Mexican American acculturation: Its relation to self-report anxiety and attitudes toward counseling and psychotherapy

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MEXICAN AMERICAN ACCULTURATION: ITS RELATION TO
SELF-REPORT ANXIETY AND ATTITUDES
TOWARDS COUNSELING AND PSYCHOTHERAPY

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Olivia Go
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ABSTRACT

The purpose of this study was twofold: first, to investigate the relationship between Chicano acculturation and self-reported anxiety, and second, to investigate the relationship between Chicano acculturation and attitudes towards counseling and psychotherapy. A three-part questionnaire was designed to measure degree of acculturation, anxiety, and attitudes towards counseling and psychotherapy. Forty-four Chicano college students and fifty-one Chicano high school students served as subjects. Results of the survey were as follows: (1) There was no significant correlation between acculturation and self-report anxiety; (2) there was a significant positive correlation (.60) between acculturation and attitudes towards counseling and psychotherapy. Further analysis of data indicated significant sex and age interactions in Manifest Anxiety Scale scores, but no significant sex and age interactions in attitudes towards counseling. Implications and suggestions for further research were discussed.
ACKNOWLEDGEMENTS

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INTRODUCTION

In recent years, there has been an increasing awareness of and interest in various ethnic and minority groups in this country. One reflection of this interest is the government's growing concern in providing mental health programs and services for the so-called "culturally disadvantaged." A survey of psychological literature in this area reveals a vast number of studies that have been conducted on various ethnic minorities. Moreover, there is a large amount of material which deals with problems encountered in providing psychiatric services, counseling, and psychotherapy for the culturally different. However, most of this material has used Black ghetto residents as subjects (Johnson, 1970; Orem, 1968; Peterson, 1967; Poussaint, 1970; Vontress, 1969).

Given the current psychological interest in ethnic minorities, it is somewhat surprising that Mexican Americans, who represent the second largest ethnic minority in this country, have been virtually ignored as far as psychological and sociological research is concerned (Pinkney, 1970).

Despite past research neglect, however, there now exists a sufficient body of literature which indicates that, both in the rate and degree of acculturation and
assimilation, Mexican Americans are among the least "Americanized" of the ethnic groups in America (Heller, 1966; Madsen, 1969). It appears that the process of acculturating Mexican Americans is somehow impeded by a number of factors, foremost of which is the operation of dissimilar world views and value systems between the Mexican American and Anglo American societies.

**Mexican American and Anglo American Culture Systems: A Comparison**

In a comparative study of stereotypes and self-images held by native-born and foreign-born Mexican Americans, Dworkin (1971) differentiated the "Anglo" from the "Mexican American." An Anglo was identified as "a person living in the United States who was born in Northern Europe (British Isles, Scandinavian countries, Germany, and France), or whose ancestors came from Northern Europe, no matter how many years ago" (p. 78). A Mexican American, on the other hand, was identified as "a person living in the United States, but who was either born in Mexico, or whose ancestors came from Mexico, no matter how many years ago" (p. 78).

Mexican Americans are popularly called "Chicanos." Although in the past, this term was applied to lower class Mexicans by the upper class, today it signifies a completely different concept. The term "Chicanos" refers to persons who identify with "La Raza," who are proud of
their race and heritage and feel a bond of kinship with other members of the community (Garcia, 1970). Because the difference between a "Mexican American" and a "Chicano" is a matter of philosophy, the terms will be used in this study interchangeably.

Casavantes (1971), dealing with the problem of who the "true" Mexican American is, considers four attributes as accurately embodying the essence of a Mexican American. According to him, the real Mexican Americans are those who have come or whose parents or grandparents have come from Mexico or from Spain, who are highly visible in terms of having darker skin and hair, speak Spanish and have a noticeable accent, and are of the Catholic faith.

In another attempt to differentiate between the two cultures, Edmonson (1957) comes up with six value orientations which he believes to sharply distinguish the Chicanos from the Anglos. These six values are: (1) Traditionalism vs. progressivism, (2) fatalism vs. activism, (3) dramatism vs. utilitarianism, (4) familism vs. individualism, (5) personalism vs. abstract morality, and (6) paternalism vs. equalitarianism. Contemporary researchers tend to support Edmonson's categories, although with the qualification that such categorizations are to apply only to the more traditional Mexican Americans.

Traditionalism vs. progressivism. Murillo (1971) and Burma (1970) observe that in the Anglo society, values
spring from the Puritan and Protestant ethic which emphasizes work as a necessary means to rewards of a material nature. The responsible individual keeps himself or herself busy, and works hard so that he/she may later reap the tangible gains of his/her industry. The Mexican American, however, regards material goods as necessary for survival but not as end values in themselves.

Because of this value for work, the Anglo tends to judge people in terms of the presence or absence of material comforts, which may be why Mexican Americans are often perceived as "lazy" and "culturally deprived" (Murillo, 1971). It has been pointed out that this attitude towards work efficiency, this attitude of wanting to "get ahead" is not shared by the Mexican American (Saunders, 1954). Mistrustful of the future into which the Anglo eagerly rushes, the Mexican American is reluctant to change his old, secure ways in the name of what the majority Anglo population calls greater progress.

Fatalism vs. activism. Closely related to the Mexican American's work attitude is the concept of "fatalism," a feeling that one does not control one's own destiny, so that ambition is really futile because it is rarely fulfilled (Burma, 1970; Cardenas, 1970). The Mexican American culture, therefore, is characterized by a greater acceptance of and resignation to things that happen.
Florence Kluckhohn (1961) looks at this fatalistic attitude in terms of how Mexican Americans conceive of their relation to nature. The Mexican American's concept of man's "subjugation to nature" and the Anglo's "mastery over nature" constitute an important value difference between the two cultures. Whereas the Anglo sees the material world as a place he should "dominate, control, and rearrange," the Chicano regards his role in life as "living in harmony with others and fitting into an existing order rather than rearranging things to suit his will" (Madsen, 1969).

Dramatism vs. utilitarianism. In comparing the levels of activity of the two cultures, it has been reported that the Mexican American prefers "being," i.e., the spontaneous unfolding of the personality, in contrast to the Anglo who prefers "doing" to arrive at considerable accomplishments (Kluckhohn, 1961). Moreover, the Mexican American puts enormous stress on personal, spiritual, and ethical values which nurture contentment and minimize the compulsion for material success, constant activity, and competition--goals which are believed to be found in the Anglo culture (Cabrera, 1971).

The importance of physical and mental well-being and the ability to experience emotional feelings in response to the environment, and to share such feelings with others
is another feature of the Mexican American culture. This is overtly reflected in the powerful Latin art and music that flourish in the Chicano community (Murillo, 1971).

**Personalism vs. abstract morality.** The Chicano is known for his "loyalty on a personal basis," as opposed to the Anglo's "abstract or ideological loyalties" (Edmonson, 1957). This marked dissimilarity of values extends to the area of interpersonal relationships, where Anglos and Chicanos behave differently.

The Anglo is often observed to be open, frank, and direct, and this is manifested in the simple, brief, and frequently fluent way in which the Anglo expresses himself or herself. The traditional Latin approach, on the other hand, urges the use of tact and diplomacy in communicating as a show of concern and respect for the feelings of others. Often, therefore, the Mexican American's manner of expression appears to be elaborate and indirect. To the Anglo observer, the Chicano's tendency to be polite and agreeable, to keep hold of one's temper and not to react aggressively, and to be pleasant in argument may seem altogether superficial, deceitful, and hypocritical (Burma, 1970; Murillo, 1971).

**Familism vs. individualism.** At the very heart of the Mexican American social structure is the family. Each person is brought up to consider himself foremost as a
member of the family, and only secondly as an individual (Madsen, 1969).

The Chicano family is usually larger than the Anglo family, and it is composed of not only parents and children but also an extended circle of relatives and friends (Cabrera, 1971; Goodman and Beman, 1971). The family is looked upon as a self-sufficient unit and encourages the Chicano's dependency from the very early years of life.

Members of the Chicano family are closely knitted and this closeness is often expressed in the form of mutual aid and sharing among family members. In stark contrast, the Anglo is taught to be independent and competitive at a very young age, so that individual goals have a priority over those of lineal groups, including the family (Kluckhohn, 1961). This is probably why there is less sibling rivalry reported in the Mexican American family compared to the Anglo family.

Because of the cooperation and reciprocal help found within the family, it is rather unusual for the Mexican American to seek help from the "outside." The Anglo American, on the other hand, is raised with the expectation of an ultimate weaning from the family and, therefore, rarely seeks help from within his family. It is this self-reliance in the Anglo child which is described by Hsu (1961) as the "American core value..., the most persistent
psychical expression of which is the fear of dependence" (p. 217).

Paternalism vs. equalitarianism. In the Chicano family, the husband and father is looked up to as the "jefe de la casa" (chief of the house), and is expected to be firm but just in his rule of the household (Rubel, 1966). He is the autocratic head of the family, while the wife and mother is expected to be docile and devoted to her husband, children, and the home.

Among Chicano parents and children, clearly defined roles govern their personal behavior and interactions with each other: The elder order the younger, and the men the women (Madsen, 1969). In the Anglo family, husband and wife are regarded, at least theoretically, as partners in life, sharing minds in decision-making and in the execution of duties and responsibilities. In essence, this is what Edmonson refers to as equalitarianism in the Anglo American family.

Machismo. Among Chicanos, "machismo" is highly valued. The term connotes "virility, pride, and a self-concept of personal worth in one's own eyes as well as those of his peers" (Burma, 1970). Machismo is the ideal male role where men try to prove theirs is the "stronger, more reliable, and more intelligent" of the sexes (Cardenas, 1971).
Heller (1967) refers to machismo as "the image of the ideal male personality that is held up before the child. This image includes sexual prowess, physical strength, adventurousness and courage, male dominance, self-confidence and verbal articulation." It appears that this predominant male value serves as a "conditioning factor that establishes cradle-to-grave behavior and expectations" (Madsen, 1964a). Hence, the Mexican American child is oriented early in life to view his role of manliness with a perspective quite different from that of the Anglo male.

As Burma notes, in later years machismo may be manifested in various ways by different persons:

For some it means physical violence, the necessity to defend all slights to one's "honor" by fists or knife; for other men it may mean the sexual conquest of many women, and especially being "irresistible" to women. For others, it may mean what to an Anglo is a reckless disregard for money, through gambling, by buying unneeded articles, or using up one's paycheck setting up drinks for one's friends (pp. 23-24).

Other values. In a study of social and attitudinal characteristics of Spanish-speaking migrant and ex-migrant workers in the southwest, Ulibarri (1970) found that
several patterns emerged from his open-ended interviews with 65 Spanish-Americans, Mexican Americans and Mexican Nationals. These attitudinal patterns were: present-time orientation, submissiveness, passivity, dissatisfaction, a sense of failure, fear, apathy, particularism, familism, ethnocentrism, and a sense of being objects of discrimination.

However, there are other writers who consider some of these characteristics a fictional description of contemporary Mexican Americans. Cabrera (1963a) writes:

The historical and folk culture descriptions which serve as bases for most reports about Mexicans and Mexican Americans evoke...images of the indio and of the peon, the victims of a feudal system which was part of the heritage from Europe. Out of this folk-culture concept a way of life emerges. A style of living dominated by present-time orientation, feelings of respect for and docility to authoritarian institutions and their agents, of low deferred gratification, of fatalistic attitudes towards life, of obeisance to a highly structured church, of low expectations for personal status change and therefore little urgency for formal education. This and more is the legacy of a folk-culture descendants of Mexicans are
believed to share (pp.2-3).

Contrary to what most writers would predict, a comparative study of achievement values of high school students (Heller, 1971) found that more male Mexican American than Anglo American students endorsed items relating to deferred gratification or future-time orientation.

Furthermore, differences in time orientation, among other values, are believed to be related to differences in socioeconomic backgrounds and religious ethics of Anglos who are predominantly Protestant, and of Mexican Americans who are mostly Catholic. The Catholic church is regarded as an important solidifying factor for the Mexican ethnic community and may be assumed to have a rather strong influence on the Mexican American's attitude favoring spiritual over material future rewards.

In summary, therefore, Mexican Americans and Anglos do have culture systems distinct from each other. The two cultures differ in values regarding work, achievement, the family, roles in the family, man's relation to nature, time orientation, modes of interaction with other people, and religious beliefs. "Machismo" which is broadly equivalent to "manliness" is emphasized in the Mexican American community to a much greater extent than the Anglo community.
Mexican American Acculturation and Psychological Stress

Culture as a concept has been referred to as the "social heritage or way of life of a particular society at a particular time" (Gordon, 1964). In a complex, multi-ethnic nation such as the United States, it would not be realistic to expect cultural uniformity. Often, an ethnic group develops a unique way of life so different from that of the majority society that this way of life could be properly called a subculture.

Members of an ethnic subculture often find it necessary or convenient to learn a new set of norms and behaviors sanctioned or observed by the larger society (Marden & Meyer, 1968). The process whereby minorities learn a new culture or social heritage and adopt cultural traits of the mainstream population is known as acculturation (Burma, 1970; Cardenas, 1970; Marden & Meyer, 1968).

The degree of acculturation of any individual or group has been assessed in various ways. Educational levels, standards of living, type and size of home, customs, values, and attitudes are examples of criteria by which acculturation has been measured (Cardenas, 1970).

Typically, the level of acculturation in minority groups is generational, which means that the child of the immigrant becomes more acculturated than his/her immigrant parents (Marden & Meyer, 1968; Penalosa &
McDonagh, 1968). Hence, after several generations, the present-day Chicano, like other non-Anglo individuals born or living in America, is more than ever before faced with the challenge of being assimilated into the Anglo society.

Today's generation of young Mexican Americans, educated in Anglo schools through the system of compulsory education, is caught in the midst of two conflicting worlds—a situation which has been compared to the concept of the split-personality, or schizophrenia on a cultural level (Cabrera, 1963b). The Mexican American who has once been reputed as possessing a sharper sense of identity and fewer role conflicts than his Anglo counterpart is now confronted with a multiplicity of contradictory roles and values, an overload of information, and numerous identity challenges (Wallace, 1969).

Kiev (1972) has suggested that the process of cultural change is accompanied by cultural role conflicts, and he thinks that one major source of psychiatric difficulties in developing societies is the marked conflict between the norms of the traditional culture and those of the modernizing society. He states:

Patterns of behavior and expectations learned in the home or village, which emphasize community and family ties and obligations, often conflict with the
realities of the marketplace, factory, or urban area, which instead emphasize individual self-interest and self-reliance. Those who fail to learn the appropriate strategies for dealing with the modern world may experience marked psychological and value conflicts. This is particularly true of those with severe disorders, who might nevertheless be able to function in sociocultural situations of less stress" (p. 15).

A study by Langner (1965) aimed at finding out psychophysiological symptoms indicative of impairment due to psychoneurotic disorders. For this purpose, a questionnaire was administered to samples of the population in Mexico City and Tehuantepec. Results substantiated the theory that metropolitan residents tend to report more symptoms than provincial residents who retain their traditional ways and language.

Perhaps the most detrimental effect resulting from having to live in a bicultural setting is the confusion and loss of identification or what many call "identity crisis" (Murillo, 1971). The Chicano undergoing acculturation feels conflict and ambivalence (Simmons, 1970). For example, he may wish to speak unaccented, fluent English, yet at the same time, retain his knowledge and use of the Spanish language. He may want to advance socially and
economically, yet feel that material goods are not to be valued over spiritual goods. He may be torn between loyalty to his family and the desire to be independent. For example, a study by Rubel (1960) of a South Texas group of Mexican Americans found that psychiatric illnesses were composed of both psychic and somatic components. Case histories of the patients indicated that symptoms displayed were the result of conflicts between personal desires and environmental demands.

Therefore, it seems that any individual caught in the web of such cultural conflicts is apt to experience psychological stress (Fabrega & Wallace, 1971; Graves, 1967; Leighton, 1959; Murphy, 1959). Mexican Americans who are forced into situations of partial, disorganized acculturation then become more prone to a high frequency of mild neurotic and personality disorders which include chronic anxiety and tension, psychosomatic complaints, alcoholism, narcotic addiction, delinquency and crime (Burma, 1970; Wallace, 1969).

On the basis of previous research, therefore, the present writer assumes that the process of acculturation is stressful in that individuals, particularly youth, undergoing acculturation are exposed to a multitude of often conflicting values, roles, and expectations. This study aims to demonstrate that such a conflict of values,
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roles, and expectations is psychologically stressful for the Mexican American youth attending school, and that such psychological stress is likely to be reflected in self-reported anxiety.

The following hypothesis will be investigated: There will be a significant relationship (at the .05 level of confidence) between degree of acculturation and degree of self-reported anxiety.

Mental Health in the Mexican American Community

In view of the psychological stress that is believed to accompany acculturation, it is safe to assume that among Mexican Americans undergoing acculturation, there is a reasonably high rate of emotional and mental problems. Several studies have investigated whether or not there is, indeed, a high incidence of mental health difficulties among Mexican Americans, and how Mexican American mental health compares with Anglo mental health.

A well-known study by Jaco (1957a) was designed to assess the incidence of psychoses in Texas. The survey included all residents of the State of Texas who sought psychiatric treatment for a psychosis for the first time in their lives from 1951 to 1952. Results showed a high positive correlation between educational attainment (an index of acculturation) and the incidence of functional, manic-depressive, and affective psychoses, and schizophrenia
in the Spanish American population. More importantly, however, the study also found that Spanish Americans exhibited the lowest overall incidence of mental illness as compared to the Anglos and other non-White groups. The study, conducted in the late 1950's, has since been subject to considerable criticism (Madsen, 1969; Opler, 1959). One major difficulty, for instance, is that Jaco's method of counting patient prevalence in treatment is an inadequate measure of overall treated and untreated prevalence of mental illness (Srole, Langer, Michael, Opler, Rennie, & Thomas, 1962).

Another writer (Morales, 1971) reports that Spanish-surname persons significantly less often utilize mental health facilities. According to Morales, the Department of Mental Hygiene Bureau of Biostatistics reveals that persons of Mexican ancestry in California are overwhelmingly underrepresented in mental hospitals for the years 1963, 1964, and 1965. Hence, he states, "It is reasonable to conclude that psychotherapy is new to Spanish-speaking people in California, and that Spanish-speaking people are new to psychotherapists."

A similar finding is reported by Karno and Edgerton (1969) who point out that Mexican Americans strikingly underutilize public outpatient and inpatient facilities throughout California. Because this underrepresentation
is believed to be due to the lack of specially-trained personnel and special techniques suitable to the Spanish patients, the Office of Economic Opportunity has established a clinic in Denver, Colorado which is located in the heart of a neighborhood approximately one-third Spanish. The director of the clinic, though Anglo, speaks fluent Spanish and is assisted by three local, Spanish-speaking Latin community aides. A survey conducted before the clinic opened revealed that having "nervous troubles" was admitted to by an almost equal percentage of Spanish and Black respondents. However, a follow-up study made later at the same clinic showed that there was a lower number of Spanish-Americans who sought mental health services compared to Negroes and Anglo Americans (Kline, 1969).

The important question, hence, is this: Are Mexican Americans underrepresented because they are not suffering from mental problems as much as the Anglos, or are they underrepresented because they do not seek mental health services for definite mental health problems? Several writers believe the latter to be more likely, citing a complex of social and cultural factors as reason for Mexican American underutilization of mental health facilities. Counseling and Psychotherapy: Middle-Class and Anglo-Oriented

Jules Henry (1951) has advanced his belief that a
disease and its treatment are determined by the same cultural processes. A corollary to this is the logical notion that since psychotherapy originated in middle-class Western European culture, then this particular type of treatment must only be or must be most useful to people belonging to that culture (Prince, 1960).

To the Mexican American, it would seem that psychiatry or psychotherapy is strictly "Anglo" and, therefore, not a reliable source of help, understanding, and support (Kline, 1969). Several studies show that racial and social discrimination is a major factor that gets in the way of effective therapy between a therapist and client with dissimilar backgrounds (Coles, 1966; Hersch, 1966; Kline, 1969).

Dealing with the problem of ethnicity in a university psychiatric clinic, the case records of Negro, Mexican American, and third generation American-born Caucasian patients were analyzed and compared. It was found that prospective ethnic patients were less likely to be accepted for treatment than were nonethnic patients. Moreover, ethnic patients who were accepted for treatment received less and shorter psychotherapy than did nonethnic patients of the same social class characteristics. Hence, there was a tendency to avoid ethnicity by clinical personnel.

In another study (Karno, 1966) mental health personnel
in a traditional, Anglo-middle-class psychiatric clinic in Los Angeles were also found to be less sensitive and less effective with Mexican American and Negro patients than with Anglo American patients of comparable socioeconomic status.

A review of the literature by Didato (1971) indicates that a therapist's motivation, common socioeconomic background with his patients, and his ability to like his patients are crucial variables in the successful treatment of psychological difficulties. Patient-therapist mutual expectations of outcomes are also important in the therapy. Furthermore, the therapist's attitude in regard to test results, race, religion, and source of referral can contribute to outcome in therapy.

On the other hand, a study by Vail (1970) which attempted to determine the effects of socioeconomic class, race, and level of experience on the judgments of 140 professional and 140 social workers revealed that race of the client and level of experience of the social worker were not related to assessment and level of treatment. However, findings from 170 subjects did indicate that socioeconomic class of the client significantly affected the caseworkers in their assessment and plan for treatment.

That current training programs for future psychotherapists are directed towards the "ultimate goal of
serving the psychological needs of the middle class" has been shown in an investigation by Gordon (1965). Similarly, a recent survey by Boxley and Wagner (1971) reveals that counseling services, even in colleges which supposedly serve an assimilatory function, are highly geared (75%) to serve the White population, because of the underrepresentation of Chicanos and other minority groups in American universities.

Aside from racial and socioeconomic differences between therapist and client, there appears to be other factors that hinder Mexican Americans from seeking psychological help. For instance, the language barrier, the popularity of the family physician or the therapeutic effectiveness of the "curanderos" (faithhealers) and the marked lack of mental health facilities in Mexican American communities have been cited as possible reasons to explain why Mexican Americans do not utilize mental health facilities (Edgerton, Karno, & Fernandez, 1970; Karno, Ross, & Caper, 1969; Marcos, 1973).

According to Jaco (1957b) one aspect of being assimilated into the dominant Anglo culture is going to physicians for treatment of illness. Because Spanish Americans, compared to Anglos and other non-Whites, have been found to least utilize mental health services, it is assumed that Spanish Americans are the least
enculturated of the three ethnic groups. Jaco, therefore, predicts that, as this subculture becomes assimilated into the Anglo society, the incidence of mental illness will increasingly correspond with and become more like that of the Anglos in form as well as frequency. Unfortunately, no data exist to support this prediction.

In view of previous studies cited, there seems to be a consensus that psychotherapy is, indeed, directed towards Anglo needs and values. Counseling and psychotherapy are specialized services tailored for Anglo Americans, and ethnic minorities feel these services do not fit their own values and needs. A Mexican American would probably seek help from within his family for emotional or mental problems. On the other hand, an Anglo who has been taught self-reliance at a very young age will still seek the help of a counselor or psychotherapist, possibly because psychotherapy, with the help of the media, has become an accepted Anglo institution. Therefore, if counseling and psychotherapy are Anglo-oriented, will the Chicano who has absorbed Anglo values to a certain degree, be more willing to seek professional psychological help for his personal problems? This question leads this writer to investigate a second hypothesis, namely: There will be a significant relationship (at .05 level of confidence) between degree of acculturation and attitudes towards counseling and psychotherapy.
METHOD

Subjects

The sample (N = 95) consisted of 51 Mexican American high school students and 44 Mexican American college students. Of the 51 high school students, 30 were from Cajon High School and 21 from Pacific High School, both located in the city of San Bernardino. The 44 college students were enrolled at California State College, San Bernardino.

The mean age of the subjects was 19.54 years (SD = 5.23, Range = 13-43), and the mean educational level of the high school and college samples combined was 12.64 years (SD = 2.53, Range = 9-17). Of the 95 subjects, 12 were born in Mexico, with the remainder born in the United States. A summary of these and other descriptive characteristics of the subjects is shown in Table 1.

The 30 Cajon High School subjects were members of the school's Chicano organization and were obtained in the following way: Sixty questionnaires were distributed during a regular meeting of the organization to those club members who indicated a willingness to complete the questionnaires. Of the 60 questionnaires distributed, 32 were subsequently completed and returned. Two of these questionnaires could not be included in the study because these were completed by Puerto Rican students.
Table 1

Summary of Descriptive Characteristics of High School and College Samples

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sample Group</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High School</td>
<td>College</td>
<td>High School</td>
<td>College</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(N = 51)</td>
<td>(N = 44)</td>
<td>(N = 51)</td>
<td>(N = 44)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>22</td>
<td>49</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>22</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 18</td>
<td>49</td>
<td>32</td>
<td>96</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>2</td>
<td>32</td>
<td>4</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>26 and over</td>
<td>--</td>
<td>11</td>
<td>--</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Education (in years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-10</td>
<td>29</td>
<td>--</td>
<td>57</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>11-12</td>
<td>22</td>
<td>--</td>
<td>43</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>13-14</td>
<td>--</td>
<td>8</td>
<td>--</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>15-17</td>
<td>--</td>
<td>36</td>
<td>--</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>51</td>
<td>29</td>
<td>100</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>--</td>
<td>--</td>
<td>11</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>44</td>
<td>32</td>
<td>86</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>No religious affiliation</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
Because Cajon High School contained a low percentage of Chicano students, subjects were also obtained from another high school with a high percentage of Chicano students. The school selected for this purpose was Pacific High School. Questionnaires were administered to 21 Pacific High School Chicano students attending classes taught by a Spanish-speaking teacher who distributed 10 questionnaires on one occasion, with this writer distributing an additional 11 questionnaires on another occasion.

The 44 Chicano college students were obtained in several ways. Eleven subjects were enrolled in a Chicano Studies class, and the rest were either living in the college residence halls, were members of the Mecha (a Chicano organization), or were found in the library and other places on campus.

Measuring Instrument

A three-part questionnaire was developed consisting of the following: (1) Section I consisted of 22 background information items and 8 value questions designed specifically for this study to determine degree of acculturation, (2) Section II consisted of the 50-item Revised Taylor Manifest Anxiety Scale (MAS) which is a self-report inventory measure of anxiety (Taylor, 1952), and (3) Section III contained questions designed for this
study to assess attitudes toward professional counseling and psychotherapy. (See appendix for a sample of the questionnaire.)

Section I, Part I of the questionnaire dealt with the subject's personal background and some demographic information such as sex, age, education, marital status, and religious affiliation. It also included data concerning the subject's family, whether the family had a nuclear or extended structure, lived in a segregated or integrated neighborhood, owned or rented a home, spoke English or Spanish at home. These sociocultural characteristics, based on Mercer's (1973) community modal sociocultural configuration, as well as an extensive research of literature (e.g., Casavantes, 1971; Edgerton & Karno, 1971) were dichotomized so that one category corresponded to the traditional (Mexican) configuration and the other, the nontraditional (Anglo) configuration.

Section I, Part II aimed to determine the subject's values in five broad categories believed to sharply differentiate Mexican Americans from Anglo Americans: attitudes toward secular success, self-reliance, individualism, familism, and honor as a central value (Edmonson, 1965; Heller, 1971; Kluckhohn, 1961). This portion was composed of eight items derived from Turner's questionnaire (1964), the responses to which were found by Heller (1971) to
be most significantly different for Mexican and Anglo American high school students.

In Part II of Section I, subjects were asked to choose one alternative as their preference from each pair of responses to the question, "Which kind of person would you rather be?" On the basis of previous research cited, scores obtained were keyed in a binary fashion to indicate traditional Mexican or nontraditional value orientation.

Section II was made up of items from the Revised Taylor Manifest Anxiety Scale, a symptom-oriented, self-report inventory of general anxiety (McReynolds, 1968). The 50 items were related to irrational fears, self-doubt, and self-devaluation (Taylor, 1952).

Section III of the questionnaire was composed of five items relating to the subject's attitudes towards counseling and psychotherapy. These five items were rationally formulated and designed in accordance with Guttman's "universe of content" and Likert's method of scale construction (Edwards, 1957).

Procedure

Before the questionnaire was administered to the high school subjects, written requests were made to the high school principals for permission to conduct research at the schools. When permission was obtained, arrangements
were made with a faculty member of each school regarding a scheduled time and place for questionnaire administration.

Questionnaires were group administered to all high school subjects. On the other hand, except for the 11 members of a Chicano Studies course who were given the questionnaire in group, most college subjects were administered the questionnaires individually.

Prior to administration of the questionnaire, subjects were assured that their identity would be kept anonymous and all information held confidential. They were under no obligation to answer any of the questions they did not wish to answer, but were urged to try to respond to each item as accurately and honestly as possible.

Subjects were all asked to read the cover sheet of the questionnaire before proceeding to answer the questions. All subjects completed the questionnaire in the same sequence: Section I was completed before Section II, followed by completion of Section III.

There was no time limit for the completion of the questionnaires. However, the time it took to complete the entire questionnaire ranged from 20-35 minutes.
RESULTS

Questionnaire Scoring

Section I. This section consisted of two measures of acculturation: Part I contained demographic data while Part II measured values. Section I of the questionnaire designed to measure degree of acculturation was scored in the following way: A score of 1 was assigned to all responses in the "Anglo" direction, and a score of 0 was assigned to responses in the "Mexican" direction. This method of scoring was determined on an a priori basis consistent with previous research cited (Heller, 1971; Mercer, 1973).

In Part I, only items 5, 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 were scored. Table 2 contains a summary of responses indicating "Anglo" or "Mexican" direction. In item 18, the occupation of the head of the household was classified as "blue-collar" or "white-collar" based on the Dictionary of Occupational Titles published in 1965. Other information obtained in Part I were not scored because too many subjects left the items unanswered (e.g., [9] What generation of Mexican Americans do you belong to? [19] Approximate annual income of family).

Part II of the measure of acculturation was directed at finding out the values of a subject, determined by the
Table 2

A Summary of Responses Indicating
"Anglo" and "Mexican" Direction

<table>
<thead>
<tr>
<th>Item No.</th>
<th>&quot;Anglo&quot; Response</th>
<th>&quot;Mexican&quot; Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Born in U.S.</td>
<td>Born in Mexico</td>
</tr>
<tr>
<td>6</td>
<td>U.S. citizenship</td>
<td>Mexican citizenship</td>
</tr>
<tr>
<td>8</td>
<td>Family moved 3 or more times in last 10 years</td>
<td>Family moved 0-2 times in last 10 years</td>
</tr>
<tr>
<td>10</td>
<td>1-5 family members</td>
<td>6 or more family members</td>
</tr>
<tr>
<td>11</td>
<td>1-5 people living at home</td>
<td>6 or more people living at home</td>
</tr>
<tr>
<td>12</td>
<td>Spoke English only or mostly English at home</td>
<td>Spoke Spanish only or mostly Spanish at home</td>
</tr>
<tr>
<td>13</td>
<td>Lived in neighborhood with 60% Anglos</td>
<td>Lived in neighborhood with Mexicans only or 65% Mexicans</td>
</tr>
<tr>
<td>14</td>
<td>Both parents heads of household</td>
<td>Father only head of household</td>
</tr>
<tr>
<td>15</td>
<td>Head of household born in U.S.</td>
<td>Head of household born in Mexico</td>
</tr>
<tr>
<td>16</td>
<td>Head of household U.S. citizenship</td>
<td>Head of household Mexican citizen</td>
</tr>
<tr>
<td>17</td>
<td>Head of household brought up in city</td>
<td>Head of household brought up in farm</td>
</tr>
<tr>
<td>18</td>
<td>Head of household with white-collar job</td>
<td>Head of household with blue-collar job</td>
</tr>
<tr>
<td>20</td>
<td>Educational attainment of head of household 9 or more years</td>
<td>Educational attainment of head of household 0-8 years</td>
</tr>
<tr>
<td>21</td>
<td>Family owning home</td>
<td>Family renting home</td>
</tr>
<tr>
<td>22</td>
<td>Religious affiliation: Protestant, other, or none</td>
<td>Religious affiliation: Catholic</td>
</tr>
</tbody>
</table>
subject's choice of response to the question, "Which kind of person would you rather be?" Responses coded as "Anglo" were those emphasizing secular success, individualism, competitiveness, and straightforwardness in dealing with others—values found by Heller (1971) to characterize the Anglo culture. A summary of such responses differentiated as either "Anglo" or "Mexican" is shown in Table 3.

Section II. The MAS was scored according to the scoring procedure detailed by Taylor (1952), which consisted of counting the number of self-reported anxiety items endorsed by a subject. The MAS was keyed such that both "True" and "False" responses could contribute to one's anxiety score. Examples of statements that scored 1 when a "True" response was given by the subject were: (2) I am often sick to my stomach; (5) I work under a great deal of strain; (6) I cannot keep my mind on one thing. Some statements which also reflected anxiety when a "False" response was given were: (1) I do not tire easily; (29) I am usually calm and not easily upset; (50) I am very confident of myself.

In those cases (N = 15) where a subject had left three or fewer items on the MAS and/or the acculturation measure unanswered, scores were obtained by tossing a coin (if the coin turned up "heads," a score of 1 was
Table 3

"Anglo" and "Mexican" Responses to the Question:

"Which Kind of Person Would You Rather Be?"

<table>
<thead>
<tr>
<th>Item No.</th>
<th>&quot;Anglo&quot; Response</th>
<th>&quot;Mexican&quot; Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(b) Always looking for something better than what he or she has.</td>
<td>(a) Tries always to be satisfied with what he/she has.</td>
</tr>
<tr>
<td>2</td>
<td>(b) Would rather be his own boss than get ahead by taking orders from someone else.</td>
<td>(a) Doesn't mind taking orders from someone else if he/she can get ahead that way.</td>
</tr>
<tr>
<td>3</td>
<td>(b) Be a real success in business but not much of a &quot;family person.&quot;</td>
<td>(a) Be a real &quot;family person&quot; but not very successful in business.</td>
</tr>
<tr>
<td>4</td>
<td>(a) Be completely honest in letting other people know how he/she feels about them even if he/she might hurt feelings by saying it.</td>
<td>(b) Won't say what he/she really thinks if he/she might hurt feelings by saying it.</td>
</tr>
<tr>
<td>5</td>
<td>(a) Takes advantage of any good opportunity to get ahead, even when he/she has chance of losing what he/she has.</td>
<td>(b) Would rather have a small but secure position than take a chance at losing what he/she has to get ahead.</td>
</tr>
<tr>
<td>6</td>
<td>(b) Does most things better than friends.</td>
<td>(a) Does most things as well as friends.</td>
</tr>
<tr>
<td>Item No.</td>
<td>&quot;Anglo&quot; Response</td>
<td>&quot;Mexican&quot; Response</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>(a) Likes to do things on his/her own, without asking advice from</td>
<td>(b) Likes to have advice from other people on things he/she does.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>(b) Tries to overlook or laugh off any insults to his/her honor or his/her family's honor.</td>
<td>(a) Never lets an insult to his/her honor or his/her family's honor go by.</td>
</tr>
</tbody>
</table>
assigned to the item; if "tails," a 0 score was assigned). This method of approximating scores for omitted items was employed by Edwards in his scoring of the Edwards Personal Preference Schedule (EPPS, 1954).

Section III. Results of the subject's attitudes towards counseling and psychotherapy were scored by following Likert's method of summated ratings: for favorable statements, the Strongly Agree response was given a weight of 4, the Agree response a weight of 3, the Undecided response a weight of 2, the Disagree response a score of 1, and the Strongly Disagree response a weight of 0. For unfavorable statements, a reverse scoring system was employed, with a Strongly Disagree response gaining a weight of 4, and a Strongly Agree response a score of 0. An example of a statement indicating a positive attitude towards counseling and psychotherapy was: If I had a personal problem, I will be willing to see a professional counselor or psychotherapist to talk about it. A statement indicating a negative attitude towards counseling was: I will not approach a professional counselor or psychotherapist even if there is nobody else to help me with my problems.

Questionnaire Descriptive Statistics

Table 4 shows the Mean, Standard Deviation, and Range of Scores obtained for the various questionnaire measures.
Figures 1, 2, and 3 illustrate the frequency distribution of scores on acculturation, Manifest Anxiety, and attitudes towards counseling, respectively, which were obtained from the 95 Chicano subjects who took part in the survey.

Table 4

Mean, Standard Deviation, Range of Scores for Acculturation, Manifest Anxiety, and Attitudes Toward Counseling

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation I</td>
<td>8.27</td>
<td>3.01</td>
<td>2-14</td>
</tr>
<tr>
<td>Acculturation II</td>
<td>4.5</td>
<td>1.93</td>
<td>0-8</td>
</tr>
<tr>
<td>Acculturation Total</td>
<td>11.81</td>
<td>4.17</td>
<td>2-22</td>
</tr>
<tr>
<td>Taylor MAS</td>
<td>16.79</td>
<td>7.92</td>
<td>2-40</td>
</tr>
<tr>
<td>Attitudes Toward Counseling</td>
<td>9.97</td>
<td>3.91</td>
<td>0-18</td>
</tr>
</tbody>
</table>

The distribution of acculturation scores was somewhat negatively skewed, indicating that more subjects were high on acculturation than low on acculturation. On the other hand, MAS scores were positively skewed, with more subjects reporting low anxiety than high anxiety. Finally, the frequency distribution of attitudes towards counseling scores showed an approximately normal distribution.
Figure 1. Frequency distribution of acculturation scores received by 95 Chicano students.
Figure 2. Frequency distribution of Manifest Anxiety Scale scores of 95 Chicano college and high school students.
Figure 3. Frequency distribution of attitudes toward counseling and psychotherapy scores received by 95 Chicano students.
Correlational Analysis

Table 5 presents Pearson Product Moment Correlations obtained between acculturation, manifest anxiety, and attitudes toward counseling. Table 5 indicates there was no significant correlation ($r = .11$) between acculturation and self-reported anxiety as measured by the Manifest Anxiety Scale. Therefore, the first hypothesis predicting a significant relationship between acculturation and self-report anxiety was not supported.

On the other hand, a significant positive correlation ($r = .60, p < .005$) between acculturation and attitudes toward counseling and psychotherapy was obtained, indicating that more acculturated subjects held more favorable attitudes toward counseling and psychotherapy. Likewise, less acculturated individuals held less favorable attitudes towards counseling and psychotherapy. Thus, the second hypothesis predicting a significant relationship between acculturation and attitudes towards counseling was confirmed.

Parts I and II of the acculturation measure were also correlated significantly ($r = .36, p < .005$), indicating that subjects who scored in the Anglo direction on the basis of demographic factors also scored in the Anglo direction in terms of value orientation.

Finally, a correlation of .14 was found between
### Table 5

Correlation Coefficients Among Acculturation, Manifest Anxiety, and Attitudes Toward Counseling

<table>
<thead>
<tr>
<th></th>
<th>Acculturation Total</th>
<th>Acculturation I</th>
<th>Acculturation II</th>
<th>Self-Reported Anxiety</th>
<th>Attitudes Toward Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation Total</td>
<td>--</td>
<td>.88*</td>
<td>.74*</td>
<td>.11</td>
<td>.60*</td>
</tr>
<tr>
<td>Accultration I</td>
<td>--</td>
<td>--</td>
<td>.36*</td>
<td>.15</td>
<td>.47*</td>
</tr>
<tr>
<td>Accultration II</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>.001</td>
<td>.53*</td>
</tr>
<tr>
<td>Self-Reported Anxiety</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>.14</td>
</tr>
<tr>
<td>Attitudes Toward Counseling</td>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

*p < .005.*
manifest anxiety and attitudes toward counseling, indicating no significant relationship between the two.

Additional Statistical Analysis

A three-treatment factorial design (Kirk, 1968) was employed to determine possible interactions among sex, age, and acculturation on manifest anxiety scores. Each independent variable consisted of two levels: Sex (A) = Male and Female; Age (B) = Age 18 and below, and 19 years and up; and Acculturation (C) = Low Acculturation and High Acculturation. A total of 72 subjects were used in this phase of the analysis with 9 subjects in each of the 8 treatment conditions. Only 72 out of the 95 subjects were included in this research design because it was necessary to have an equal number of subjects in each of the 8 treatment conditions, and to include all 95 subjects would have created an unevenness in number. The median acculturation score (Me = 12.32) was used to differentiate between high and low acculturation.

Results of the Analysis of Variance are presented in Table 6. As can be noted, significant interactions were found between treatments A and B (Sex and Age) and between treatments A and C (Sex and Acculturation). Additional insight concerning these interactions was obtained by computing tests of simple main effects.

Lists of simple main effects showed a significant
### Table 6

Analysis of Variance Showing Interactions Among Sex (A), Age (B), and Acculturation (C) on the Manifest Anxiety Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>174.22</td>
<td>p-1=1</td>
<td>174.22</td>
<td>3.27*</td>
</tr>
<tr>
<td>A at b1</td>
<td>641.77</td>
<td>p-1=1</td>
<td>641.77</td>
<td>12.02***</td>
</tr>
<tr>
<td>A at b2</td>
<td>44.43</td>
<td>p-1=1</td>
<td>44.43</td>
<td>0.83</td>
</tr>
<tr>
<td>A at c1</td>
<td>14.70</td>
<td>p-1=1</td>
<td>14.70</td>
<td>0.28</td>
</tr>
<tr>
<td>A at c2</td>
<td>506.25</td>
<td>p-1=1</td>
<td>506.25</td>
<td>9.48***</td>
</tr>
<tr>
<td>B</td>
<td>168.06</td>
<td>q-1=1</td>
<td>168.06</td>
<td>3.15*</td>
</tr>
<tr>
<td>B at a1</td>
<td>46.69</td>
<td>q-1=1</td>
<td>46.69</td>
<td>0.87</td>
</tr>
<tr>
<td>B at a2</td>
<td>633.36</td>
<td>q-1=1</td>
<td>633.36</td>
<td>11.87***</td>
</tr>
<tr>
<td>C</td>
<td>128.00</td>
<td>r-1=1</td>
<td>128.00</td>
<td>2.40</td>
</tr>
<tr>
<td>C at a1</td>
<td>26.69</td>
<td>r-1=1</td>
<td>26.69</td>
<td>0.50</td>
</tr>
<tr>
<td>C at a2</td>
<td>448.03</td>
<td>r-1=1</td>
<td>448.03</td>
<td>8.39***</td>
</tr>
<tr>
<td>AB</td>
<td>512.00</td>
<td>(p-1)(q-1)=1</td>
<td>512.00</td>
<td>9.59***</td>
</tr>
<tr>
<td>AC</td>
<td>346.73</td>
<td>(p-1)(r-1)=1</td>
<td>346.73</td>
<td>6.50**</td>
</tr>
<tr>
<td>BC</td>
<td>26.88</td>
<td>(q-1)(r-1)=1</td>
<td>26.88</td>
<td>0.50</td>
</tr>
<tr>
<td>ABC</td>
<td>9.38</td>
<td>(p-1)(q-1)(r-1)=1</td>
<td>9.38</td>
<td>0.18</td>
</tr>
<tr>
<td>W. Cell</td>
<td>3416.23</td>
<td>pqr(n-1=64)</td>
<td>53.38</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** 4781.5  npqr-1=71

* *p < .10
** **p < .05
*** ***p < .01
difference in self-reported anxiety between males and females at age 18 years and below, but no significant difference in anxiety at age 19 and above. Figure 4 shows that at age 18 and younger, females were significantly more anxious than males. Likewise, younger females were significantly more anxious than older females. Although males appeared to be more anxious than females at age 19 and above, these differences were not found to be statistically significant.

Furthermore, significant differences in self-reported anxiety were found between high acculturated males and high acculturated females, with the more acculturated females reporting greater anxiety than the likewise more acculturated males. At the low level of acculturation, males showed a higher anxiety than females, but this difference was not statistically significant. (See Figure 2.)

Furthermore, females displayed a significant increase in anxiety as they became more acculturated. Males, on the other hand, showed a drop in anxiety as they became more acculturated, but again, this decrease was not statistically significant.

Finally, to determine possible interactions among sex, age, and acculturation on attitudes toward counseling, a similar three-treatment factorial design was
Figure 4. Illustration of interaction between sex and age on manifest anxiety.
Figure 5. Illustration of interaction between sex and acculturation or manifest anxiety.
utilized. As can be seen in Table 7, none of the interactions between sex, age, and acculturation were statistically significant as far as attitudes toward counseling were concerned. In fact, only the main effect of acculturation was statistically related to attitudes toward counseling as was expected given the fact that acculturation and attitudes toward counseling correlated .60 (see Correlational Analysis).
Table 7

Analysis of Variance Showing Interactions Among Sex, Age, and Acculturation on Attitudes Towards Counseling

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>.11</td>
<td>p-1=1</td>
<td>.11</td>
<td>.0075</td>
</tr>
<tr>
<td>B</td>
<td>14.22</td>
<td>q-1=1</td>
<td>14.22</td>
<td>.97</td>
</tr>
<tr>
<td>C</td>
<td>227.55</td>
<td>r-1=1</td>
<td>227.55</td>
<td>15.45*</td>
</tr>
<tr>
<td>AB</td>
<td>1.00</td>
<td>(p-1)(q-1)=1</td>
<td>1.00</td>
<td>.68</td>
</tr>
<tr>
<td>AC</td>
<td>2.12</td>
<td>(p-1)(r-1)=1</td>
<td>2.12</td>
<td>.14</td>
</tr>
<tr>
<td>BC</td>
<td>37.56</td>
<td>(q-1)(r-1)=1</td>
<td>37.56</td>
<td>2.55</td>
</tr>
<tr>
<td>ABC</td>
<td>1.88</td>
<td>(p-1)(q-1)(r-1)=1</td>
<td>1.88</td>
<td>.13</td>
</tr>
<tr>
<td>W. Cell</td>
<td>942.67</td>
<td>pqr(n-1)=64</td>
<td>14.73</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>1227.11</td>
<td>npqr-1=71</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
DISCUSSION

This study was concerned with the process of acculturation in the Mexican American culture with particular focus on whether acculturation is psychologically stressful and whether degree of acculturation is related to one's attitudes toward professional counseling and psychotherapy. As the previous literature review indicated, acculturation has been much discussed as a moderator variable in understanding Mexican Americans. Acculturation, however, poses some assessment difficulties in that different researchers have measured acculturation in different ways with varying degrees of success. Thus, a major purpose of this research was to develop a measure of acculturation sufficiently sensitive to be used with Mexican Americans in high school and college because high school and college students are presumably already acculturated as far as their assimilation into the Anglo educational system is concerned.

Section I of the questionnaire used in this research consisted of two independent measures of acculturation, one primarily containing personal and family background information, and the other based on values believed to differentiate Anglo from Mexican orientation. Each independent acculturation measure was analyzed separately as far as the major hypotheses were concerned, and the
two independent measures were then combined into a "total" acculturation index which was then also analyzed with respect to the major hypotheses under study. The correlation between the two measures of acculturation was .36, indicating some overlap in the two measures and further suggesting that both measures separately and combined did result in a distribution of subjects with sufficient range or spread of scores to suggest that this way of measuring acculturation is appropriate for those Mexican Americans already undergoing educational assimilation into the majority Anglo culture.

Section II of the questionnaire contained the 50 items of the Taylor MAS. As in most studies subjecting a relatively "normal" sample to a measure of psychopathology, the current study found that MAS scores were positively skewed which indicated that most subjects reported low rather than high anxieties. However, in comparing results of the MAS obtained between the 95 Chicano students in this study and the university students in introductory psychology at the State University of Iowa (Taylore, 1952), it was found that the Mean MAS of the Chicano students was slightly higher than the Mean MAS of the Iowa students (M = 16.79 vs. M = 14.56). However, because the MAS was administered under varying circumstances to the two groups and because subject
variables were neither matched nor controlled, the observed
differences would be rather difficult to interpret.

Nevertheless, as far as trying to determine whether acculturation is psychologically stressful, the acculturation indices in this study failed to establish any significant relationship with the Manifest Anxiety Scale. While this study did not indicate any significant correlation between manifest anxiety and acculturation, however, this does not necessarily lead to the conclusion that acculturation is not stressful or anxiety-producing. The relationship between acculturation and any index of mental health is likely to be a complex one, highly dependent on the mental health indices used and on one's measure of acculturation. In this case, the Taylor MAS employed contains items focusing largely upon physical symptoms and physiological manifestations of anxiety, and it is possible that another measure of anxiety might have been more useful. As several reviewers have noted, different measures of anxiety do not intercorrelate highly, suggesting that different measures tap different aspects of anxiety.

Furthermore, additional analyses of data did establish significant sex and age differences in self-report manifest anxiety. Between the ages of 13 and 18, female subjects reported significantly higher anxiety than men,
and highly acculturated females likewise reported higher anxiety than highly acculturated males, suggesting that acculturation is probably experienced differently by men and women. These findings, at least, lend support to previous studies which have found women to report more psychophysiological symptoms than men.

For example, Fabrega, Rubel, and Wallace (1967), in a study of working class Mexican outpatients, found women to report more psychiatric symptoms than men. This finding was attributed to male-female sex role differences and value orientations contained in notions of femininity and masculinity in the Mexican American culture. Being "emotional," suffering, worrying, experiencing apprehensions and disappointments were believed to be key constituents of the Chicano concept of femininity, and hence, the expression of such were generally sanctioned for women. Jaco's renowned study (1957) also found Spanish American women in Texas to exhibit a higher incidence of manic-depressive, involutional, and schizophrenic psychoses than men. This confirmed Diaz-Guerrero's (1955) observation that the Mexican family structure caused women to be more conducive to depressive reactions. Likewise, women in general were found to experience particular stress in urbanizing societies where new economic demands and employment opportunities clashed with traditional
values requiring women to stay at home (Kiev, 1972; Leighton, 1959). Thus, in the Mexican American community where a woman's role is clearly defined and delineated, the modern Chicano is exposed to various conflicts which she may find exceedingly difficult to resolve. Therefore, while no simple, direct relationship exists between acculturation and manifest anxiety symptoms, this relationship is possibly moderated by the sex and age of subjects.

Section III of the questionnaire consisted of five questions designed to determine the favorability or unfavorability of an individual's attitudes toward professional counseling and psychotherapy. Because researchers in the past tended to deal with counselor's feelings and attitudes toward counseling "culturally different" persons, this study focused on the opposite question of how "culturally different" individuals feel about receiving counseling. If, indeed, counseling and psychotherapy are a part of the Anglo establishment, then a Chicano who is more "Anglicized" should have a more favorable attitude toward counseling than a Chicano who is more traditional. This survey did show a significant positive correlation between degree of acculturation and favorability of attitudes toward counseling in that the more acculturated Chicanos showed a more positive attitude toward counseling. An important implication of this finding is that Chicanos
will continue to be "underrepresented" in the utilization of mental health services until Mexican Americans are more completely assimilated into the majority culture. This would further imply that, perhaps, Chicano mental health ought to be studied in specific relation to the Chicano culture's concepts of mental illness and that culture's unique approaches to psychological problems, rather than studying Chicano mental health in terms of Anglo mental health.

Limitations of the Study

This study is not without certain difficulties that limit the interpretability of data obtained from the survey. For instance, the manner in which subjects were selected to fill out the questionnaires was not strictly randomized. Individuals who were readily available and willing to cooperate were chosen, thus increasing the likelihood of a biased sample.

Likewise, certain items in the questionnaire could have been omitted, effectively rephrased, or updated. For example, in Section I, the question "What generation of Mexican Americans do you belong to?" was not understood by most high school subjects, and therefore, was rendered a meaningless item. Another item considered by some college Chicanos as "outdated" was that which forced them to choose between wanting to be either a real "family
person" but not very successful in a career, or a real success in career but not much of a "family person." The modern Chicana would prefer to be successful both as a family person and a career person.

Other inadequacies of the study seem to have sprung from the use of the questionnaire method itself. Problems of question reliability and data comparability appear to be commonly encountered in employing this method. Of the questionnaire as a tool for research, Kiev (1972) states: "There are no objective or independent methods for assessing the validity of respondent reports, which may be influenced by different theories, case materials, languages, national sentiments, bureaucratic controls, respondent experiences, and statistical reporting systems." This study certainly has not totally avoided these difficulties.

Implications for Future Research

Future research should be directed towards:

1. developing a measure of acculturation appropriate not only to college and high school Chicano students but to other subgroups (e.g., skilled, unskilled workers) as well.

2. using other measures of anxiety more appropriate and sensitive to purposes of establishing a relationship with acculturation.

3. conducting further studies regarding differences
in male and female reactions to acculturation.

4. determining whether people with positive attitudes towards counseling do indeed seek psychological help for problems.

5. finding out if existing psychological services are adequate to meet the needs of acculturating individuals seeking psychological assistance.
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APPENDIX

Questionnaire

This survey is part of a Graduate Thesis that wishes to investigate differences in people's attitudes towards professional counseling and psychotherapy. This study aims to find out whether such attitudes are related to one's family background and personal characteristics. To achieve this goal, it will be necessary to ask you some personal and family background information; what some of your values in life are; how you generally feel, physically and emotionally; and how you regard professional counseling and psychotherapy.

Please be assured that your identity will be kept anonymous (no name will be asked) and all information held confidential. You are under no obligation to answer all questions, although it will be much appreciated if you do respond to each item as accurately and as sincerely as you can.

It is hoped that the results of this study will be of importance not only to this writer, but also to all who are involved in the planning and administration of counseling and psychotherapy.

Thank you for your cooperation.
Personal Background Information

Please answer with a ✓ mark whenever possible, in the spaces provided for. Try not to skip any item and answer as accurately as you can.

1. Sex: M__ F__
2. Year in School: High School: 9_10_11_12__
   College: 1_ 2_ 3_ 4_ 5_
3. Marital Status: Single __ Separated __ Married __
   Living With ___ Separated ___ Divorced_
4. Year of Birth:__________ Age: ___
5. Where were you born?
   a. U.S. __
   b. Mexico __
   c. Other __
6. Citizenship:
   a. U.S. __
   c. Other __
7. How long have you been living in America? ___ No. of years.
8. How many times has your family* moved in the last 10 years?
   a. 0-2 times
   b. 3 0r more times
9. What generation of Mexican Americans do you belong to?
   a. 1st__
   b. 2nd__
   c. 3rd__
   d. 4th__
   e. 5th__

*All questions regarding home, family, or household in this questionnaire refer to your primary family, that is, the family you originally come from which includes your parents and brothers and sisters, if any.
10. How large is your family?
   a. 1-5 members____
   b. 6 or more____

11. How many live at home?
   a. Mother____
   b. Father____
   c. Self____
   d. Number of brothers____
   e. Number of sisters____
   f. Number of grandparents____
   g. Others____

12. What language do you speak at home?
   a. Spanish only____
   b. Mostly Spanish____
   c. Mostly English____
   d. English only____

13. How would you describe the neighborhood in which you live?
   a. Mexicans only____
   b. 60% Mexicans____
   c. 60% Anglos____

14. Who is the head of your household?
   a. Father____    c. Both____
   b. Mother____    d. Other____

15. Where was the head of your household born?
   a. Mexico____
   b. U.S.____
   c. Other____

16. What is the citizenship of the head of your household?
   a. U.S.____
   b. Mexican____
   c. Other____

17. Where was he/she brought up?
   a. Farm____
   b. City____
18. What is his/her occupation?

19. Approximate annual income of the family/year

20. Educational attainment of head of household:
   a. 0-8 years___
   b. 9 or more___

21. You are:
   a. Owning home___
   b. Renting home___

22. What is your religious affiliation?
   a. Catholic___
   b. Protestant___
   c. None___
   d. Other___

* * * * *

All of us have some ideas about the kind of person we would really like to be. In each of the following questions, I want you to tell what kind of person you would rather be: the kind labeled "a" or the kind labeled "b." There are no right or wrong answers. The best answer is the one that best reflects what you truly feel. If you prefer "a", please put a circle around @; if you prefer "b", put a circle around ©.

1. Which kind of person would you rather be?
   a. someone who tries always to be satisfied with what he/she has and never to want more.
   b. someone who is always looking for something better than what he/she has.

2. Which kind of person would you rather be?
3. Which kind of person would you rather be?

a. someone who is a real "family person" but isn't very successful in business or career.
b. someone who is a real success in business or career but isn't much of a "family person."

4. Which kind of person would you rather be?

a. someone who is always completely honest in letting other people know how he/she feels about them even if he/she might hurt their feelings by saying it.
b. someone who won't say what he/she really thinks of other people if he/she might hurt their feelings by saying it.

5. Which kind of person would you rather be?

a. someone who takes advantage of any good opportunity to get ahead, even when he/she has the chance of losing what he/she has.
b. someone who would rather have a small but secure position than take a chance at losing what he/she has to get ahead.

6. Which kind of person would you rather be?

a. someone who does most things as well as friends?
b. someone who does most things better than friends?

7. Which kind of person would you rather be?

a. someone who likes to do things on his/her own, without asking advice from other people.
b. someone who likes to have advice from other people on things he/she does, seldom doing things on his/her own.

8. Which kind of person would you rather be?

a. someone who never lets an insult to his/her honor or his/her family's honor go by.
b. someone who tries to overlook or laugh off any insults to his/her honor or his/her family's honor.
Please put a circle around "T" if your answer to the statement is true; a circle around "F" if your answer is false.

T F 1. I do not tire quickly.
T F 2. I am often sick to my stomach.
T F 3. I am about as nervous as other people.
T F 4. I have very few headaches.
T F 5. I work under a great deal of strain.
T F 6. I cannot keep my mind on one thing.
T F 7. I worry over money and business.
T F 8. I frequently notice my hand shakes when I try to do something.
T F 9. I blush as often as others.
T F 10. I have diarrhea ("the runs") once a month or more.
T F 11. I worry quite a bit over possible troubles.
T F 12. I practically never blush.
T F 13. I am often afraid that I am going to blush.
T F 14. I have nightmares every few nights.
T F 15. My hands and feet are usually warm enough.
T F 16. I sweat very easily even on cool days.
T F 17. When embarrassed I often break out in a sweat which is very annoying.
T F 18. I do not often notice my heart pounding and I am seldom short of breath.
T F 19. I feel hungry almost all the time.
T F 20. Often my bowels don't move for several days at a time.
T F 21. I have a great deal of stomach trouble.
T F 22. At times I lose sleep over worry.
TF 23. My sleep is restless and disturbed.
TF 24. I often dream about things I don't like to tell other people.
TF 25. I am easily embarrassed.
TF 26. My feelings are hurt easier than most people.
TF 27. I often find myself worrying about something.
TF 28. I wish I could be as happy as others.
TF 29. I am usually calm and not easily upset.
TF 30. I cry easily.
TF 31. I feel anxious about something or someone almost all of the time.
TF 32. I am happy most of the time.
TF 33. It makes me nervous to have to wait.
TF 34. At times I am so restless that I cannot sit in a chair for very long.
TF 35. Sometimes I become so excited that I find it hard to get to sleep.
TF 36. I have often felt that I faced so many difficulties I could not overcome them.
TF 37. At times I have been worried beyond reason about something that really did not matter.
TF 38. I do not have as many fears as my friend.
TF 39. I have been afraid of things or people that I know could not hurt me.
TF 40. I certainly feel useless at times.
TF 41. I find it hard to keep my mind on a task or job.
TF 42. I am more self-conscious than most people.
TF 43. I am the kind of person who takes things hard.
TF 44. I am a very nervous person.
TF 45. Life is often a strain for me.

TF 46. At times I think I am no good at all.

TF 47. I am not at all confident of myself.

TF 48. At times I feel that I am going to crack up.

TF 49. I don't like to face a difficulty or make an important decision.

TF 50. I am very confident of myself.

* * * * *

Please indicate the extent to which you agree or disagree with the statements by putting a circle around the letter that best describes your feelings. If you strongly agree with the statement, put a circle around "a"; if agree, "b"; if undecided, "c"; if disagree, "d"; and if strongly disagree, "e."

1. If I had a personal problem, I will be willing to see a professional counselor or psychotherapist to talk about it.
   a. Strongly Agree
   b. Agree
   c. Undecided
   d. Disagree
   e. Strongly Disagree

2. It is better to ask advice or help from your family or friends than from someone who does not know you personally.
   a. Strongly Agree
   b. Agree
   c. Undecided
   d. Disagree
   e. Strongly Disagree
3. If I had a friend who had an emotional problem, I will suggest that he/she see a professional counselor or psychotherapist.
   a. Strongly agree
   b. Agree
   c. Undecided
   d. Disagree
   e. Strongly Disagree

4. Professional counselors and psychotherapists are people who can help you with your emotional problems better than any other person can.
   a. Strongly Agree
   b. Agree
   c. Undecided
   d. Disagree
   e. Strongly Disagree

5. I will not approach a professional counselor or psychotherapist even if there is nobody else to help me with my problems.
   a. Strongly Agree
   b. Agree
   c. Undecided
   d. Disagree
   e. Strongly Disagree
COMPARISON OF
SPECIAL EDUCATION TEACHERS' AND
ELEMENTARY EDUCATION TEACHERS'
ATTITUDES TOWARD SPECIFIC CLASS LABELS

A Thesis
Presented to the
Faculty of
California State College, San Bernardino

by
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June 1977

Approved by:

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ABSTRACT

The focus of the present study was to investigate special vs. elementary educators' attitudes toward special class labels. The special class labels involved were constructed using bipolar scales of 16 different characteristics. These sets of scales were applied to the ideal child, the average child, and various types of handicaps. The results indicate that there was a smaller discrepancy between the ideal child and the average child than between the ideal child and the various handicap labels. The results also indicate that, due to a significant interaction effect, the special educators react more favorably toward the descriptive labels Mongoloid, Mental Defective and Aphasic than the elementary educators. However, the global hypothesis that special educators would react more favorably toward all labels than elementary educators was not substantiated. Two clusters, a medico-physico and socio-psychological, were compared; however, the hypothesis that the medico-physico cluster would exemplify less stigma was not substantiated.
INTRODUCTION

Presently in the literature there is a paucity of information concerning teachers' attitudes toward special class labels. There are, however, many studies indicating the detrimental effects of labeling in education (Blatt, 1972; Dunn, 1968; Johnson, 1969; Jones, 1972; Mercer, 1973).

The purpose of this research is to expose and explore differing attitudes (stigma attachment) toward special class labels by special and regular class educators to determine if experience with handicapped children is related to the labeling process. As mentioned previously, the research in this area is slight, making it imperative to cover the major labeling issues which indirectly apply to the central purpose of the present research. The issues which will be covered are: 1) the effects of labeling, 2) the efficacy of special classes in support or denial of the detrimental effects of labels (this section is specifically geared toward the mildly retarded which accounts for the bulk of empirical research done on the labeling issue), 3) teacher expectancy studies -- their strengths and weaknesses, and 4) the connotative and denotative meaning of mental retardation.
The Effects of Labeling

Labeling has caused much controversy, even when used as a way to designate accurately what type of program is needed for the child. However, the misuses of labeling are a definite problem in education today. Dunn (1968) caused much controversy when he stated that the special class is disadvantageous to the slow learner and underprivileged. He also claimed that disability labels such as "handicapped" when given to a child reduce the teacher's expectancy of the child to succeed. Removing him from the regular class because of this label is said to have a debilitating effect upon the child's self-image. By keeping the child in the mainstream of education, much of this labeling effect is potentially avoided or controlled. Today several serious education and civil rights cases (e.g. Segal, 1972) have arisen in opposition to the special class because it labels described children as mentally retarded and it discriminates against them and segregates them from normal peers.

The concern for the detrimental effects of labeling has focused primarily on the effect of the label on the mildly retarded child of low social status. In court cases, detrimental effects of the "mentally retarded" label are cited as fact (Ross, DeYoung, and Cohen, 1971; Segal, 1972 and Weintraub, 1972). Yet a search of the empirical literature on labeling and what data is available
tends to be anything but conclusive. Nevertheless, the position of the majority of special educators seems to be that labeling has a detrimental effect. Such a view has apparently been unchallenged as one reads the accounts of litigations charging, in part, that the labeling of the child as mentally retarded has had devastating effects.

The nature of the labeling effect and the dynamics whereby the label produces certain outcomes are certainly more complex than the cursory explanations provided to date. A few writers on this topic have noted that some type of categorization or classification is essential to the progress of scientific inquiry (Cruickshank, 1972; Haywood, 1971); others have acknowledged the complexity of the problem (e.g. Jones, 1972; MacMillan, 1971; Meyers, 1973). To date, authors have tried to weigh existing evidence on the impact of labels on children and to draw whatever conclusions might be possible, however tenuous the evidence might be.

Finally, in the case of labeling, the burden of proof lies with those who advocate the use of labels to demonstrate that the categorization demonstrably benefits the individual who is labeled. That is, do the benefits of categorization actually outweigh the detrimental effects?
The Efficacy of Special Class Studies

The studies of efficacy of special classes reveal little regarding the effect of the label, yet are cited widely. The classic study which basically began the stream of studies on efficacy of the special class was conducted by Johnson and Kirk in 1950. Utilizing a sociometric technique these investigators found in 25 classrooms with 689 children:

1. Three times more stars (designation for popularity) among non-retarded than retarded children.

2. Sixty-nine percent isolates (designation for unpopularity) among retarded versus 39 percent among non-retarded children.

3. Retarded children were overtly rejected 10 times more frequently than non-retarded children.

Johnson and Kirk pointed out that the retarded child in a regular class is as socially isolated as he would be if he were not physically present. Jordan (1966) further emphasized the point that special class placement does not precipitate a cleavage between the retarded child and his peers since the cleavage already exists whether the retarded child is in school or not. In 1958, Baldwin studied the social position of mentally retarded children.
in the regular class in a school that also had some special classes available. She found that even with the more deviant children out of regular class the degree of social acceptance of educable mentally retarded children (EMR) in the regular grades was much lower than that of the non-EMR child in the same classroom. Both teachers and students agreed that anti-social behavior was in the form of compensation for lack of mental ability to cope with a situation in which the mentally retarded felt inadequate.

In 1958, Blatt compared EMRs in segregated and regular classes from separate communities and found that EMRs in special classes appeared to be more socially mature and emotionally stable than EMRs in regular classes. However, Blatt recommended further investigation of this finding to see if special class teachers tend to accept retarded children more than do regular class teachers and what effect this might have on the child's total development. Goldstein, Moss and Jordan (1965) criticized this type of community comparison, stating that because of the possible lack of exhaustive screening, the special class data did not include a representative sample of EMR children.

One study which did have equivalent groups and random assessment was the 1965 study of Goldstein, Moss
and Jordan. Their investigation screened all entering first grade children in schools in three communities in control situations; all children who had individual IQ test scores below 85 were randomly assigned to regular or special classes. After four years it was found that:

1. Both groups had raised their average IQ's from 75 to 82.
2. Neither group was superior in academic achievement.
3. Neither group was superior on a test of social knowledge.

This study lends credence to Johnson's (1962) allegation that special classes were no better than the regular classes in fostering academic achievement.

Gottlieb and Budoff (1973) studied the social acceptability of retarded children in non-graded schools which differed in architecture. The results showed that EMRs in the open concept school were rejected more often than retarded children in the walled school. This indicates that the structure of the school or concept has little or no impact on the phenomenon of stigmatization through labeling.

Another recent study by Jano, Ayers, Heller, McGettigan and Walker (1974) investigated the alternative integrated program called the resource room to determine the sociometric status in regular classes of former, special class
EMRs who were participating in the resource room program. Despite the availability of supportive resource room services, the investigators found that EMRs were apparently not any better accepted in the regular class than were EMRs in previous studies who had not received such supportive services.

For purposes of isolating the effect of labeling, these studies are of little use because of the variety of independent variables. The efficacy of special class studies in general does not support the deleterious effect of labeling, for they are unable to isolate the effect of the phenomenon and its interaction with other known variables such as social background, peer pressure, etc. In fact, the majority of these studies suggest better adjustment was indicated in the special class or no difference.

Teacher Expectancy - The Self-fulfilling Prophecy

The believability of the charge that teachers contribute to the self-fulfilling prophecy of low academic achievement depends on the validity of the research of Rosenthal and Jacobsen (1966, 1968).

The study involved fast, medium, and slow reading classrooms at each grade from first through sixth in a single elementary school, "Oak School" in South San Francisco. During May, 1964, while students were in grades K through 5, the Harvard Test of Inflected
Acquisition was administered. As described to teachers
the new instrument purported to identify "bloomers" who
would probably experience an unusual forward spurt in
academic and intellectual performance during the following
year. Actually the measure was Flanagan's test of General
Ability (TOGA) chosen as a non-language group intelligence
test that would provide verbal and reasoning subscores as
well as total IQ. As school began in Fall of 1964, 20% of
the students were randomly designated as "spurters."
Each of the 18 teachers received a list of from one to
nine names identifying those "spurters" who would be in
his class. TOGA was then readministered in January 1965,
May 1965 and May 1966. Rosenthal and Jacobsen chose to
obtain simple gain scores from the pre-test to make their
primary comparisons with these. Two- and three-way
analyses of variance were the statistical computations
utilized. The results were interpreted as showing
"that teachers' favorable expectations can be responsible
for gains in their pupils' IQs and for the lower grades,
that these gains can be quite dramatic" (cited Snow, 1969).

Since this initial study, many studies have tried to
indicate teacher expectancy in the classroom and account
for failure or success in academic performance, yet the
evidence from these studies remains inconclusive and not
supportive (Snow, 1969). Rosenthal's and Jacobsen's
study has been extremely difficult to replicate from an experimental design point of view (replete with sampling bias and confounding variables), yet many intriguing studies have been generated out of this initial research. One rather ingenious study by Rosenberg (1959) had college students interview institutionalized children grouped according to high ability and low ability. It was hypothesized that more "binary" questions (requiring only agreement and disagreement) would be asked of low ability children by college students. It was thought that the interviewer would adjust his behavior to the level he thought appropriate for the "type" of child with whom he was dealing. Such adjustments, if found with teachers, ward attendants, peers and parents, would lead to concern over the possibility of an oversimplified stimulus environment to which labeled children are exposed. The differences obtained were not significant.

In Dunn's (1968) article, the studies of Rosenthal and Jacobsen (1966) are relied upon heavily in documenting the existence of the self-fulfilling prophecy. MacMillan (1971) was critical of Dunn's reliance on this research and wrote: "If we could extrapolate so easily from the Rosenthal and Jacobsen work as implied by Dunn, the problem could be solved immediately by simply labeling the children under consideration 'gifted' and thereby
increase the teacher's expectancy for them to succeed."
(p. 252)

The main proponent of the self-fulfilling prophecy as it relates to the mentally retarded, defective or handicapped is Lewis Dexter. Dexter (1956, 1958, 1960, 1964) suggested that much of the retarded behavior displayed by the labeled individual is determined by the expectations of others and their treatment of him. Dexter (1958) points out that the self-image of the mentally handicapped in a society which stresses aptitude and intellectual achievement is likely to be negative because the "looking glass self" principle operates and they learn from their social contacts to introject these negative experiences. Consequently, difficulties are created, derived from the social role of the handicapped rather than from anything inherent in the biopsychological nature of the handicapped individual. The dynamics involved in the self-fulfilling prophecy center on two alternatives, either a) the individual who knows that a certain child is retarded somehow communicates this to the child, which results in self-devaluation as described above or b) the individual who knows that a certain child is retarded behaves differently towards the child than if the child had not been classified as retarded.
The concept of teacher bias is closely related to the concept of the self-fulfilling prophecy referring to the tendency for events to occur in the manner which has been predicted. A study by Soule (1972) was designed to examine the effect of experimentally induced teacher bias on the subsequent behavior of institutionalized severely retarded children when the bias was a result of optimistic psychological reports to cottage parents. After pre-test and post-test results from different tests were analyzed, no bias effect was found. In this study no attempts were made to measure directly the existence of teacher bias. It was felt that the presence of such bias could be inferred if the performance of the children had been changed by biased psychological reports. Therefore, teacher bias may or may not have been created in the cottage parents, but in any case, the effects of such bias could not be measured with the instruments used. These results contribute to the evidence that the teacher bias effect is unpredictable and may not have the strength which is popularly attached to it.

The research on the self-fulfilling prophecy has failed to provide clear-cut evidence in support of the impact of labeling on educational and social judgments such as popularity and personal traits. Guskin (1963) hypothesized that the role concept "defective" probably leads to certain privileges as well as punishments,
including the absence of demands for self-support and protection, and the acceptance of certain unusual behavior contrary to norms for non-defective individuals. Goodman, Gottlieb and Harrison (1972) found that mentally retarded children completely integrated into regular classes were sociometrically rejected significantly more often than non-retarded children. Furthermore, the integrated mentally retarded children were rejected significantly more frequently than those in a self-contained class.

In a subsequent investigation (Gottlieb and Davis, 1973) there was no significant difference in the frequency with which integrated and segregated retarded children were chosen as "partners" in a game. What is indicated by these studies is a transformation of the self-fulfilling prophecy phenomenon into a social acceptance frame of reference. The behavior of the labeled person and how that behavior is perceived from a specific attached label becomes of central importance rather than the fulfillment of a prophecy.

Connotative and Denotative Aspects of Mental Retardation

In the present comparison of the attitudes of regular elementary school teachers with special class teachers toward 12 specific class labels, many of the specific class labels utilized (i.e., mongoloid, mentally handicapped) relate directly to the category of mental retardation.
The labeling issue is somewhat different concerning mental retardation than would be true for other categories. One must consider the connotative and denotative meanings of the term, mental retardation. Specifically, mental retardation refers to the condition mentioned in the American Association of Mental Deficiency (AAMD) definitions which states that the mentally retarded child must have impairments in adaptive behavior as well as IQ (Heber, 1961; Grossman, 1973). At the same time, there are 200 or more clinical syndromes, all of which accompany a learning problem. As Potter points out (in Jones, MacMillan, Aloia, 1974), the use of a single label to cover both conditions that are biologically grounded and virtually irreparable and also conditions stemming from different causes which are open to change through variation of individual social circumstances, wrongfully obscures possibilities for successful intervention. Potter's observation is probably valid when one considers the connotative meaning of the word. The same issue was discussed by Meyers (1973) when he wrote: "The parents and other acquaintances of the able bodied EMRs who have until school age, performed adequately in the community, are somewhat disturbed that the children are brought under the general rubric of 'mental retardation'--a label which evokes the image of more patently retarded
children with strange bodies and multiple handicaps."
(Hollinger and Jones, 1970; Meyers, Sither and Watts, 1966) This conceptual association includes the attributes of incurability and chronicity, while the milder EMRs are "chronic" only in the school years and "recover" upon leaving school.

Hollinger and Jones (1970) suggested another source of confusion over the denotative and connotative meanings of the words "mental retardation", which they considered the unfortunate spilling over from other labels, especially mental illness. With the word "mental" common to both labels, many people confuse the two and attribute characteristics of mentally ill persons to those who are mentally retarded.

Another source of apparent confusion is related to what Zigler (1970) called the "modal man." In essence, this phenomenon occurs when people perceive all individuals who share some designation (e.g., mentally handicapped, aphasic, emotionally disturbed) as possessing identical attributes, and those attributes are generally those possessed by most individuals carrying a particular designation. Zigler (1970) elucidates the "modal man" phenomenon by saying that rather than conjuring up attitudes of the modal retarded individual the term "retardation" seems to make individuals think of the biologically disordered retarded person with a poor prognosis. Most of
the research in this area has utilized the semantic differential technique and the responses are given to mental retardation in an abstract form. Whether such perceptions come to mind when a person is interacting with a retarded individual remains in the realm of conjecture.
RATIONALE

The rationale for the present research is a direct result of a study conducted by Morin (1974) in which the relative degree of perceived stigma attached to various learning disability labels was explored utilizing a semantic differential technique with 64 public school teachers. Morin found that the learning disability labels clustered together between those labels based on physical handicaps and those based on socio-psychological grounds. The least stigma was found with the label having an educational focus with acknowledgment of specificity of the problem.

The present study was concerned with identifying the amount of stigma generated by specific labels by two groups of teachers, regular elementary school teachers (Group I) and special class teachers (Group II).

The intention is to explore whether specific class labels can more strongly affect the judgment of teachers not as familiar with the designations (i.e., elementary school teachers). If familiarity affects their judgments, it might be expected that the two different types of teachers would tend to rate the handicap labels differently, i.e., with special educators responding more
favorably to the labels. Furthermore, these differences in rating might also affect the overall evaluation of the handicap types, regardless of teacher type.

Another concern of the study involves the differences in the ratings of the handicap labels vis-à-vis the Average Label. The notion of handicap implies that these labels refer to children who are further divergent from the Ideal Child than the Average Child. Since this effect is expected to occur regardless of the type of teacher, this effect can be evaluated as a general effect for all teachers.

In the study conducted by Morin, et al. (1974), the learning disability labels clustered into two groups: 1) a medico-physical cluster; and 2) a socio-psychological cluster. The present study investigates possible differences in the degree of stigma attached to each of these categories of labels. The medico-physical cluster consisted of the labels multiple handicap, cerebral palsy, mongoloid, crippled, mentally defective, and mentally handicapped. The socio-psychological cluster consisted of emotionally disturbed, mentally disordered minor, childhood schizophrenia, aphasic, and autistic. The present study attempts to replicate the emergence of the two separate clusters.

The above discussion leads to the following hypotheses:
Hypothesis 1
There will be a significant difference in the overall ratings of the handicap labels by the two groups of teachers (special educators vs. elementary school teachers).

Hypothesis 2
There will be a significant difference between the average child label and the handicap labels taken as a group.

Hypothesis 3
There will be a significant difference in the average stigma attached to the socio-psychological cluster from that attached to the medico-physical cluster.
METHOD

Subjects

The two groups of subjects which were utilized were 30 elementary school teachers (Group I) and 30 special educators (Group II). The elementary educators were selected from the Fontana Unified School District. The special educators were selected from schools for the trainable mentally retarded in Fontana and San Bernardino. Unfortunately it was not possible to randomly assign teachers to the two experimental conditions (special education and elementary educators) nor was it possible to use a probability sample from the pool of teachers that were practicing in these two professions.

Instrument

The instrument which was utilized was an adaptation of Osgood and Tannenbaum's Semantic Differential Scale (Morin, et al. 1974). The adjective pairs used in this adaptation were active/passive; rugged/delicate; pleasant/unpleasant; unsuccessful/successful; kind/cruel; masculine/feminine; insane/sane; excitable/calm; dull/sharp; weak/strong; good/bad; healthy/sick; low social status/high social status; intelligent/unintelligent; worthless/valuable; and socially popular/socially unpopular. Both
the order of the presentation and the polarity of the adjectives were randomly ordered. The labels which were used were two non-specific labels, ideal and average, as well as 11 specific labels. The 11 specific labels were autism, childhood schizophrenia, mentally disordered minor, emotionally disturbed, mentally defective, multiple handicapped, crippled, mongoloid, mentally handicapped, aphasic and cerebral palsy. The instrument was scored using a 1- through 7-point scale.

Procedure

The instrument was administered to individual subjects as well as groups of subjects. The instructions given were standard for the issuance of the Semantic Differential Scale (Osgood and Tannenbaum, 1957, p. 82). The subjects were encouraged to progress through the scale refraining from viewing previous answers. The subjects were instructed to read the directions carefully and not to take more than 15 minutes to fill in the instrument (see Appendix). Any questions which arose were answered quickly by the administrator of the instrument.

Measures

The raw variables consisted of 13 ratings of hypothetical children on 16 scales each. One of the raw variables was a rating on the 16 scales of the
characteristics of an ideal child. Another of these variables was an identical measure constructed for the average child. The other 11 raw variables consisted of identical scales applied to various types of handicapped children. The dependent variable was constructed by the transformation as shown in Tables 1 and 2. This first step was the subtracting of the ideal items from each of the remaining variables. That is, the rating of each of the 16 scales for each concept was subtracted from the same scale value on the other 12 label description concepts. The final step was to sum these absolute values over the 16 scales resulting in 12 individual scores arising from the transformation. These 12 scores were repeated measures of the dependent variable, which may be called "total discrepancy from ideal score."

Design

A mixed analysis of variance design consisting of one between factor and one within factor was used. The between factor in the design was the type of teacher who completed the questionnaire (elementary or special education) and the within factor was the label of the child whose discrepancy from the ideal was being examined (see Table 3).

The main hypothesis that there will be a significant difference in the discrepancy scores between the two
Table 1
Construction of the Dependent Variable:
Raw Scores as Derived from
Scales for One Hypothetical Teacher

<table>
<thead>
<tr>
<th>Scale</th>
<th>Ideal</th>
<th>Average</th>
<th>Handicap #1</th>
<th>...</th>
<th>Handicap #11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale_1</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>...</td>
<td>4</td>
</tr>
<tr>
<td>Scale_2</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td>Scale_3</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>...</td>
<td>4</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Scale_{16}</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>...</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 2  
Construction of the Dependent Variable:  
Computation of Difference Scores  
and Sums from the Evaluations  
of One Hypothetical Teacher

<table>
<thead>
<tr>
<th>Ideal-Average</th>
<th>Ideal Handicap #1</th>
<th>Ideal-Handicap #11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale_1</td>
<td>$</td>
<td>7 - 6</td>
</tr>
<tr>
<td>Scale_2</td>
<td>$</td>
<td>6 - 4</td>
</tr>
<tr>
<td>Scale_3</td>
<td>$</td>
<td>6 - 5</td>
</tr>
</tbody>
</table>

\[ \vdots \]

| Scale_16      | $|6 - 4| = 2$       | $|6 - 3| = 3$        | $|6 - 2| = 4$     |

Total Difference  
(Sum of Scales 1 - 16)  

6  
14  
13

Note. These values taken from Table 1.
Table 3
Tabular Representation of Design Factors

<table>
<thead>
<tr>
<th>Between Teachers</th>
<th>Within Teachers</th>
<th>Average</th>
<th>Handicap #1</th>
<th>Handicap #2</th>
<th>Handicap #11</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEL</td>
<td></td>
<td>X111</td>
<td>X112</td>
<td>X113</td>
<td>X1112</td>
</tr>
<tr>
<td>SE2</td>
<td></td>
<td>X121</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>SE3</td>
<td>X131</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SE30</td>
<td>X1301</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S31</td>
<td></td>
<td>X211</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S3</td>
<td></td>
<td>X221</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special</td>
<td></td>
<td>X231</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ss30</td>
<td>X2301</td>
<td></td>
<td></td>
<td>X23012</td>
</tr>
</tbody>
</table>
teacher types, was tested using the between factor of the study.

The within factor was used to test two separate hypotheses. The first of these hypotheses was that there was a significant difference between the average child's label and the various handicap labels. This hypothesis requires contrasting the average child label with a composite mean for the 11 handicap types. The second hypothesis using the within subject factor was that teachers would differ significantly in their evaluations of the socio-psychological cluster of handicaps vs. the medico-physical cluster. This hypothesis requires the contrasting of the six medico-physical handicaps with the five socio-psychological handicaps.
RESULTS

The analysis was performed by using the BMDØ8V of the Biomedical Computer Programs series (Dixon, 1973). The mixed design involved a between-subjects (teacher type) variable and within-subject variable (handicap label). The results of this analysis can be seen from Table 4.

Table 4
Presentation of Analysis of Variance of Mean Discrepancy Response Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Ms</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher Type (T)</td>
<td>1,496.45</td>
<td>1</td>
<td>1,496.45</td>
<td>.89</td>
</tr>
<tr>
<td>Error (b)</td>
<td>97,814.75</td>
<td>58</td>
<td>1,686.46</td>
<td></td>
</tr>
<tr>
<td>Within</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handicap Type (H)</td>
<td>15,960.79</td>
<td>11</td>
<td>1,450.98</td>
<td>24.74**</td>
</tr>
<tr>
<td>TH</td>
<td>1,626.33</td>
<td>11</td>
<td>147.85</td>
<td>2.52*</td>
</tr>
<tr>
<td>Error (w)</td>
<td>37,407.55</td>
<td>638</td>
<td>58.63</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01

**p < .001
The F-Score for the teacher type was .89 which was not significant. The mean discrepancy of the elementary school teachers was 34.25 while the means of the special education teachers was 31.37. The factor of handicap labels was significant beyond the .001 level with an F-Score of 24.75. (The means for the 12 handicap labels are in Tables 5 and 6.)

<table>
<thead>
<tr>
<th>Category Label</th>
<th>Mean of Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>19.68</td>
</tr>
<tr>
<td>Crippled</td>
<td>28.95</td>
</tr>
<tr>
<td>Aphasic</td>
<td>29.98</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>31.20</td>
</tr>
<tr>
<td>Multiple Handicap</td>
<td>34.13</td>
</tr>
<tr>
<td>Emotionally Disturbed</td>
<td>34.17</td>
</tr>
<tr>
<td>Mentally Disordered Minor</td>
<td>34.82</td>
</tr>
<tr>
<td>Mentally Handicapped</td>
<td>34.83</td>
</tr>
<tr>
<td>Childhood Schizophrenia</td>
<td>35.75</td>
</tr>
<tr>
<td>Autistic</td>
<td>36.45</td>
</tr>
<tr>
<td>Mongoloid</td>
<td>36.58</td>
</tr>
<tr>
<td>Mentally Defective</td>
<td>37.37</td>
</tr>
</tbody>
</table>

Mean discrepancy from ideal over all handicapped types 34.02
Table 6

Mean Scores for Clustered Handicap Types

<table>
<thead>
<tr>
<th>Socio-Psychological</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aphasic</td>
<td>29.98</td>
</tr>
<tr>
<td>2. Emotionally Disturbed</td>
<td>34.17</td>
</tr>
<tr>
<td>3. Mentally Disordered Minor</td>
<td>34.82</td>
</tr>
<tr>
<td>4. Childhood Schizophrenia</td>
<td>35.75</td>
</tr>
<tr>
<td>5. Autistic</td>
<td>36.45</td>
</tr>
<tr>
<td>Group Mean</td>
<td>34.23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medico-Physical</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Crippled</td>
<td>28.95</td>
</tr>
<tr>
<td>2. Cerebral Palsy</td>
<td>31.20</td>
</tr>
<tr>
<td>3. Multiple Handicap</td>
<td>34.13</td>
</tr>
<tr>
<td>4. Mentally Handicapped</td>
<td>34.83</td>
</tr>
<tr>
<td>5. Mongoloid</td>
<td>36.58</td>
</tr>
<tr>
<td>6. Mentally Defective</td>
<td>37.37</td>
</tr>
<tr>
<td>Group Mean</td>
<td>33.84</td>
</tr>
</tbody>
</table>
The interaction effect between teacher type and the category labels was significant ($F = 2.51, p < .01$). The individual cell means from which the $F$ statistic was computed is found in Table 7.

Table 7
Mean Discrepancies from Ideal
by Handicap and Teacher Type

<table>
<thead>
<tr>
<th>Category Label</th>
<th>Teacher Type</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elementary</td>
<td>Special</td>
<td>Difference</td>
</tr>
<tr>
<td>1. Childhood Schizophrenia</td>
<td>34.83</td>
<td>36.67</td>
<td>-1.84</td>
</tr>
<tr>
<td>2. Multiple Handicap</td>
<td>33.80</td>
<td>34.47</td>
<td>-0.67</td>
</tr>
<tr>
<td>3. Crippled</td>
<td>29.23</td>
<td>28.67</td>
<td>0.56</td>
</tr>
<tr>
<td>4. Cerebral Palsy</td>
<td>31.73</td>
<td>30.67</td>
<td>1.06</td>
</tr>
<tr>
<td>5. Emotionally Disturbed</td>
<td>35.03</td>
<td>33.00</td>
<td>2.03</td>
</tr>
<tr>
<td>6. Mentally Disordered Minor</td>
<td>35.87</td>
<td>33.77</td>
<td>2.1</td>
</tr>
<tr>
<td>7. Average</td>
<td>20.73</td>
<td>18.63</td>
<td>2.1</td>
</tr>
<tr>
<td>8. Autistic</td>
<td>37.93</td>
<td>34.97</td>
<td>2.96</td>
</tr>
<tr>
<td>9. Mentally Handicapped</td>
<td>37.07</td>
<td>32.60</td>
<td>4.47*</td>
</tr>
<tr>
<td>10. Mental Defective</td>
<td>40.40</td>
<td>34.33</td>
<td>6.07*</td>
</tr>
<tr>
<td>11. Aphasic</td>
<td>33.63</td>
<td>26.33</td>
<td>7.30*</td>
</tr>
<tr>
<td>12. Mongoloid</td>
<td>40.80</td>
<td>32.37</td>
<td>8.43*</td>
</tr>
</tbody>
</table>

*p < .01
The second hypothesis, comparing the ideal child with the various handicap labels, required an analysis of the individual means. Scheffe's test for analyzing differences between means within an experimental factor indicated that the average child label showed significantly less deviation from the ideal child label (19.68) than did the various handicap labels (34.02). The critical value needed to reject the null hypothesis was $S_c = 64.76$ while the actual value obtained from the mean difference was for that contrast, 157.75 ($p < 0.001$) (see Table 5).

The third hypothesis, comparing the medico-physico cluster to the socio-psychological cluster, required a similar analysis employing another contrast using Scheffe's test of significance. The critical value needed to reject the null hypothesis of no difference between handicap clusters was 80.54. The actual contrast difference comparing the weighted means was 11.72 (NS). Therefore, the null hypothesis is not rejected (see Table 6).

The analysis of variance indicated that there was no overall difference between the scores of the two groups of teachers. The significant interaction effect indicated that there were differences in the ratings of specific labels even though there was no overall effect. Tukey's HSD Test was used to investigate differences in the individual label ratings for the two groups of teachers. The critical value needed to reject the null hypothesis of no
mean difference at the .01 level was 5.585. Three of the label categories, Mongoloid, Aphasic and Mental Defective, exhibited differences between the special educators and the elementary school teachers greater than the critical value with the special educators showing less discrepancy from the ideal for each of three labels (p's<.01).
DISCUSSION

The first hypothesis was concerned with differences in responses of special education teachers when compared with regular elementary school teachers. More specifically, one might expect smaller deviations for the handicapped labels by the special education teachers due to personal contact with children who exemplify these disabilities and also because of formal training. The results do not bear out such a global assessment. Such a pattern was, however, suggested by significant interaction effects.

The interaction effect shows that the lower ratings given by the elementary school teachers to the handicap labels tend not to be simply lower over the general domain of handicap types. These effects suggest, instead, that the discrepancies in ratings by the two teacher types are concentrated on a few of the handicap labels.

The interaction effect was significant on three labels, mongoloid, aphasic and mental defective, indicating that special educators rated these labels more favorably. It can be postulated that due to close contact or formal training, the special educators are more sensitive to these labels and as to their connotative
meaning than the elementary school teachers. It can also be postulated that in rating these descriptive labels the special educators were more realistic due to familiarity with individuals who are mongoloid, aphasic or who have been termed defective.

The second hypothesis was that the amount of discrepancy between the ideal child and the average child would be smaller than the discrepancy between the ideal child and the various handicap labels. The results indicate that this was the case. There are two implications that one may draw from these results. First, that handicap labels tend to increase the distance from the ideal child, that is, the labels for handicaps are basically pejorative. Second, one might also argue that such an expected finding increases the credibility of the dependent variable used as a measure of the connotative meaning of abstract labels.

The third hypothesis suggested that a medico-physico disability was somewhat less a stigma than a socio-psychological disability as measured in a discrepancy from the ideal child. The results did not support this hypothesis.

An attempt was made to explore the complexity of the labeling phenomenon and to provide evidence of attitudes which may be generated by descriptive label. The labeling question is raised for practical rather than scientific
reasons, and the practical issue of greatest significance is how to reduce any negative consequences for the persons involved. The strong interaction effect suggests that such training for those dealing with handicapped children is imperative for the categories mongoloid, aphasic, and mental defective. Clearly, children falling under these rubrics are much more susceptible to discrimination resulting from superstition and faulty beliefs of the untutored. The results suggest that more exposure for all teachers to some handicapped individuals might help the teacher realistically ascertain what the specific individual can or cannot do.

An alternative way of discovering the impact of labeling is to develop methods of removing the label and reducing its consequences and to determine whether these, in fact, have positive outcomes. For example, if we trained teachers to recognize that the label "retarded" includes a wide range of children—including those who are mislabeled because of instrument inadequacies or language problems—and to understand that most of the children labeled "retarded" will live "normal" adult lives and are deemed adequate by their nonretarded peers outside of school, we might expect that these teachers would interact in a more positive way with the "retarded" children with whom they come in contact. If this does occur, then we have not only a practical
procedure but also relevant evidence about the effects of current labeling practices.

In addition to the development of techniques to reduce the possible effects of labeling, it would seem of great importance to develop procedures for evaluating the consequences of labeling in any specific situation. While it may be difficult to sort out labeling effects in a general way, it should be possible in specific situations to determine whether children identified as retarded feel insulted, degraded, or embarrassed and whether their peers are mistreating them or teasing them as a result of their group membership.

This study thus suggests that we move from research activities to development and evaluation activities aimed at modifying labeling effects.
APPENDIX

INSTRUCTIONS

The purpose of this study is to measure the meanings of certain things to various people by having them judge them against a series of descriptive scales. In taking this test, please make your judgments on the basis of what these things mean to you. On each page of this booklet, you will find a different concept to be judged and beneath it, a test set of scales. You are to rate the concept of each of these scales in order.

Here is how you are to use these scales:

If you feel that the concept at the top of the page is very closely related to one end of the scale, you should place your check-mark as follows:

fair   \[ X_:.___:.___:.___:.___:.___: \] unfair

or

fair   \[ ___:.___:.___:.___:.___:X: \] unfair

If you feel that the concept is quite closely related to one or the other end of the scale (but not extremely) you should place your check-mark as follows:

interesting  \[ ___:X_:.___:.___:.___:\] boring

or

interesting  \[ ___:.___:.___:__:_X: \] boring

If the concept seems only slightly related to one side as opposed to the other side (but is not really neutral) then you should check as follows:

selfish  \[ ____X_:.___:.___:.___:\] unselfish

or

selfish  \[ ___:.___:.___:__:_X: \] unselfish

The direction toward which you check, of course, depends upon which of the two ends of the scale seem most characteristic of the thing you're judging.
If you consider the concept to be neutral on the scale, both sides of the scale equally associated with the concept, or if the scale is completely irrelevant, unrelated to the concept, then you should place your check on the middle space:

safe  ____:____:X:____:____:  dangerous

IMPORTANT: (1) Place your check marks in the middle of spaces, NOT on the boundaries:

THIS  NOT THIS

____:____:X:____:____:

(2) Be sure you check every scale for every concept, do not omit any.

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

Sometimes you may feel as though you've had the same item before on the test. This will not be the case, so do not look back and forth through the items. Make each item a separate and independent judgment. Work at fairly high speed through this test. Do not worry or puzzle over individual items. It is your first impressions, the immediate "feelings" about the items, that we want. On the other hand, please do not be careless, because we want your true impressions.
DATA SHEET

Sex ____________

Age ____________

Name of Schools:
College or University ____________________________

If high school student
Grade (i.e., 9,10,11,12) ____________

If junior high school
Grade (i.e., 7,8,9) ____________

What is your intended vocation?

What is the occupation of the principle breadwinner in your family?

If college student
Class level (i.e., freshman, soph., jr., sr.) ____________

Major ________________________________

If teacher in service
Grade or specialty _______________________

Age range of pupils _______________________

Years teaching in above grade or specialty ________________

How many years have you been teaching altogether? ____________

How would you rate your degree of satisfaction in teaching your
present grade or specialty? (Check one)

very satisfied __:__:__:__:__:__:__:__ very dissatisfied

Highest degree held ________________________________
### AVERAGE CHILD

# IDEAL CHILD

1. Active  __:__:__:__:__:__:__:__:__:__:__ : Passive
2. Rugged  __:__:__:__:__:__:__:__:__:__:__ : Delicate
3. Pleasant __:__:__:__:__:__:__:__:__:__:__ : Unpleasant
4. Unsuccessful __:__:__:__:__:__:__:__:__:__:__ : Successful
5. Kind __:__:__:__:__:__:__:__:__:__:__ : Cruel
6. Masculine __:__:__:__:__:__:__:__:__:__:__ : Feminine
7. Insane __:__:__:__:__:__:__:__:__:__:__ : Sane
8. Excitable __:__:__:__:__:__:__:__:__:__:__ : Calm
9. Dull __:__:__:__:__:__:__:__:__:__:__ : Sharp
10. Weak __:__:__:__:__:__:__:__:__:__:__ : Strong
11. Good __:__:__:__:__:__:__:__:__:__:__ : Bad
12. Healthy __:__:__:__:__:__:__:__:__:__:__ : Sick
13. Low social status __:__:__:__:__:__:__:__:__:__:__ : High social status
15. Worthless __:__:__:__:__:__:__:__:__:__:__ : Valuable
16. Socially popular __:__:__:__:__:__:__:__:__:__:__ : Socially unpopular
AUTISM

1. Active
2. Rugged
3. Pleasant
4. Unsuccessful
5. Kind
6. Masculine
7. Insane
8. Excitable
9. Dull
10. Weak
11. Good
12. Healthy
13. Low social status
14. Intelligent
15. Socially popular
16. Worthless

Passive
Delicate
Unpleasant
Successful
Cruel
Feminine
Sane
Calm
Sharp
Strong
Bad
Sick
High social status
Unintelligent
Socially unpopular
Valuable
MULTIPLE HANDICAPPED

1. Active                 Passive
2. Rugged                Delicate
3. Pleasant              Unpleasant
4. Unsuccessful          Successful
5. Kind                  Cruel
6. Masculine             Feminine
7. Insane                Sane
8. Excitable             Calm
9. Dull                  Sharp
10. Weak                 Strong
11. Good                 Bad
12. Healthy              Sick
13. Low social status    High social status
14. Intelligent          Unintelligent
15. Worthless            Valuable
16. Socially popular     Socially unpopular
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APHASIC

1. Active:_____:_____:_____:_____:_____: Passive
2. Rugged:_____:_____:_____:_____:_____: Delicate
3. Pleasant:_____:_____:_____:_____:_____: Unpleasant
4. Unsuccessful:_____:_____:_____:_____:_____: Successful
5. Kind:_____:_____:_____:_____:_____: Cruel
6. Masculine:_____:_____:_____:_____:_____: Feminine
7. Insane:_____:_____:_____:_____:_____: Sane
8. Excitable:_____:_____:_____:_____:_____: Calm
9. Dull:_____:_____:_____:_____:_____: Sharp
10. Weak:_____:_____:_____:_____:_____: Strong
11. Good:_____:_____:_____:_____:_____: Bad
12. Healthy:_____:_____:_____:_____:_____: Sick
13. Low social status:_____:_____:_____:_____:_____: High social status
14. Intelligent:_____:_____:_____:_____:_____: Unintelligent
15. Worthless:_____:_____:_____:_____:_____: Valuable
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3. Pleasant  
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5. Kind  
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7. Insane  
8. Excitable  
9. Dull  
10. Weak  
11. Good  
12. Healthy  
13. Low social status  
14. Intelligent  
15. Worthless  
16. Socially popular  

CRIPPLED

Passive
Delicate
Unpleasant
Unsuccessful
Cruel
Feminine
Sane
Calm
Sharp
Strong
Bad
Sick
High social status
Unintelligent
Valuable
Socially unpopular
MENTALLY DEFECTIVE

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