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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

March 1975

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Approved by:

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          Chairperson   Date

ABSTRACT

The purpose of this study was twofold: first, to investi-
gate 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 accultura-
tion, 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.

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INTRODUCTION

In recent years, there has been an increasing aware-
ness 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 dis-
advantaged." A survey of psychological literature in this
area reveals a vast number of studies that have been con-
ducted 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 minor-
ity 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 empha-
sizes work as a necessary means to rewards of a material
nature. The responsible individual keeps himself or her-
self 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 mater-
ial 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 ful-
filled (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 com-
petitive 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 expecta-
tion 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 equalitari-
anism 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 Mex-
> icans 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 fatal-
> istic 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 differ-
ent 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 neces-
sary or convenient to learn a new set of norms and behav-
iors 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 socio-cultural 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 Tehuantepac. 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,

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 overwhelm-
ingly 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 estab-
lished 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 admit-
ted 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 com-
pared 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 com-
plex 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 psy-
chiatry or psychotherapy is strictly "Anglo" and, there-
fore, 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 dur-
ing a regular meeting of the organization to those club
members who indicated a willingness to complete the question-
naires. Of the 60 questionnaires distributed, 32 were
subsequently completed and returned. Two of these question-
naires 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

	Sample Group			
	High School ($\underline{N}$ = 51)		College ($\underline{N}$ = 44)	
Characteristic	N	%	N	%
Sex				
Male	25	49	22	50
Female	26	50	22	50
Age				
Less than 18	49	96	--	--
18-25	2	4	32	72
26 and over	--	--	11	25
Education (in years)				
8-10	29	57	--	--
11-12	22	43	--	--
13-14	--	--	8	18
15-17	--	--	36	81
Marital Status				
Single	51	100	29	66
Married	--	--	11	25
Divorced	--	--	3	7
Separated	--	--	1	2
Religion				
Catholic	44	86	32	73
Protestant	4	8	5	11
No religious affiliation	2	4	3	7
Other	1	2	4	9

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 question-
naire 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

Item No.	"Anglo" Response	"Mexican" Response
5	Born in U.S.	Born in Mexico
6	U.S. citizenship	Mexican citizenship
8	Family moved 3 or more times in last 10 years	Family moved 0-2 times in last 10 years
10	1-5 family members	6 or more family members
11	1-5 people living at home	6 or more people living at home
12	Spoke English only or mostly English at home	Spoke Spanish only or mostly Spanish at home
13	Lived in neighborhood with 60% Anglos	Lived in neighborhood with Mexicans only or 65% Mexicans
14	Both parents heads of household	Father only head of household
15	Head of household born in U.S.	Head of household born in Mexico
16	Head of household U.S. citizenship	Head of household Mexican citizen
17	Head of household brought up in city	Head of household brought up in farm
18	Head of household with white-collar job	Head of household with blue-collar job
20	Educational attainment of head of household 9 or more years	Educational attainment of head of household 0-8 years
21	Family owning home	Family renting home
22	Religious affiliation: Protestant, other, or none	Religious affiliation: Catholic

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 dif-
ferentiated 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 con-
sisted 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?"

Item No.	"Anglo" Response	"Mexican" Response
1	(b) Always looking for something better than what he or she has.	(a) Tries always to be satisfied with what he/she has.
2	(b) Would rather be his own boss than get ahead by taking orders from someone else.	(a) Doesn't mind taking orders from someone else if he/she can get ahead that way.
3	(b) Be a real success in business but not much of a "family person."	(a) Be a real "family person" but not very successful in business.
4	(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.	(b) Won't say what he/she really thinks if he/she might hurt feelings by saying it.
5	(a) Takes advantage of any good opportunity to get ahead, even when he/she has chance of losing what he/she has.	(b) Would rather have a small but secure position than take a chance at losing what he/she has to get ahead.
6	(b) Does most things better than friends.	(a) Does most things as well as friends.

Table 3--Continued

Item No.	"Anglo" Response	"Mexican" Response
7	(a) Likes to do things on his/her own, without asking advice from	(b) Likes to have advice from other people on things he/she does.
8	(b) Tries to overlook or laugh off any insults to his/her honor or his/her family's honor.	(a) Never lets an insult to his/her honor or his/her family's honor go by.

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 fol-
lowing 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 psycho-
therapist 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

Variable	M	SD	Range
Acculturation I	8.27	3.01	2-14
Acculturation II	4.5	1.93	0-8
Acculturation Total	11.81	4.17	2-22
Taylor MAS	16.79	7.92	2-40
Attitudes Toward Counseling	9.97	3.91	0-18

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.
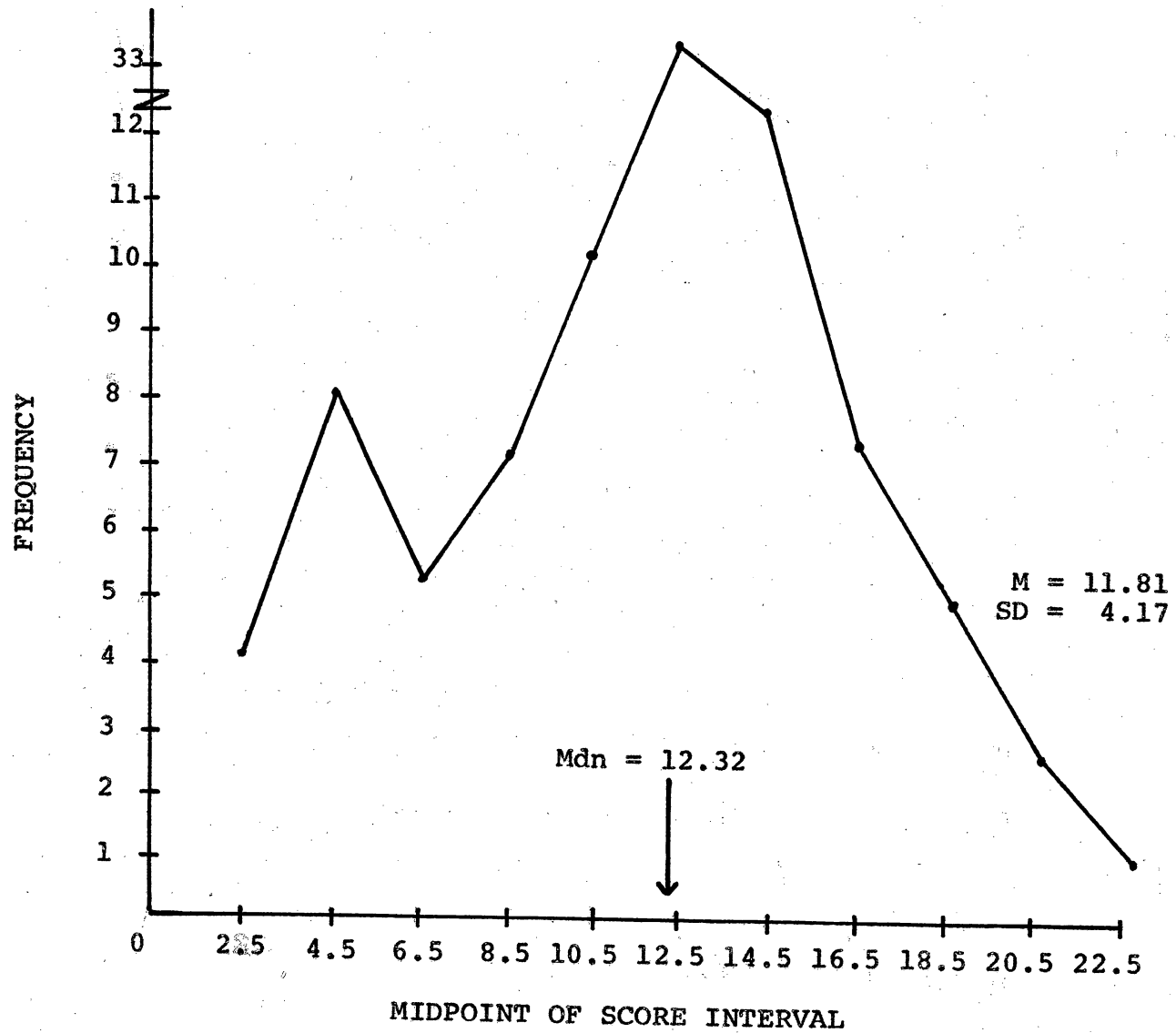
Figure 1. Frequency distribution of acculturation scores received by 95 Chicano students.
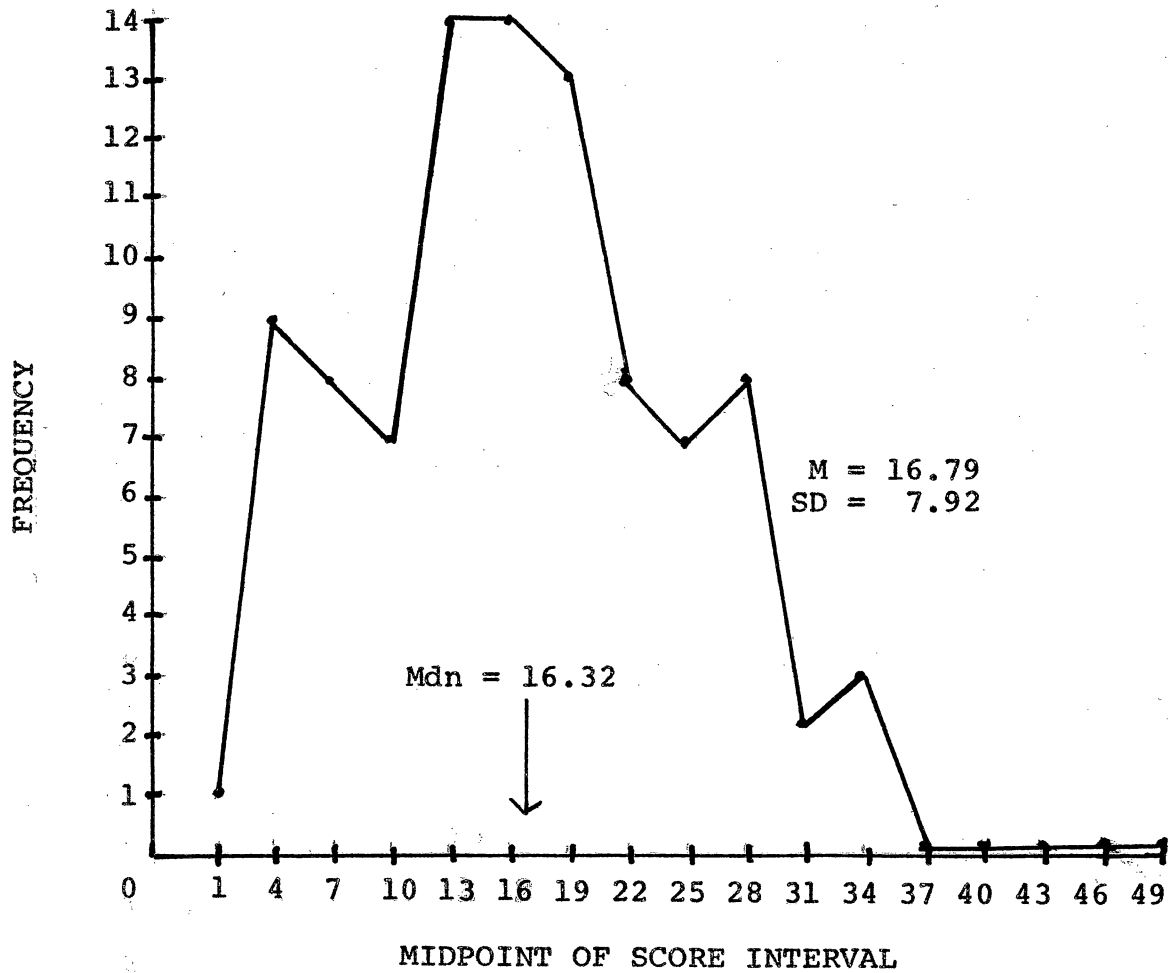
Figure 2. Frequency distribution of Manifest Anxiety Scale scores of 95 Chicano college and high school students.
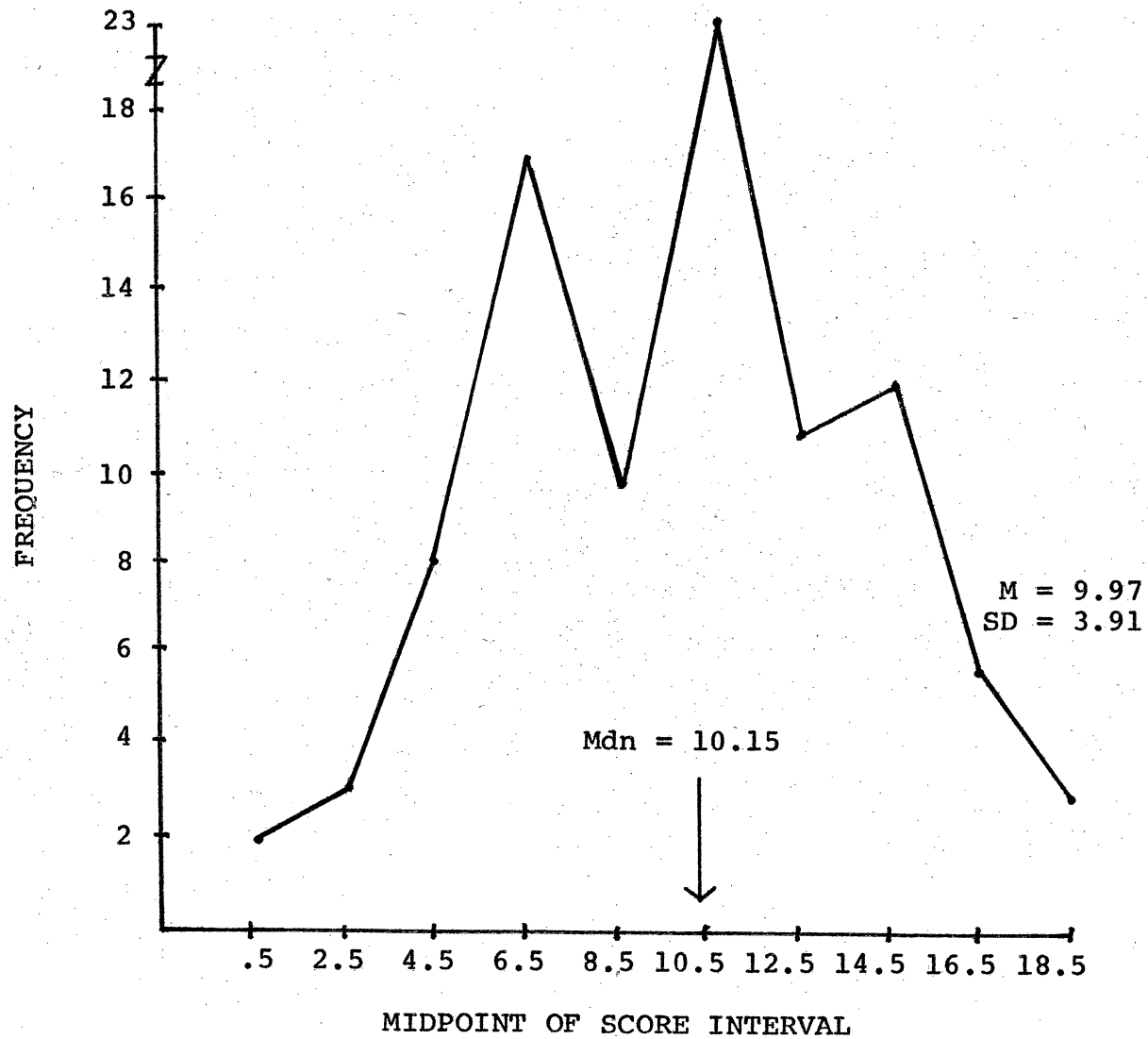
Figure 3. Frequency distribution of attitudes toward counseling
and psychotherapy scores received by 95 Chicano students.

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 accultura-
tion 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 favor-
able 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

	Acculturation Total	Acculturation I	Acculturation II	Self-Reported Anxiety	Attitudes Toward Counseling
Acculturation Total	--	.88*	.74*	.11	.60*
Acculturation I		--	.36*	.15	.47*
Acculturation II			--	.001	.53*
Self-Reported Anxiety				--	.14
Attitudes Toward Counseling					--

*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

Source	SS	df	MS	F
A	174.22	p-1=1	174.22	3.27*
A at b_1	641.77	p-1=1	641.77	12.02***
A at b_2	44.43	p-1=1	44.43	0.83
A at c_1	14.70	p-1=1	14.70	0.28
A at c_2	506.25	p-1=1	506.25	9.48***
B	168.06	q-1=1	168.06	3.15*
B at a_1	46.69	q-1=1	46.69	0.87
B at a_2	633.36	q-1=1	633.36	11.87***
C	128.00	r-1=1	128.00	2.40
C at a_1	26.69	r-1=1	26.69	0.50
C at a_2	448.03	r-1=1	448.03	8.39***
AB	512.00	(p-1)(q-1)=1	512.00	9.59***
AC	346.73	(p-1)(r-1)=1	346.73	6.50**
BC	26.88	(q-1)(r-1)=1	26.88	0.50
ABC	9.38	(p-1)(q-1)(r-1)=1	9.38	0.18
W. Cell	3416.23	pqr(n-1 =64	53.38	
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
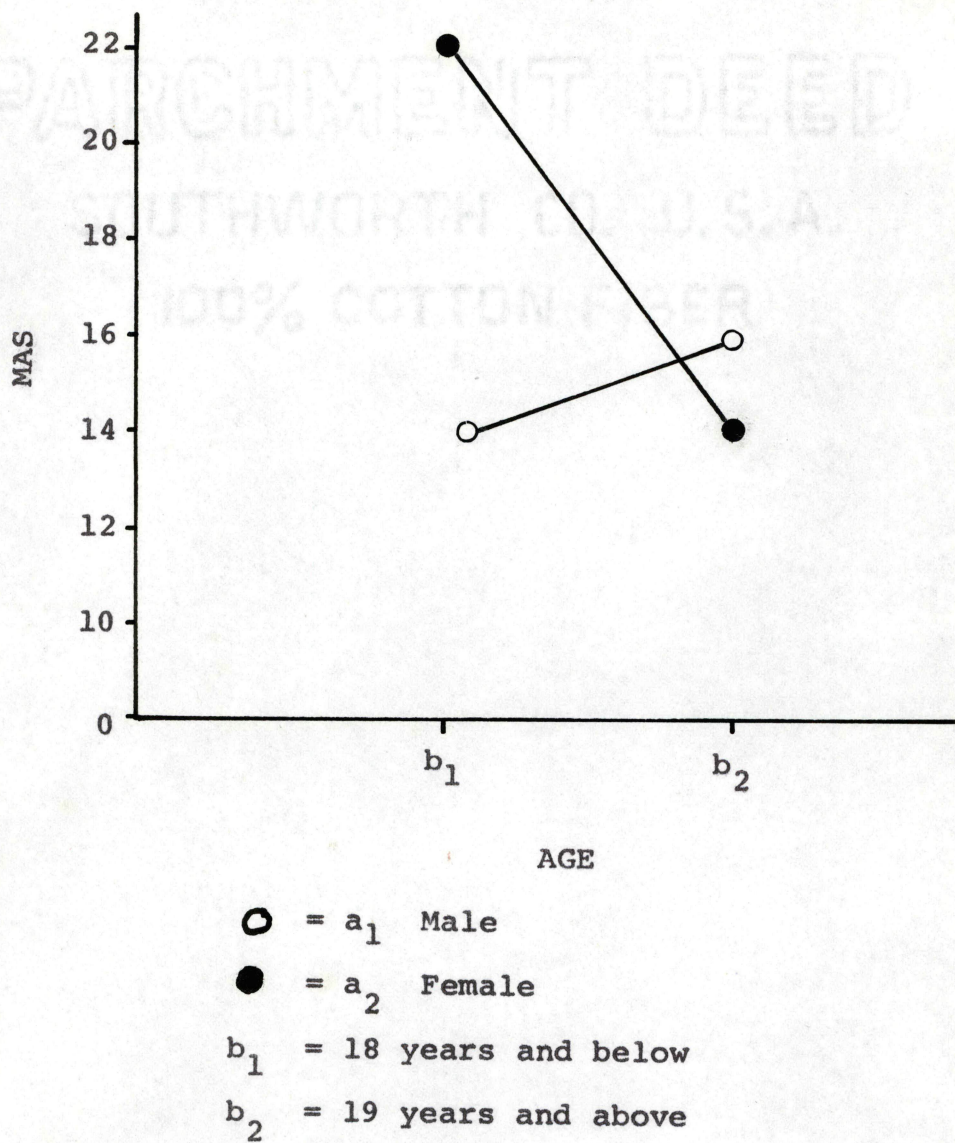
Figure 4. Illustration of interaction between sex and age on manifest anxiety.
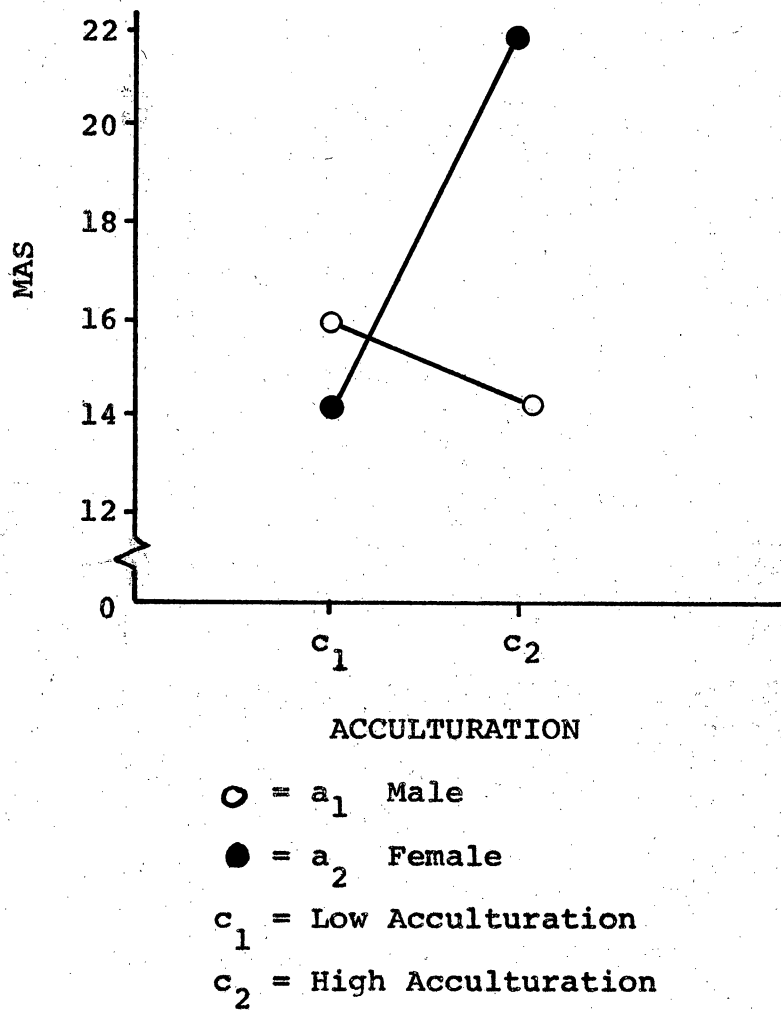
Figure 5. Illustration of interaction between sex and acculturation or manifest anxiety.

utilized. As can be seen in Table 7, none of the inter-
actions between sex, age, and acculturation were statis-
tically significant as far as attitudes toward counseling
were concerned. In fact, only the main effect of accultur-
ation was statistically related to attitudes toward
counseling as was expected given the fact that accultura-
tion 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

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

*$p < .01$

DISCUSSION

This study was concerned with the process of accultur-
ation 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 under-
standing 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 psycho-pathology, 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 commu-
nity where a woman's role is clearly defined and delin-
eated, the modern Chicano is exposed to various conflicts
which she may find exceedingly difficult to resolve. There-
fore, while no simple, direct relationship exists between
acculturation and manifest anxiety symptoms, this relation-
ship 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 profes-
sional counseling and psychotherapy. Because researchers
in the past tended to deal with counselor's feelings and
attitudes toward counseling "culturally different" per-
sons, 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 atti-
tudes 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 under-
stood by most high school subjects, and therefore, was ren-
dered 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.

REFERENCES

Boxley, R., & Wagner, N. N. Clinical psychology training programs and minority groups: a survey. Professional Psychology, 1971, 2 (1), 75-81.

Burma, J. H. Mexican-Americans in the United States: a reader. Mass.: Schenkman Publishing Co., Inc., 1970.

Cabrera, Y. A. Schizophrenia in the southwest: Mexican Americans in Angloland. San Jose State College, School of Education, 1963. (a)

Cabrera, Y. A. A study of American and Mexican-American culture values and their significance in education. Unpublished doctoral dissertation, University of Colorado, 1963. (b)

Cabrera, Y. A. Emerging faces: The Mexican Americans. Wm. C. Brown Company Publishers, 1971.

Cardenas, R. Three critical factors that inhibit acculturation of Mexican-Americans. Doctoral dissertation, University of California, Berkeley, 1970.

Casavantes, E. Pride and prejudice: a Mexican-American dilemma. In N. N. Wagner & M. Y. Hang (Eds.), Chicanos: social and psychological perspectives. St. Louis: The C.V. Mosby Co., 1971.

Coles, R. Racial problems in psychotherapy. Current Psychiatric Therapy, 1966, 6, 110-113.

Cook, S. W., & Selltiz, C. A multiple-indicator approach to attitude measurement. In J. C. Brigham & T. A. Weissbach (Eds.), Racial attitudes in America: analysis and findings of social psychology. N.Y.: Harper & Row,

Diaz-Guerro, R. Neurosis and the Mexican family structure. American Journal of Psychiatry, 1959, 112, 411-417.

Didato, S. V. Therapy failure: price and/prejudice of the therapist? Mental Hygiene, 1971, 55 (2), 219-220.

Dworkin, A. G. Stereotypes and self-images held by native-born and foreign-born Mexican Americans. In N. N. Wagner & M. J. Gang (Eds.), Chicanos: social and psychological perspectives. St. Louis: The C. V. Mosby Co., 1971.

Edgerton, R. B., Karno, M., Fernandez, I. Curanderismo in the metropolis: the diminished role of folk psychiatry among Los Angeles Mexican Americans. American Journal of Psychotherapy, 1970, 24 (1), 124-134.

Edmonson, M. Los manitos--a study of institutional values. New Orleans: Middle American Research Institute, Tulane University, 1957.

Edwards, A. L. Techniques of attitude scale construction. N. Y.: Appleton-Century-Crofts, Inc., 1967.

Fabrega, H. J., Rubel, A., & Wallace, C. A. Working class Mexican psychiatric outpatients: some social and cultural features. Archives of General Psychiatry, 1967, 16, 704-711.

Fabrega, H. J., & Wallace, C. A. Value identification and psychiatric disability: an analysis involving Americans of Mexican descent. In N. N. Wagner & M. J. Hang (Eds.), Chicanos: social and psychological perspectives. St. Louis: The C. V. Mosby Co., 1971.

Garcia, R. A. Political ideology: a comparative study of three Chicano youth organizations. Unpublished Master's Thesis, University of Texas at El Paso, August 1970.

Goodman, M. E., & Beman, A. Child's eyeviews of life in an urban barrio. In N. N. Wagner & M. J. Hang (Eds.), Chicanos: social and psychological perspectives. St. Louis: The C. V. Mosby Co., 1971, 109-122.

Gordon, G. Project cause: the federal anti-poverty program and some implications of subprofessional training. American Psychologist, 1965, 20, 334-343.

Gordon, M. Assimilation in American life. N. Y.: Oxford University Press, 1964, 33-34.

Graves, T. D. Acculturation, access, and alcohol in a tri-ethnic community. American Anthropologist, 1967, 69, 306-321.

Heller, C. S. Mexican American youth--forgotten youth at the crossroads. N. Y.: Random House, 1967.

Heller, C. S. New converts to the American dream? New Haven, Conn.: College & University Press, 1971.

Henry, J. The inner experience of culture. Psychiatry, 1951, 14, 87-103.

Hersch, C. Mental health services and the poor. Psychiatry, 1966, 29, 236-245.

Hsu, F. L. K. American core value and national character. In F. L. K. Hsu (Ed.), Psychological anthropology: approaches to culture and personality. Homewood, Ill.: The Dorsey Press, 1961, 209-230.

Jaco, E. G. Incidence of psychoses in Texas. Texas State Journal of Medicine, 1957, 53, 86-91. (a)

Jaco, E. G. Social factors in mental disorders in Texas. Social Problems, 1957, 4, 322-328. (b)

Johnson, V. Counselor preparation for serving culturally deprived persons. Journal of Rehabilitation, 1970, 6, 19-21.

Karno, M. The enigma of ethnicity in a psychiatric clinic. Archives of General Psychiatry, 1966, 14, 516-520.

Karno, M., & Edgerton, R. B. Perception of mental illness in a Mexican-American community. Archives of General Psychiatry, 20, 233-238.

Karno, M., Ross, R. N., & Caper, R. A. Mental health roles of physicians in a Mexican-American community. CMH Journal, 1969, 5, (1), 62-69.

Kiev, A. Transcultural Psychiatry. N.Y.: The Free Press, 1972.

Kline, L. Y. Some factors in the psychiatric treatment of Spanish-Americans. American Journal of Psychiatry, 1969, 125, (12), 88-95.

Kluckhohn, F. R. Variations in value orientations. N.Y.: Row, Peterson, 1961.

Knutson, A. L. The individual, social, and health behavior. N.Y.: Russell Sage Foundation, 1965.

Leighton, A. H. Mental illness and acculturation. In I. Galdston (Ed.), Medicine and Anthropology. N.Y.: International University Press, 1959, 108-128.

Madsen, W. The Mexican-Americans of Southwest Texas. N.Y.: Holt, Rinehart, & Winston, 1964.

Madsen, W. Mexican-Americans and Anglo-Americans: a
     comparative study of mental health in Texas. In S. C.
     Plog & R. B. Edgerton (Eds.), Changing perspectives in
     mental health. N.Y.: Holt, Rinehart & Winston, Inc.,
     1969, 217-241.

Marcos, L. R., Alpert, M., Urcuyo, L., Kesselman, M.
     The effect of interview language on the evaluation of
     psychopathology in Spanish-American schizophrenic
     patients. American Journal of Psychiatry, 1973, 130
     (5), 546-553.

Marden, C. F., & Meyer, G. Minorities in American society.
     American Book Company, 1968.

McReynolds, P. The assessment of anxiety: a survey of
     available techniques. In P. McReynolds (Ed.),
     Advances in psychological assessment. Palo Alto:
     Science and Behavior Books, Inc., 1968, 244-264.

Mercer, J. R. Labeling the mentally retarded. Berkeley:
     University of California Press, 1973.

Morales, A. Distinguishing psychodynamic factors from
     cultural factors in the treatment of Spanish-speaking
     patients. In N. N. Wagner & M. J. Hang (Eds.),
     Chicanos: social and psychological perspectives.
     St. Louis: The C. V. Mosby Co., 1971.

Murillo, N. The Mexican American family. In N. N.
     Wagner & M. J. Hang (Eds.), Chicanos: social and
     psychological perspectives. St. Louis: The C. V.
     Mosby Co., 1971.

Murphy, H. B. M. Social change and mental health. In
     Causes of mental disorders: a review of epidemiologi-
     cal knowledge. N.Y.: Milbank Memorial Fund, 1959,
     280-329.

Opler, M. K. Culture and mental health. N.Y.: MacMillan
     Co., 1959.

Orem, R. Language and the culturally disadvantaged. In
     W. Amos & J. D. Grambs (Eds.), Counseling the disad-
     vantaged, 1968.

Penalosa, F., McDonagh, E. C. Social mobility in a Mexican
     American community. In N. N. Wagner & M. J. Hang (Eds.),
     Chicanos: social and psychological perspectives.
     St. Louis: The C. V. Mosby Co., 1971.

Peterson, R. Rehabilitation of the culturally different: a model of the individual in cultural change. Personnel and Guidance Journal, 1967, 10.

Pinkney, A. Prejudice toward Mexican and Negro Americans: a comparison. In J. H. Burma (Ed.), Mexican Americans in the United States; a reader. Mass.: Schenkman Publishing Co., Inc., 1970.

Poussaint, A. Communication with the poor. Rehabilitation Record, 1970, 6, 18-19.

Prince, R. The brain fog syndrome in Nigerian students. Journal of Mental Science, 1960, 106, 559-570.

Rubel, A. J. Concepts of disease in Mexican American culture. American Anthropologist, 1960, 62, 795-814.

Saunders, L. Cultural difference and medical care: the case of the Spanish-speaking people of the southwest. N.Y.: Russell Sage Foundation, 1954.

Simmons, O. G. The mutual images and expectations of Anglo-Americans and Mexican-Americans. In J. H. Burma (Ed.), Mexican-Americans in the United States: a reader. Mass.: Schenkman Publishing Co., Inc., 1970, 383-395.

Srole, L, Langer, T.S., Michael, S. T., Opler, M. K., Rennie, Thomas, A. C. Mental health in the metropolis: the midtown Manhattan study. N.Y.: McGraw-Hill, 1962.

Taylor, J. A. A personality scale of manifest anxiety. Journal of Abnormal and Social Psychology, 1952, 48, 285-290.

Turner, R. H. The social context of ambition. San Francisco: Chandler Publishing Co., 1964.

Ulibarri, H. Social and attitudinal characteristics of Spanish-speaking migrant and ex-migrant workers in the southwest. In J. H. Burma (Ed.), Mexican-Americans in the United States: a reader. Mass.: Schenkman Publishing Co., 1970, 29-39.

Vail, S. The effects of socioeconomic class, race, and level of experience on social worker's judgments of clients. Smith College Studies in Social Work, 1970, 40 (3), 236-246.

Vontress, C. Cultural barriers in the counseling relation-
    ship. Personnel and Guidance Journal, 1969, 48, 11-17.

Wallace, A. F. C. Cultural change and mental illness.
    In S. C. Plog & R. B. Edgerton (Eds.), Changing
    perspectives in mental illness. N.Y.: Holt, Rinehart &
    Winston, Inc., 1969, 75-86.

White, A. The apperceptive mass of foreigners as applied
    to Americanization: the Mexican group. San Francisco:
    R and E Research Associates, 1971.

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 profes-
sional 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 counsel-
ing 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.___   c. Other___
   b. Mexico___

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 Or more times___

9. What generation of Mexican Americans do you belong to?

   a. 1st___   c. 3rd___   e. 5th___
   b. 2nd___   d. 4th___

*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?

a. someone who doesn't mind taking orders from some-
one else if he/she can get ahead that way.
b. someone who would rather be his own boss than get
ahead by taking orders from someone else.

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.

T F 23. My sleep is restless and disturbed.

T F 24. I often dream about things I don't like to tell other people.

T F 25. I am easily embarrassed.

T F 26. My feelings are hurt easier than most people.

T F 27. I often find myself worrying about something.

T F 28. I wish I could be as happy as others.

T F 29. I am usually calm and not easily upset.

T F 30. I cry easily.

T F 31. I feel anxious about something or someone almost all of the time.

T F 32. I am happy most of the time.

T F 33. It makes me nervous to have to wait.

T F 34. At times I am so restless that I cannot sit in a chair for very long.

T F 35. Sometimes I become so excited that I find it hard to get to sleep.

T F 36. I have often felt that I faced so many difficulties I could not overcome them.

T F 37. At times I have been worried beyond reason about something that really did not matter.

T F 38. I do not have as many fears as my friend.

T F 39. I have been afraid of things or people that I know could not hurt me.

T F 40. I certainly feel useless at times.

T F 41. I find it hard to keep my mind on a task or job.

T F 42. I am more self-conscious than most people.

T F 43. I am the kind of person who takes things hard.

T F 44. I am a very nervous person.

T F 45. Life is often a strain for me.

T F 46. At times I think I am no good at all.

T F 47. I am not at all confident of myself.

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

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

T F 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

Louis Denti

June 1977

Approved by:

_____   _____
Gloria Cowan   3/20/77
        Chairman   Date

_____
Charles Hoffman

_____
John Robertson

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 hypo-
thesis that special educators would react more favorably
toward all labels than elementary educators was not sub-
stantiated. 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.

1

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 under-privileged. 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 con-trolled. 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 sigificant.

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 apti-
tude and intellectual achievement is likely to be nega-
tive 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 handi-
capped rather than from anything inherent in the bio-
psychological 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 handi-capped) 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. Spefically, 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 attri-
butes 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 charac-
teristics 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 indivi-
duals who share some designation (e.g., mentally handi-
capped, 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 atti-
tudes of the modal retarded individual the term "retar-
dation" 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

	Ideal	Average	Handicap #1	. . .	Handicap #11
$Scale_1$	7	6	2	. . .	4
$Scale_2$	6	4	3	. . .	2
$Scale_3$	6	5	3	. . .	4
.					
.					
.					
$Scale_{16}$	6	4	3	. . .	2

Table 2

Construction of the Dependent Variable:

Computation of Difference Scores

and Sums from the Evaluations

of One Hypothetical Teacher

	Ideal-Average	Ideal Handicap #1	Ideal-Handicap #11
Scale$_1$	$\|7 - 6\| = 1$	$\|7 - 2\| = 5$	$\|7 - 4\| = 3$
Scale$_2$	$\|6 - 4\| = 2$	$\|6 - 3\| = 3$	$\|6 - 2\| = 4$
Scale$_3$	$\|6 - 5\| = 1$	$\|6 - 3\| = 3$	$\|6 - 4\| = 2$
.			
.			
.			
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

Between Teachers		Within Teachers			
		Average	Handicap #1	Handicap #2 . . .	Handicap #11
	SE1	X111	X112	X113	X1112
	SE2	X121			
Elementary	SE3	X131			
	.				
	.				
	.				
	SE30	X1301			
	S31	X211			
	S3	X221			
Special	.	X231			
	.				
	.				
	Ss30	X2301			X23012

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

Source	SS	df	Ms	F
Between		59		
Teacher Type (T)	1,496.45	1	1,496.45	.89
Error (b)	97,814.75	58	1,686.46	
Within				
Handicap Type (H)	15,960.79	11	1,450.98	24.74**
TH	1,626.33	11	147.85	2.52*
Error (w)	37,407.55	638	58.63	

*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 5

Mean Discrepancies from Ideal:

Handicapped vs. Average Child

Category Label	Mean of Category
Average	19.68
Crippled	28.95
Aphasic	29.98
Cerebral Palsy	31.20
Multiple Handicap	34.13
Emotionally Disturbed	34.17
Mentally Disordered Minor	34.82
Mentally Handicapped	34.83
Childhood Schizophrenia	35.75
Autistic	36.45
Mongoloid	36.58
Mentally Defective	37.37
Mean discrepancy from ideal	34.02

over all handicapped types

Table 6

Mean Scores for Clustered Handicap Types

Socio-Psychological	Mean
1. Aphasic	29.98
2. Emotionally Disturbed	34.17
3. Mentally Disordered Minor	34.82
4. Childhood Schizophrenia	35.75
5. Autistic	36.45
Group Mean	34.23

Medico-Physical	Mean
1. Crippled	28.95
2. Cerebral Palsy	31.20
3. Multiple Handicap	34.13
4. Mentally Handicapped	34.83
5. Mongoloid	36.58
6. Mentally Defective	37.37
Group Mean	33.84

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

| Category Label | Teacher Type | | |
	Elementary	Special	Difference
1. Childhood Schizophrenia	34.83	36.67	-1.84
2. Multiple Handicap	33.80	34.47	- .67
3. Crippled	29.23	28.67	.56
4. Cerebral Palsy	31.73	30.67	1.06
5. Emotionally Disturbed	35.03	33.00	2.03
6. Mentally Disordered Minor	35.87	33.77	2.1
7. Average	20.73	18.63	2.1
8. Autistic	37.93	34.97	2.96
9. Mentally Handicapped	37.07	32.60	4.47*
10. Mental Defective	40.40	34.33	6.07*
11. Aphasic	33.63	26.33	7.30*
12. Mongoloid	40.80	32.37	8.43*

*$p < .01$

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 ($\underline{p}$ 2.001) (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

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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 <u>very closely</u>
<u>related</u> 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 <u>quite closely related</u> 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 <u>only slightly related</u> 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.

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If you consider the concept to be <u>neutral</u> on the scale, both sides of the scale <u>equally associated</u> 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

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

                         THIS   NOT THIS
             ___:___:___: X :___:___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 speciality _____

   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

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

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

14. Intelligent   ___:___:___:___:___:___:___: Unintelligent

15. Worthless   ___:___:___:___:___:___:___: Valuable

16. Socially popular   ___:___:___:___:___:___:___: Socially unpopular

AUTISM

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. Socially popular ___:___:___:___:___:___:___: Socially unpopular

16. Worthless   ___:___:___:___:___:___:___: 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

MENTALLY DISORDERED MINOR

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

MENTALLY 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 popular

CHILDHOOD SCHIZOPHRENIA

1. Active   ___:___:___:___:___:___:___: Passive

2. Rugged   ___:___:___:___:___:___:___: Delicate

3. Pleasant   ___:___:___:___:___:___:___: Unpleasant

4. Successful   ___:___:___:___:___:___:___: Unsuccessful

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

EMOTIONALLY DISTURBED

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

CEREBRAL PALSY

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

MONGOLOID

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

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

16. Socially popular ___:___:___:___:___:___:___: Socially unpopular

CRIPPLED

1.	Active	___:___:___:___:___:___:___:	Passive
2.	Rugged	___:___:___:___:___:___:___:	Delicate
3.	Pleasant	___:___:___:___:___:___:___:	Unpleasant
4.	Successful	___:___:___:___:___:___:___:	Unsuccessful
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

MENTALLY DEFECTIVE

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

REFERENCES

Baldwin, W. K. The social position of the educable mentally retarded child in the regular grades in the public schools. Exceptional Children, 1958, 25, 106-108.

Blatt, B. The physical, personality, and academic status of children who are mentally retarded attending special classes as compared with children who are mentally retarded attending regular classes. American Journal of Mental Deficiency, 1958, 62, 810-818.

Chaffin, J. D., Spellman, C. R., Regan, C. E., & Davidson, R. Two follow-up studies of former educable mentally retarded students from the Kansas work-study project. Exceptional Children, 1971, 37, 733-738.

Cruickshank, W. M. The right not to be labeled. In R. Segal (Ed.), Advocacy for the legal and human rights of the mentally retarded. Ann Arbor, Michigan: Institute for the Study of Mental Retardation and Related Disabilities, 1972.

Dexter, L. A. Towards a sociology of the mental defective. American Journal of Mental Deficiency, 1956, 61, 10-16.

Dexter, L. A. A social theory of mental deficiency. American Journal of Mental Deficiency, 1958, 62, 920-928.

Dexter, L. A. Research on problems of mental subnormality. American Journal of Mental Deficiency, 1960, 64, 835-838.

Dexter, L. A. The tyranny of schooling: An inquiry into the problem of "stupidity". New York: Basic Books, 1964.

Dixon, W. J. Biomedical computer programs. University of California Press, 1973.

Dunn, L. M. Special education for the mildly retarded. Is much of it justified? Exceptional Children, 1968, 34, 5-22.

Goldstein, H., Moss, J. W., & Jordan, L. J. The efficacy of special class training on the development of mentally retarded children. U.S. Office of Education, Cooperative Research Project, Number 619 (Urbana, Illinois: Institute for Research on Exceptional Children, 1965).

Goodman, H., Gottlieb, J., & Harrison, R. H. Social acceptance of EMR's integrated into a non-graded elementary school. American Journal of Mental Deficiency, 1972, 76, 412-417.

Gottlieb, J., & Budoff, M. Social acceptability of retarded children in non-graded schools differing in architecture. American Journal of Mental Deficiency, 1973, 78, 15-19.

Gottlieb, J., & Davis, J. E. Social acceptance of EMR's during overt behavioral interactions. American Journal of Mental Deficiency, 1973, 78, 141-143.

Grossman, H. J. Manual on terminology and classification in mental retardation. Special publication series No. 2, American Association on Mental Deficiency, 1973.

Guskin, S. Social psychologies of mental deficiencies. In N. R. Ellis (Ed.), Handbook of Mental Deficiency, 1973.

Heber, R. F. A manual on terminology and classification in mental retardation. American Journal of Mental Deficiency, 1961, 64, Monograph supplement (2nd ed).

Hollinger, C. S., & Jones, R. L. Community attitudes towards slow learners and mental retardates: What's in a name? Mental retardation, 1970, 8, 19-23.

Iano, R. P., Ayers, D., Heller, H. B., McGettigan, J. F., & Walker, V. S. Sociometric status of retarded children in an integrative program. Exceptional Children, 1974, 40, 267-271.

Johnson, G. O. Specific education for the mentally handicapped - A paradox. Exceptional Children, 1962, 29, 62-69.

Johnson, G. O., & Kirk, S. A. Are mentally handicapped children segregated in the regular grades? Journal of Exceptional Children, 1950, 17, 65-68.

Jones, R. L. Labels and stigma in special education. *Exceptional Children*, 1972, *38*, 553-564.

Jordan, T. E. The mentally retarded (2nd ed.). Columbus, Ohio: Charles E. Merrill.

Kolstoe, O. P. Programs for the mildly retarded: A reply to the critics. *Exceptional Children*, 1972, *39*, 51-56.

MacMillan, D. L. Special education for the mildly retarded: Servant or savant? *Focus on Exceptional Children*, 1971, *2*, 1-11.

Meyers, C. E. The school psychologist and mild retardation. *Mental Retardation*, 1973, *11*, 15-20.

Meyers, C. E., Sitku, E. G., & Watts, C. A. Attitudes toward special education and the handicapped in two community groups. *American Journal of Mental Deficiency*, 1966, *71*, 78-84.

Morin, S. Unpublished study, San Bernardino State College, 1974. Specific attitudes generated by elementary educators towards learning disability labels.

Potter, R. On the ethics of labeling. *Paper presented at Joseph P. Kennedy, Jr. Foundation International Symposium on Human Rights, Retardation and Research*, Washington, D.C., Oct. 1971.

Rosenberg, S. Interpersonal processes in the presentation and reduction of language retardation: Some speculations and some data. *Paper presented at the meeting of the American Association on Mental Deficiency*, Milwaukee, May 1959.

Ross, S. L., Jr., DeYoung, H., & Cohen, J. S. Confrontation: Special education in placement and the law. *Exceptional Children*, 1971, *38*, 5-12.

Snow, R. E. Unfinished pygmalion. *Contemporary Psychology*, 1969, *14*, 197-199.

Soule, D. Teacher bias effects with severely retarded children. *American Journal of Mental Deficiency*, 1972, *77*, 208-211.

Weintraub, F. J. Recent influences of law regarding the identification and educational placement of children. *Focus on Exceptional Children*, 1972, *4*, No. 2.

Zigler, E. Social class and the socialization process.
    Review of Educational Research, 1970, 40, 87-110.