.38	0.16	
Within-cell	183.24	78	2.35		

N = 90

TABLE XI

MEAN RATINGS AND STANDARD DEVIATIONS FOR THE NORMAL-PATHOLOGICAL DIMENSION

VIDEO	$\bar{X}$	STANDARD DEVIATION
Normal	3.42	1.47
Pathological	4.87	1.04

$F = 28.09$, $p < .01$

TABLE XII

MEAN RATINGS AND STANDARD DEVIATIONS OF THE VIDEO FOR THE RELAXED-TENSE DIMENSION

VIDEO	$\bar{X}$	STANDARD DEVIATION
Normal	4.02	1.94
Pathological	4.24	1.05

$F = 13.94$, $p < .01$

TABLE XIII

MEAN RATINGS AND STANDARD DEVIATIONS FOR CLIENT LEVEL OF TENSION AND SELF-ESTEEM

	Client Tension*		Client Self-Esteem**	
	$\bar{X}$	Std. Dev.	$\bar{X}$	Std. Dev.
Male	**4.33**	**1.54**	3.83	1.41
Female	**5.04**	**0.83**	4.59	1.42

*$F = 4.42$, $p < .05$

**$F = 6.51$, $p < .01$

TABLE XIV

A SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE
FOR THE FUNCTIONS WELL-FUNCTIONS
POORLY DIMENSION

SOURCE	SS	df	MS	F	P
A (video)	33.53	1	33.53	24.24	$<.01$
B (film)	2.45	2	1.23	0.89	
C (gender)	0.07	1	0.07	0.05	
AB	1.70	2	0.85	0.62	
AC	0.02	1	0.03	0.02	
BC	15.59	2	7.79	5.64	$<.01$
ABC	4.82	2	2.41	1.74	
Within-cell	107.88	78	1.38		

N = 90

TABLE XV

MEAN RATINGS AND STANDARD DEVIATIONS FOR THE FUNCTIONS WELL - FUNCTIONS POORLY DIMENSION

VIDEO	$\bar{X}$	STANDARD DEVIATION
Normal	3.28	1.51
Pathological	4.51	0.84

$F = 33.53$, $p < .01$

TABLE XVI

MEAN RATINGS AND STANDARD DEVIATIONS OF CLIENT DAILY FUNCTIONING FOR THE FILM X GENDER INTERACTION

	MALE		FEMALE	
FILM	$\bar{X}$	Std. Dev.	$\bar{X}$	Std. Dev.
Control (no film)	3.50	1.25	3.88	1.37
Travel	4.44	1.67	3.33	1.24
Traffic	3.63	1.40	4.50	1.02

$F = 5.63$, $p < .01$

*CV = 0.57, $p < .05$

**CV = 0.69, $p < .01$

TABLE XVII

A SUMMARY OF A 2 x 3 x 2 ANALYSIS OF VARIANCE FOR THE HIGH SELF-ESTEEM -- LOW SELF-ESTEEM DIMENSION

SOURCE	SS	df	MS	F	p
A (video)	4.33	1	4.33	2.32	
B (film)	1.95	2	0.98	0.53	
C (gender)	12.13	1	12.13	6.51	$<.01$
AB	7.47	2	3.74	2.01	
AC	2.06	1	2.06	1.11	
BC	17.12	2	8.56	4.60	$<.01$
ABC	1.26	2	0.63	0.34	
Within-cell	145.30	78	1.86		

N = 90

TABLE XVIII

MEAN RATINGS AND STANDARD DEVIATIONS OF CLIENT SELF-ESTEEM FOR THE FILM X GENDER INTERACTION

	MALE		FEMALE	
Film	$\bar{X}$	Std. Dev.	$\bar{X}$	Std. Dev.
Control	4.29	1.23	4.23	1.57
Travel	4.08	1.56	3.83	1.29
Traffic	3.37	1.15	5.35	1.40

$F = 4.49$, $p < .01$

*CV = 0.57, $p < .05$

**CV = 0.69, $p < .01$

TABLE XIX

A SUMMARY OF A 2 X 3 X 2 ANALYSIS OF VARIANCE FOR LITCHFORD'S BEHAVIOR POSTDICTION TEST

SOURCE	SS	df	MS	F	p
A (video)	3025.97	1	3026.97	45.60	$<.01$
B (film)	102.33	2	51.17	0.77	
C (gender)	18.75	1	18.75	0.28	
AB	135.85	2	67.92	1.02	
AC	0.16	1	0.16	0.02	
BC	102.466	2	51.23	0.77	
ABC	25.278	2	12.64	0.19	
Within-cell	5177.277	78	66.38		

N = 90

TABLE XX

MEAN RATINGS AND STANDARD DEVIATIONS OF THE VIDEO FOR LITCHFORD'S BEHAVIOR POSTDICTION TEST

VIDEO	$\bar{X}$	STANDARD DEVIATION
Normal	37.96	9.33
Pathological	49.58	6.27

$F = 45.604$, $p < .01$

TABLE XXI

A SUMMARY OF A 2 X 3 X 2 ANALYSIS OF VARIANCE FOR THE DISPOSITION FORM

SOURCE	SS	df	MS	F	p
A (video)	0.70	1	0.70	3.21	
B (film)	0.40	2	0.20	0.91	
C (gender)	0.12	1	0.12	0.54	
AB	0.39	2	0.19	0.88	
AC	0.24	1	0.24	1.08	
BC	0.56	2	0.28	1.29	
ABC	0.53	2	0.26	1.21	
Within-cell	16.96	78	0.22		

N = 90

APPENDIX H

FIGURES

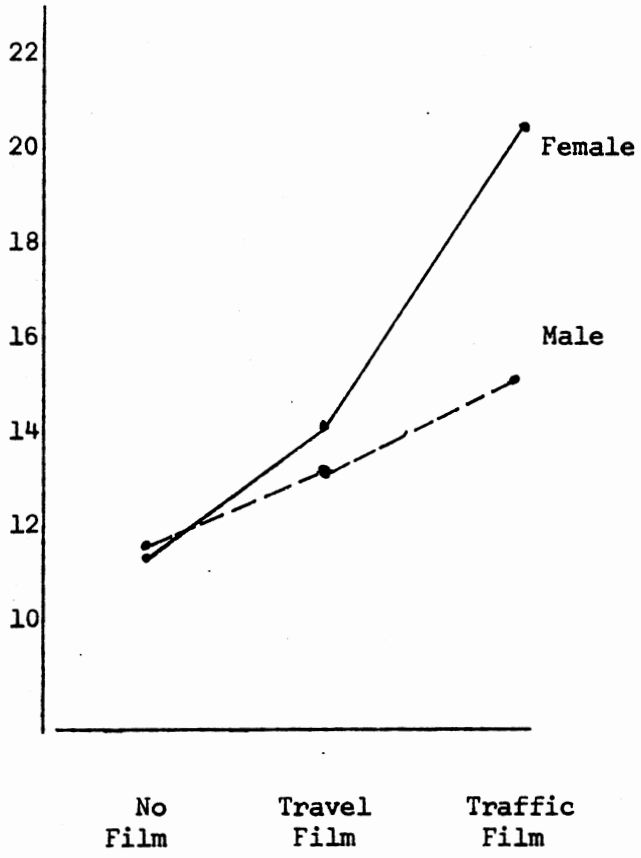

Figure 2. Graph of Mean Ratings of Films for the Total Arousal Scores of Byrne's Effectance Arousal Scale

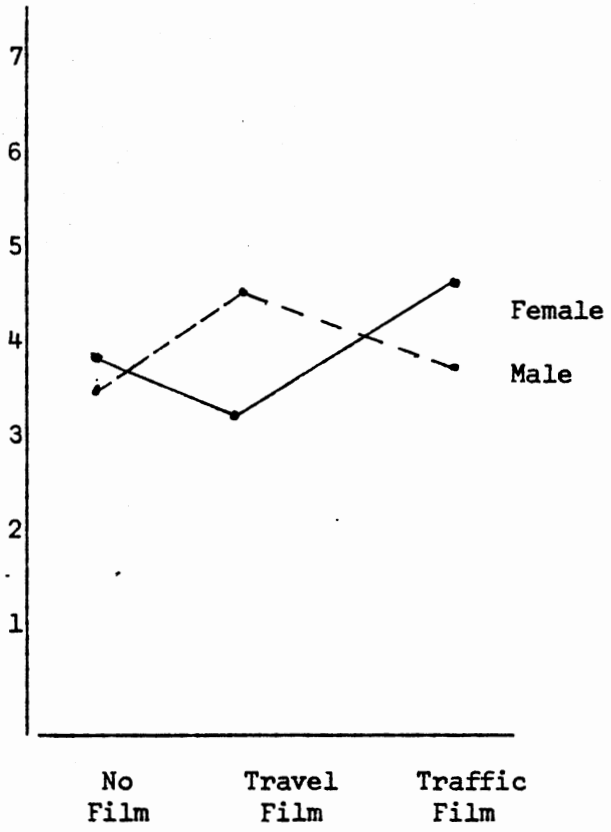

Figure 3. Graph of Mean Ratings of Client Daily Functioning for the Film x Gender Interaction

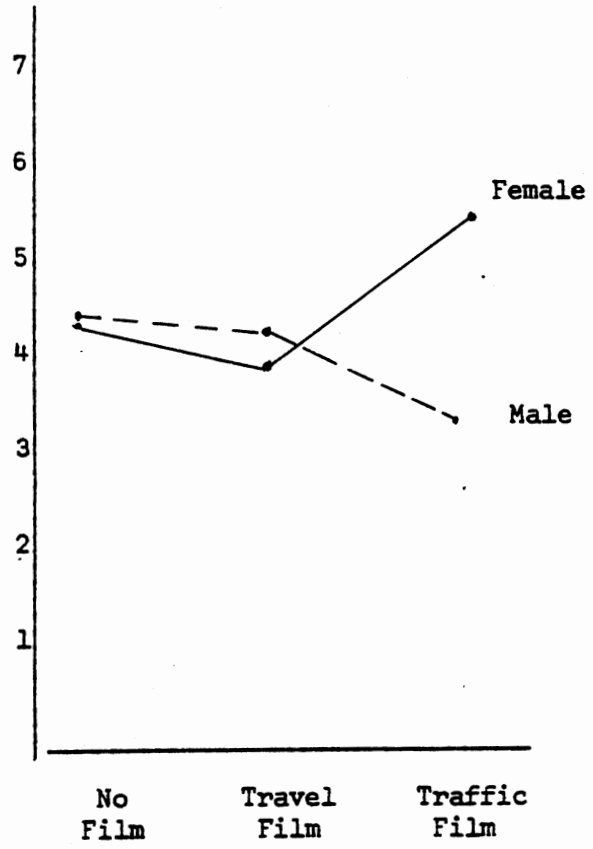

Figure 4. Graph of Mean Ratings of Client Self-Esteem for the Film x Gender Interaction

VITA 2

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