

FACTORS INFLUENCING DELABELING INCONSISTENCY

by

Richard Steven Bobys

Dissertation submitted to the Graduate Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY
in
Sociology

APPROVED:

K. W. Crader, Chairman

C. D. Bryant

D. J. Shoemaker

C. J. Dudley

D. A. Nielsen

March, 1977

Blacksburg, Virginia

ACKNOWLEDGEMENTS

I want to thank Professor Kelly Crader, the chairman of my committee, for his guidance in directing this dissertation, and Professors Clifton Bryant, Donald Shoemaker, Jack Dudley, and Donald Nielsen, my committee members, for their valuable counsel. I also wish to thank Messrs. Cecil Willis and Randy White for their constructive suggestions. Finally, I want to thank Aline Bobys for her careful typing of this dissertation and her assistance and support throughout its various stages.

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FACTORS INFLUENCING DELABELING INCONSISTENCY

In recent years, a perspective that has been frequently applied to analyze some of the bases of social deviance is labeling theory. Labeling theory contends that one's social deviance will be strongly reinforced by the responses of those in one's society. The person who commits a deviant act is likely identified as a deviant by those who learn of this behavior. The deviant label is likely to become internalized by the actor and he may begin to perform this deviant act on a regular basis in response to others' expectations of deviant behavior on his part. Schur (1971: 3) explains that the responses of individuals (e.g., the actor's significant others) and organizations (e.g., the judicial system) contribute to the development of a deviant self-concept in the rule-breaking actor.

It is important at this early point to define the term "deviant" since it has been variously defined by different writers (see Becker, 1963: 3-8) and since the term will be used frequently in the present investigation. Since the labeling approach will be the central perspective of the present effort, a labeling theoretical definition of a deviant will be used. A deviant will be defined as ". . . a person who elicits aversive attitudes from his audiences of sufficient strength to motivate significant

proportions of these audiences to practice avoidance behavior and to control him such that their aversive attitudes are reduced to tolerable limits" (Wheeler, 1973: 5).

An early realization of the effect of labeling in contributing to continued deviation on the part of the law-breaker was expressed in a 1698 English statute. The statute forbade the branding of law-breakers on the cheek because it

. . . had not had its desired effect of deterring offenders from the further committing of crimes and offenses but, on the contrary, such offenders, being rendered thereby unfit to be entrusted in any service or employment to get their livelihood in any honest and lawful way, became the more desperate (Pike, 1873-1876: 280).

The mark on the face of the ex-offender became a permanent stigma which contributed to others' distrust of him. This physical label thwarted one's attempts at making a living legitimately and he was forced to continue the commission of crime for his livelihood.

In more recent years, the focus of the labeling perspective has been on nonvisible labels of deviant identities, though concern with visible labels still exists (see Davis, 1961 and Goffman, 1963: 4). Frank Tannenbaum (1938) called this nonvisible labeling process "the dramatization of evil". In his concern with the effects of stigmatization in perpetuating juvenile delinquency, Tannenbaum (1938: 19-20) writes,

The process of making the criminal, therefore, is a process of tagging, defining, identifying, segregating, describing, emphasizing, making conscious and self-conscious; it becomes a way of stimulating, suggesting, emphasizing, and evoking the very traits that are complained of. The person becomes the thing he is described as being. Nor does it seem to matter whether the valuation is made by those who would punish or by those who would reform. In either case the emphasis is upon the conduct that is disapproved of. The parents or the policeman, the older brother or the court, the probation officer or the juvenile institution, in so far as they rest upon the thing complained of, rest upon a false ground . . . The harder they work to reform the evil, the greater the evil grows under their hands. The persistent suggestion, with whatever good intentions, works mischief, because it leads to bringing out the bad behavior that it would suppress.

Such an extreme position that the social audience is the primary cause of deviance has been taken in more recent years by Erikson (1964: 11), who explains that "the critical variable in the study of deviance, then, is the social audience rather than the individual actor, since it is the audience which eventually determines whether or not any episode of behavior or any class of episodes is labeled deviant".

Tannenbaum's solution to the labeling and consequent reinforcement of criminal behavior is "a refusal to dramatize the evil"; that is, to avoid emphasizing such behavior by not responding to it. "The less said about it the better. The more said about something else, still better", the author explains.

Edwin Lemert (1951: 76-77) engaged in a more systematic articulation of the stages of the labeling process. He

identified eight stages that the rule-breaking actor goes through before he is labeled deviant: 1) "primary deviation", where the deviant act is only incidental or situational and the actor does not perceive himself as a regular participant in this act; 2) "social penalties", for performing this deviant act; 3) "further primary deviation"; 4) "stronger penalties and rejection", in response to the continued deviance; 5) "further deviation, perhaps with hostility and resentment beginning to focus upon those doing the penalizing"; 6) "crisis reached in the tolerance quotient, expressed in formal action by the community stigmatizing the deviant"; 7) "strengthening of the deviant conduct as a reaction to the stigmatizing and penalties"; and, 8) "ultimate acceptance of deviant social status and efforts at adjustment on the basis of the associated role". It is at stage eight that the label becomes fixed since the actor has internalized the definition that others have given him as a deviant. Lemert calls the final stage in the labeling process "secondary deviation". Thus, he depicts the labeling process as a movement from primary deviation to secondary deviation.

Howard Becker (1963: 37-38) discusses another step in the deviant career that may be considered a ninth stage in the labeling process — the movement of the deviant into an organized deviant group. Becker explains that the devi-

ant's move into an organized group solidifies his deviant identity, thus reinforcing his conception of himself as a deviant. A more systematic analysis of the reinforcement contingencies of the deviant group on the deviant identity is presented in Sutherland and Cressey's (1974: 71-91) differential association theory and Burgess and Akers' (1969) elaboration of the theory.

Obviously, not all acts of primary deviation progress through all of the stages of the labeling process (Becker, 1963: 36). The process may end or remain at any stage depending upon the actor, his audience, or the situation within which he commits his deviant act(s). For example, if an actor engages in deviant behavior that no one else knows about, his behavior remains at the primary deviation stage (i.e., stage one), since no social response is possible. On the other hand, the single commission of certain serious deviant acts may be enough to label one as a deviant; for example, murder, rape, or incest. The discovery of such acts does not necessitate passage through Lemert's stages for the individual to be labeled as a deviant (Schur, 1971: 21). Similarly, the "falsely accused deviant" (Becker, 1963: 9, 20) who is charged with committing such a heinous offense would also be labeled immediately and suffer the same consequences of labeling (e.g., see Schwarz and Skolnick, 1964), despite the fact that he did not actually engage in the behavior.

CHAPTER I
THE RESEARCH PROBLEM:
DELABELING INCONSISTENCY AND ITS INDEPENDENT VARIABLES

Some writers who have taken the labeling perspective have been criticized in recent years for their assumption that once one is labeled, the label becomes permanent and cannot be changed (Schur, 1971: 74). Trice and Roman (1970: 539) cite Miller (1965) and Myers and Bean (1968) as indicating such irreversibility of the label of being mentally ill. Others who have indicated the permanence of deviant labels are Goffman (1961: 72) and Erikson (1970: 714). For example, Freidson (1973: 235-236) explains,

As the term itself implies, the societal reaction, although ambiguously, attributes moral deficiency to the stigmatized. Furthermore, unlike other imputed qualities, stigma is by definition ineradicable and irreversible; it is so closely connected with identity that even after the cause of the imputation of stigma has been removed and the societal reaction has been ostensibly redirected, identity is formed by the fact of having been in a stigmatized role; the cured mental patient is not just another person, but an ex-mental patient; the rehabilitated criminal gone straight is an ex-convict. One's identity is permanently spoiled.

Trice and Roman (1970: 539) challenge the contention of the permanence of the deviant label. They contend that over time a deviant label can be reversed through social mechanisms that operate ". . . to 'return' the stigmatized secondary deviant to a 'normal' and acceptable role in the community". They call this process of returning the deviant to a normal role "delabeling".

The authors contend that there are three ways that delabeling may occur. One way is by the deviant going through socially mandated ceremonies ". . . which constitute legitimized public pronouncements that the offending deviance has ceased and the actor is eligible for re-entry into the community" (Trice and Roman, 1970: 539). Garfinkel (1968: 189) characterizes this type of delabeling in his description of a person who has undergone a degradation ceremony and who seeks reacceptance:

The . . . person becomes in the eyes of his condemners literally a different and new person. It is not that new attributes are added to the old "nucleus". He is not changed, he is reconstituted. The former identity, at best, receives the accent of mere appearance. In the social calculus of reality representations and test, the former identity stands as accidental; the new identity is the "basic reality". What he is now is what, "after all", he was all along.

Lemert (1967: 44) depicts a more rigorous re-entry procedure for the reformed deviant:

In order to become a candidate for reinstatement in society, the deviant must give his allegiance to what is often an anomalous conception of himself and the social world, and try to live by rules, often rigorous in extreme, substantiated for or added to those by which normals live.

A second way delabeling may occur is through the development of an organization which influences the deviant's return to strict conformity to the social norms he has previously broken (e.g., prison or a mental hospital). Goffman (1961: 72) describes such delabeling in terms of the granting of a "clean bill of health" (discharged as cured)

by mental hospital administrators to a patient who has completed therapy.

A third technique of delabeling is by establishing programs which have the goal of changing the social attitudes regarding the deviant so that behaviors or traits which are labeled as deviant and undesirable are no longer regarded in this manner. Cohen (1966: 36) traces gradual changes in social attitudes which can culminate in the delabeling of behavior that was once regarded as deviant. Birenbaum and Sagarin (1976: 158) call this process "destigmatization". An example of this third technique of delabeling would be the organized homosexual education groups that attempt to change undesirable public attitudes regarding homosexuals in order to improve their occupational and social opportunities (see Weinberg and Williams, 1973). This third technique of delabeling differs from the other two in its concern with changing the attitude of the labeling audience rather than changing the behavior of the labeled deviant in the delabeling process.

The labeling and delabeling processes are concerned with changes in the correspondence between the actor's behavior and the social norms that exist in his community or society. For example, if an actor robs a bank and is caught, he may be formally labeled by a court and formally delabeled by spending a designated period of time in jail. However, one's deviant behavior may violate more than one

type of norm and the delabeling process may become more complicated than the above example suggests. While the actor had been labeled for the violation of a legal norm by a court, he may also have been labeled for the violation of a moral norm. Although he was formally delabeled for having violated a legal norm by serving a prison sentence, he may not yet have been informally delabeled for having violated a moral norm by those in his community. Upon his return from prison, those who were formerly friends may now avoid him. He is still labeled as a bank robber in their eyes. The conflict in the delabeling of an actor for violating more than one type of norm in his deviant behavior will be referred to as "delabeling inconsistency".

The general problem that will be researched in this dissertation is the problem of continued informal stigmatization of people who have supposedly resolved their deviance through some formal socially mandated delabeling organization or professional that administered treatment or punishment to the deviant (e.g., a mental hospital or a prison). The present study will attempt to answer the question of why officially delabeled deviants continue to be labeled by others in their community after having undergone the formal delabeling process that declared them eligible for re-entry into the community. Delabeled deviants

will be referred to as "ex-deviants" since they have completed official treatment or punishment for their former deviant behavior, even though some people may not be willing to accept them as normal. This is a study of people's attitudes toward ex-deviants. The process of formal social control of the deviant (e.g., through mental hospitalization and imprisonment) has been researched much more thoroughly than the processes of informal social control; e.g., the reactions of the populace to the ex-deviant (Thorsell and Klemke, 1975: 191 and Birenbaum and Sagarin, 1976: 107). The present study will be concerned with the less well researched area of informal social control processes. Investigation will be focused upon factors that influence delabeling inconsistency of ex-convicts and ex-mental patients, an informal social control phenomenon.

All of the factors that will be tested as independent variables of the dependent variable -- delabeling inconsistency -- regard the characteristics of the people in a community who may determine the social acceptability of ex-deviants such as ex-convicts and ex-mental patients. Data regarding these characteristics were obtained from a survey, which will be presented later, in which these community inhabitants were the respondents. The independent variables that will be analyzed with delabeling inconsistency are: 1) the respondent's age; 2) the respon-

dent's highest achieved educational level; 3) the degree of dangerousness that the respondent attributes to the ex-deviant; 4) the amount of interaction that the respondent has had with a particular type of ex-deviant; 5) the degree of effectiveness that the respondent attributes to a total institution (e.g., a prison or a mental hospital) in having completely treated the ex-deviant (e.g., an ex-convict or an ex-mental patient); 6) the degree of responsibility that the respondent attributes to the ex-deviant for his behavior; and, 7) the degree of seriousness that the respondent attributes to the ex-deviant's former deviance. Justification for analyzing these factors as independent variables of delabeling inconsistency will be presented in Chapter II, "Review of the Literature".

Norms and Delabeling Inconsistency

Before elaborating upon the phenomenon of delabeling inconsistency (which will be referred to as "DI"), it is necessary to define the different kinds of norms within which DI may occur. Though there have been numerous definitions and classifications of norms (e.g., see Morris, 1956; Gibbs, 1965; and, Dinitz, et. al., 1969: 13), the types of norms that will be the focus here are folkways, mores, and laws. William Graham Sumner, in Folkways, can be credited for developing the concepts of "folkways"

and "mores" for sociology. Sumner (1940: iv) defines "folkways" as ". . . habits of the individual and customs of the society which arise from efforts to satisfy needs . . ." The author (1940: iii) defines "mores" as ". . . the popular usages and traditions, when they include a judgement that they are conducive to societal welfare, and when they exert a coercion on the individual to conform to them, although they are not coordinated by any authority". For Sumner, folkways do not have this element of societal welfare.

In more recent years, Sumner's classification of norms has been revised. One author, Robert Bierstedt (1970: 216), considered "laws" as a third category of norms to represent enacted and written norms, for which neither folkways nor mores could account. Bierstedt also changed the criteria by which these different kinds of norms are distinguished from one another because of the difficulty in deciding whether a norm provided for the welfare of society (which would make it a *mos*) or whether it did not (which would make it a folkway). Bierstedt distinguishes the three types of norms by the different punishments that are applied to violations of each. The violation of a folkway is punished by ridicule or disapproval by others; the violation of a *mos* is punished by ostracism, a refusal to communicate with the violator or banishment from the

group; and, the violation of a law is punished by sanctions that are recorded with the law and may include a fine, imprisonment, deportation, and death, among others.

In the present study, laws, mores, and folkways will be the three types of norms around which DI will be conceptualized. These norms will be defined and distinguished from one another in terms of the particular punishment that is applied to the violation of each. It is important to note that although the responses to deviance may be interpreted as punishments by the deviant, the person responding to the deviance may not intend his response to be one of punishment. For example, if a non-violating deviant is no longer communicated to by another person, the latter may only want to protect himself from what he perceives to be potential harm from the deviant. Punishment of the deviant may not be this person's intent. However, the effect of this response on the deviant may in fact be punishing. Consequently, these responses will be referred to as punishments.

The punishments, labeling, and delabeling of the violators of laws and certain mores will be referred to as formal punishments, formal labeling, and formal delabeling since such treatment of the deviant involves societally mandated organizations and functionaries (e.g., the courts, prison, and a mental hospital). The punishments, labeling,

and delabeling of violators of folkways will be referred to as informal punishments, informal labeling, and informal delabeling since this treatment of the deviant is a result of the behaviors of significant others of the deviant and informal community attitudes rather than formal societally mandated functionaries.

The phenomenon of concern to this dissertation, "delabeling inconsistency" (DI), can now be elaborated. When an actor has violated more than one type of norm in a deviant act and when there is a conflict in delabeling him for the violation of the different norms, DI can said to exist. For example, if a man commits murder and is caught and convicted, he has violated a law and a folkway. While he may be formally delabeled for violating the law by serving a prison sentence, he may not have been delabeled in his community (i.e., informally delabeled) for violating the folkway against killing somebody. The persistence of the label of folkway-violator may result in his receiving disapproval in his community upon the return from prison.

This is just one example of DI — the inconsistency in delabeling a violator of a law and a folkway. Other instances of DI depend upon other combinations in inconsistencies among the delabeling of law, mos, and folkway violations. The different kinds of DI that can occur are illustrated in Figure 1. The crossed-out boxes are residu-

The Violated Norm in Which
the Deviant Has Been Delabeled

| | | Law | Mos | Folkway |
|--|---------|-------|---------|-----------|
| <u>The Violated Norm in Which the Deviant Has Not Been Delabeled</u> | Law | / / / | 3 | 5 |
| | Mos | 1 | / / / / | / / / / / |
| | Folkway | 2 | 4 | / / / / / |

Figure 1. Diagram of Types of Delabeling Inconsistency

al categories that do not represent possible types of DI. An explanation of each numbered category follows.

1: This category of DI involves a deviant who has violated a law and a mos in the same deviant act, has been delabeled for the violation of the law, but has not been delabeled for the violation of the mos. An example here would be one situation that an ex-convict may encounter. Although having been delabeled for the violation of a law (by serving a prison sentence), upon the return to his community, he may still be labeled for having violated a mos in that he may be ostracized through ex-communication from his church. For a convicted felon, the formal delabeling may never be totally complete in that, upon release from prison, he may be denied voting rights, opportunities to certain sensitive government positions and the like. However, since the prison sentence is the most salient punishment for most felony convictions, the felon's completion of a prison sentence will be referred to as formal delabeling.

2: In the second category of DI, the deviant has violated a law and a folkway in the same deviant act, has been formally delabeled for the violation of the law, but has not been informally delabeled for the violation of the folkway. An example here would be another situation that an ex-convict may encounter. Although having been delabeled for the violation of a law (again by serving a prison

sentence), upon the return to his community, he may still be labeled for having violated a folkway in that he is ridiculed or disapproved of by significant others. This type of DI is different from type 1, for in type 2 the deviant is at least communicated to by others, though perhaps hostilely, while in type 1 he is banished from a group and thus not communicated to in that group. This is not to imply that type 2 DI has only minor deleterious effects on the ex-convict. One common result is the difficulty, and often the inability, of the ex-convict in obtaining a job when a potential employer is made aware of his record. To handle this problem, Bernard McSally (1960: 13-15), Supervisor of the Men's Division of the United Prison Association of Massachusetts, advises ex-convicts to avoid mentioning their criminal record to prospective employers, though not to the point of lying to an interviewer or on an application. In jobs that do not ask for this information, ex-convicts are advised not to volunteer it. The author suggests that after having been hired and working for three or four weeks, they should yield this information to the employer so that he does not find out from some other source. In this way, the employer can see the quality of work that a man can do without having prejudged him on the basis of his record. McSally (1960:15) observes that the man may still be fired for his record

or for his deception, but "if this is deceit, the individual is usually forced to it".

3: DI in this category involves a deviant who has violated a mos and a law in the same deviant act, has been delabeled for the violation of the mos but has not been delabeled for the violation of the law. An example here would be a person who commits murder, who is sentenced to life imprisonment, and who is ostracized by acquaintances (e.g., family and friends do not visit him in prison because of his violation of the mos against killing people). If, over time, the acquaintances begin visiting because they forgive him for the offense, he becomes delabeled for the violation of the mos although not for the violation of the law since he is still imprisoned.

4: The next type of DI involves a deviant who has violated a mos and a folkway in a single deviant act, has been formally delabeled for violation of the mos, but has not been informally delabeled for violation of the folkway. An example of this form of DI is the situation of an ex-mental patient who has recently been released from a mental hospital. Assuming he had originally been committed by others (e.g., his family) for abnormal, though not illegal, behavior, the behavior is in violation of mores since he had been institutionalized, which is a formal, though often temporary, banishment from his groups. Release from a

mental hospital indicates being formally delabeled for violation of mores. However, upon return to his community, he may not have been informally delabeled for having violated folkways; that is, former acquaintances may ridicule or disapprove of him for having been committed to a mental hospital. Because of the often stigmatizing effect of mental institutionalization, as well as psychiatric treatment in general, commission of an acquaintance or family member is often avoided (see Hollingshead and Redlich, 1958: 181; Sampson, et. al., 1962; and Waxler and Mishler, 1963).

5: This category of DI is the situation of a person who has violated a folkway and a law in the same deviant act, has been informally delabeled for violation of the folkway, yet has not been formally delabeled for violation of the law. An example of this form of DI is the situation of a violator of certain "victimless crimes", such as marijuana possession or selling pornographic literature, who is imprisoned for his deviance though significant others no longer disapprove of him for the deviance.

It is important to point out that this categorization is not meant to account for all types of deviance. The categorization and the dissertation as well are concerned with certain types of social deviance: only the types where DI occurs.

The Specific Issue to be Studied

What the present study proposes to do is to identify important variables that influence two major forms of DI: type 2 (i.e., where the deviant has been formally delabeled for the violation of a law but has not been informally delabeled for the violation of a folkway, such as an ex-convict) and type 4 (i.e., where the deviant has been formally delabeled for the violation of a mos but has not been informally delabeled for the violation of a folkway, such as an ex-mental hospital patient).

The present analysis will be concerned with identifying variables that influence DI for ex-convicts and ex-mental hospital patients. These ex-deviant groups will be the focus for two reasons. First, the problems of DI (i.e., continued stigmatization) for these ex-deviants are of major concern to the study of deviance and they call for a close analysis. Indicative of the importance of these two types of ex-deviants to this field is that in most discussions of the problems of stigmatization of formally treated deviants, ex-convicts and/or ex-mental hospital patients are most often brought up as examples (e.g., Erikson, 1964: 16-18; Simmons, 1969: 33; Freidson, 1973: 235-236; Selby, 1974: 151). The second reason that the present effort focuses on ex-convicts and ex-mental patients is because the

concept "delabeling inconsistency" is new and there is a need to test its viability on major ex-deviant types before applying it to the analysis of other, less clear-cut, ex-deviant types.

The concern will be to identify the factors that hinder or promote DI which are derived from the attitudes and characteristics of informal labeling agents (i.e., those who have been referred to as "significant others" and the bearers of "community attitudes"). In other words, this is a study of those who informally label ex-deviants, not the ex-deviants themselves. Certainly, formal labeling agents (e.g., the courts, state legislatures, etc.) may also contribute to DI by their action or inaction in changing laws (e.g., by failing to decriminalize certain victimless crimes that are generally morally acceptable). However, this formal labeling source of DI will not be the concern of the present study.

Several variables will be hypothesized and analyzed as independent and intervening variables in relation to the dependent variable -- delabeling inconsistency (DI). The proposed independent and intervening variables are: 1) the informal labeler's age; 2) the informal labeler's highest achieved educational level; 3) the degree of dangerousness that the informal labeler attributes to the formally de-labeled deviant; 4) the amount of interaction that the

informal labeler has had with a particular type of formally delabeled deviant; 5) the degree of effectiveness that the informal labeler attributes to a formal delabeling agent in completely treating the deviant; 6) the degree of responsibility that the informal labeler attributes to the formally delabeled deviant for his behavior; and, 7) the degree of seriousness that the informal labeler attributes to the formally delabeled deviant's earlier deviance.

In the next chapter, literature important to the study of the relationship between these variables and the dependent variable, DI, will be reviewed. First the literature will focus on the dependent variable.

CHAPTER II REVIEW OF THE LITERATURE

On the Dependent Variable -- Delabeling Inconsistency

The delabeling inconsistency experienced by ex-convicts and ex-mental hospital patients varies by degree from social setting to social setting. To keep the variability of DI within perspective, the following literature review will describe studies concerned with high degrees of DI as well as instances where DI has not taken place where it might have had an opportunity to arise. In other words, to show that DI is not an automatic consequence where an ex-convict or an ex-mental patient exists, the literature review will present instances where total delabeling of the ex-deviant has taken place. First, discussion will review literature that has approached phenomena that can be defined as successful delabeling and DI in general. Next, literature regarding delabeling and DI of ex-convicts will be discussed. Finally, literature that has been concerned with the delabeling and DI of ex-mental hospital patients will be reviewed.

Delabeling and DI in General

A most important article approaching delabeling and DI is Trice and Roman's (1970) work on the delabeling of alco-

holics by their undergoing treatment from Alcoholics Anonymous. This article is of great importance to the present effort since it is the first and still one of the few works that approaches the phenomenon of delabeling as a central topic of concern. The authors (1970: 539) explain that the marginal treatment of delabeling is ". . . a consequence of the assumption that deviant careers are typically permanent". They studied Alcoholics Anonymous and identified it as an agency that has successfully carried out the delabeling process for many stigmatized alcoholics.

Trice and Roman explain that there are several characteristics of the A.A. program that facilitate the successful delabeling of the alcoholic in the eyes of the public. The major characteristic is the view disseminated by A.A. that alcoholism is an illness that can be cured by the alcoholic's complete stoppage of alcohol intake. The authors call this the "allergy concept" of alcoholism. The alcoholic is depicted as allergic to alcohol and his illness and its undesirable symptoms can be considered cured when all alcohol consumption has ceased. The depiction of alcoholism as an illness reduces the attribution of responsibility to the alcoholic, since attribution of responsibility might increase stigmatization by significant others.

Another characteristic of A.A. that facilitates delabeling is the requirement that A.A. members repudiate

the "underworld" with which they associated as alcoholics and to adhere strongly to "middle class" American ideals. The repudiation of the ex-alcoholic's underworld allows him to separate himself from the skid row image often attributed to alcoholics by public attitudes.

A third characteristic that facilitates delabeling is the A.A. member assuming a repentant role whereby he corrects his moral lapse, in having been an alcoholic, by admission of guilt and repentance. Trice and Roman (1970: 542) explain:

The A.A. member can assume this repentant role; and it may become a social vehicle whereby, through contrite and remorseful public expressions, substantiated by visibly reformed behavior in conformity to the norms of the community, a former deviant can enter a new role which is quite acceptable to society.

In many cases, A.A. has brought about total delabeling of the formerly stigmatized alcoholic, though in other cases the delabeling has not been entirely complete (Trice and Roman, 1970: 542).

Delabeling is more difficult to attain for former mental hospital patients since the indication of a complete cure from the illness is more difficult to demonstrate than is the stoppage of drinking by the alcoholic (Trice and Roman, 1970: 542). Since the symptoms of mental illness are less clearly defined, the ex-mental patient

will have an extremely difficult time demonstrating his "cured" status. This contributes to a more permanent stigmatization of the ex-mental hospital patient, despite his recovery from the illness. This conforms to the concept of "delabeling inconsistency", the concern of the present effort.

Erikson (1964) also observed the difficulty in overcoming a deviant role once one has completed treatment for deviance, as Trice and Roman observed for the ex-mental patient (see also Scheff, 1975: 90). Erikson distinguishes the deviant role from most other provisional roles in society (e.g., the student or the drafted soldier) in that the latter roles include a ceremony designating the individual's termination of the role behavior. Seldom is such public pronouncement characteristic of the termination of deviant roles (however, Trice and Roman have offered an exception with the graduate of Alcoholics Anonymous). Erikson (1964: 16-17) explains:

The roles allotted to the deviant seldom make allowance for this type of passage. He is ushered into the deviant position by a decisive and often dramatic ceremony, yet is retired from it with hardly a word of public notice. As a result, the deviant often returns home with no proper license to resume a normal life in the community. Nothing has happened to cancel out the stigmas imposed upon him by earlier commitment ceremonies; from a formal point of view, the original verdict or diagnosis is still in effect. It should not be surprising, then, that the members of the

community seem reluctant to accept the returning deviant on an entirely equal footing.

Thus, the DI experienced by the ex-deviant is strongly influenced by the public's failure to acknowledge his passage from a deviant to a non-deviant status, and this in turn is influenced by the lack of ceremony to publicly acknowledge his passage to non-deviance.

Delabeling inconsistency (DI) is not always the case for the ex-deviant. Erikson (1964: 20) explains that there are societies that provide ". . . some institutionalized means for a person to give up a deviant career without any kind of permanent stigma". One pattern used to overcome stigma, the author explains, is by the society regarding deviance as natural for the young. Upon defined ceremonies of passage into adulthood, deviance is expected to be abandoned and former deviance is forgotten. Another pattern used among some societies is to allow large groups of people to engage in deviant behavior during certain specified times of the year. Deviance during these times is not held against the participants. A final societal pattern which allows successful delabeling is the forming of special groups that are expected to behave contrary to normal cultural expectations. To become delabeled, the society permits a person to give up membership in this band of "contraries", and he is subsequently regarded as

a normal. Erikson concludes with an implied criticism of American culture for its failure to absolve the reformed deviant from his stigma. Erikson (1964: 20) reflects:

Perhaps the most interesting problem for those of us who lean over into the applied areas of the field, however, is to ask whether we have anything to learn from those cultures which permit re-entry into normal social life for persons who have spent a period of time in the deviant ranks and no longer have any special need to remain there.

The concepts "stigma" and "stigmatization" have been mentioned several times with reference to DI and it is important to review a classic work in this area -- Erving Goffman's Stigma. In the preface of the book, the author defines "stigma" as "the situation of the individual who is disqualified from full social acceptance". Goffman (1963: 4) designates three major types of stigma: 1) "blemishes of individual character", such as mental disorder, criminality, addiction, alcoholism and the like; 2) "tribal stigmas", such as races, nationalities, or religions that are discriminated against; and, 3) "abominations of the body", such as physical deformities or facial disfigurements. Goffman (1963: 138-139) explains that there are social functions, though most likely latent functions, for these types of stigma:

The stigmatization of those with a bad moral record clearly can function as a means of formal social control; the stigmatization of those

in certain racial, religious, and ethnic groups has apparently functioned as a means of removing these minorities from various avenues of competition; and the devaluation of those with bodily disfigurements can perhaps be interpreted as contributing to a needed narrowing of courtship decisions.

The phenomenon of delabeling inconsistency is concerned with only certain cases of the first type of stigma; i.e., blemishes of individual character in which the individual has completed formal means of eradicating the deviant state, yet he is still rejected by others for his former deviance. Although deviants of this type have been delabeled by a societally mandated delabeling agency, they have not been delabeled by their significant others. Thus, they experience continued stigmatization.

Another work that relates to DI is a study conducted by Simmons (1969: 31-35). Using 280 respondents selected by quota sampling to produce variability in age, sex, race, education, and geographic region, the researcher had respondents indicate their social distance to 13 various deviant groups. Two of these groups, ex-convicts and ex-mental patients, the focal groups of this dissertation, were in a state of DI (type 2 and type 4, respectively). The social distance categories from which the subjects had to choose were (in order of increasing social distance):

1. Might marry or accept as a close relative;
2. Might

have as a close friend; 3. Would accept as a next door neighbor; 4. Would accept in my school, church, and so on; 5. Would accept in my community, but would have no contact; 6. Would accept as a resident of my country, but not my community; and, 7. Would not accept at all, even as a resident in my country.

The mean social distance from ex-convicts was 3.5 (i.e., between "Would accept as a next door neighbor" and "Would accept in my school, church, and so on"). From ex-mental patients, the mean social distance was 2.9; i.e., almost "Would accept as a next door neighbor" (see also Kalish, 1966: 153 for similar findings regarding social distance toward ex-mental patients). Simmons (1969: 32) explains that these scores are probably biased in the direction of greater tolerance of these groups since ". . . people often verbally express more tolerance and acceptance of others than they actually practice". He consequently assumes that there is probably a greater intolerance of these groups than these averages indicate.

Simmons' study relates to DI in its empirical support of the existence of persistent informal labeling of groups that have been formally delabeled. Although the data are outdated, as the author (1969: 32) acknowledges, it is likely that DI regarding these groups still persists to some degree. This will be tested in the present effort.

Chapter IV, "The Research Design", will articulate how this will be done.

Simmons' study, while an important empirical foundation for this dissertation's concern with DI, only marginally treats the problems of continued stigmatization of the ex-convict and ex-mental patient that are the foci here. A review of the literature that is more concerned with these groups follows.

Delabeling and DI of Ex-Convicts

Bernard McSally (1960), a supervisor of the United Prison Association of Massachusetts, wrote a shocking account of the difficulties in finding jobs for ex-convicts because of the stigma they attain from having been imprisoned (see also Rubin, 1970: 139-142 and Phelps, 1976: 99). He argues that this stigma, which he refers to as the "convict bogey", had gained in acceptance rather than lost ground in public attitudes at the time of the writing of the article. This official (1960: 13-14) writes:

Blame whom or what you will, the "ex-con", with all too rare exceptions, is shunned and suspected by the "wholesome groups". In no area is this truer than in that of economic activity. Government, private enterprise, unions, bonding companies, and the like, all set up barriers to the hiring of offenders. This is not to say that some restrictions are not reasonable and just. But others are not so easily justified. We find a driver's license refused to the "joy rider" of a few years ago on the archaic and naive assumption that this will prevent him from stealing cars again . . . We are asked regretfully by an employer to find a man another job almost four years in his employ because, in the job

to which he was recently promoted, the insurance carrier refused to bond him and insisted that he be dismissed or the policy would be cancelled.

McSally's observations emphasize the deleterious effects that DI may have for the ex-convict. The ex-convict's failure to find employment may force him to engage in illegal activities to make a living or to seek re-entry into prison, a place that will support him despite his record, by committing an easily detectable crime.

Schwartz and Skolnick (1964) conducted a study which not only supports McSally's contention of the difficulty of ex-convicts in getting jobs, but which also found that those accused but acquitted experienced similar difficulties in finding work. The researchers had a person, in the role of employment agent, go to 100 employers in a resort area, where there was a high demand for employees in unskilled jobs. The sample of employers was divided up into four subsamples. The "employment agent" gave each employer a job application describing a 32-year-old, single, male, high school graduate who had held a series of jobs including kitchen helper and handyman. Each subsample received a different legal situation of the applicant. The four legal situations were: 1) the applicant had been convicted for assault, 2) the applicant had been tried for assault and acquitted, 3) the same as #2 with the addition of a letter from the judge certifying that the applicant had been found not guilty, and, 4) an application saying

nothing about a criminal record. The person in the role of "employment agent" rated the employers on whether they were willing to consider the applicant, whether they made no response, or whether they refused to consider the applicant. The findings indicated that those applications with a criminal record were significantly more rejected than those without a criminal record, which corresponds with McSally's (1960) contention discussed earlier. Additionally, those acquitted and even those with a letter certifying their innocence were more frequently rejected than those with an application mentioning nothing about a criminal record.

Thus, the stigma of merely being accused of a crime, even though acquitted, was found to have deleterious effects on one's employment opportunities. In theoretical terms, although the person had not been formally labeled as a deviant, by the court, he was still informally labeled by his having been accused of violating the law and still experienced DI. Obviously, a crucial variable here is whether the employer was made aware of the former legal situation; i.e., the visibility of the deviance (see Goffman, 1963: 48-51 and Palmer, 1974). If the employer had not been made aware of accusations of criminality or convicted criminality, such DI could not occur. The job applicant who does not mention his former convict status would receive the same occupational consideration as a person

with a clean record, unless the employer looks into the record on his own.

Regarding the situation of the ex-convict, Schwartz and Skolnick (1964: 107-108) reflect on an advantage and a disadvantage of the continued "status degradation" that the ex-convict faces even after his "debt has been paid" through imprisonment:

For purposes of effective social control, this state of affairs may heighten the deterrent effect of conviction — though that remains to be established. Any such contribution to social control, however, must be balanced against the barriers imposed by the rehabilitation of the convict. If the ex-prisoner finds difficulty in securing menial kinds of legitimate work, further crime may become an increasingly attractive alternative.

As noted earlier, DI is not the universal response to the ex-convict. Exemplary of the successful delabeling of two murders is discussed by Selby (1974: 64-66) in his study of the handling of deviance by Zapotec Indians in the Oaxaca Valley in Mexico. Two men in the village had been convicted of separate murders. After having served a short sentence in prison, they returned to their homes. After they returned home and had paid their debts to those from whom they had borrowed money to pay their fines, they had been informally delabeled. They were accepted by those in their community again. In fact, one of the ex-convicts was holding a political post in the village, which included the responsibility of looking after the children of the village

during fiestas, only four years after his conviction of premeditated murder. Selby (1974: 64-65) explains:

When I arrived in 1965 two murders had occurred in the past five years, and the two murderers were living in the village. By the end of 1968, there were no murderers; the two men had not emigrated, but they had been deassigned, or unlabeled. In both cases the process was clear.

Though Selby refers to the process as "unlabeling", rather than "delabeling", the mechanism is the same — the absolution of attributed deviance to the ex-deviant, both formally and informally.

Selby explains that Zapotecs trust their society in the handling of crime and do not acquire prejudices about those who have completed their punishment for a crime. Reprimanding American society, Selby (1974: 63) states, ". . . the Zapotecs, unlike ourselves, . . . have not sought to extirpate evil by setting boundaries on the freedom of others and by driving them permanently to the margins of society". The Zapotecs engage in a "collective amnesia" and deny that there was a crime in the first place. In fact, those who take exception to this rule, who label and denigrate ex-offenders (referred to as "judgers"), are regarded as serious deviants in Zapotec society (Selby, 1974: 58). Evidence of this is his observation that the family of one of the murder victims was becoming more and more isolated within the community because of their persistence in further labeling of the ex-

offender (Selby, 1974: 66).

Another example of complete delabeling is a Swedish penal policy (Thorsell and Klemke, 1975). This policy is concerned with maintaining the anonymity of ex-convicts, especially released murderers, so that they may begin a new life without the stigma of their former imprisonment hindering them. The ex-convict is advised to move to a community other than the one where he committed his crime and to change his name. A job is found for him in this community and living accommodations are obtained for him if he is unable to acquire them on his own. Only his employer is told of his former imprisonment and he is sworn to secrecy. The results of the program, Swedish penal officials report, are that no cases of recidivism have been found for homicide offenders released under this program. Thorsell and Klemke (1975: 190) explain, "These results suggest that by making the realistic removal of such labels feasible, it is possible, in many cases, to initiate and to sustain movement away from deviant behavior".

Delabeling and DI of Ex-Mental Patients

Regarding the DI experienced by ex-mental patients, many writers contend that public attitudes appear to be improving (e.g., Woodward, 1951; Dinitz, et. al., 1969: 19; Swanson and Spitzer, 1970: 44; and, Clausen, 1972: 179) though they rarely reach a state of complete delabeling

(Whatley, 1959: 319; Goffman, 1961: 72 and 1963: 42; and, Trice and Roman, 1970: 538). Swanson and Spitzer (1970) sought to test whether the stigma associated with mental illness decreased to the point of complete delabeling as the patient went through his psychiatric "career" (see Goffman, 1961: 127-131). From the data obtained through questionnaires and interviews administered to 670 patients, ex-patients, and their significant others, it was found that stigmatization was lowest at the pre-patient stage, high at the inpatient stage, and low, but still existent, at the post-patient (i.e., ex-patient) stage. In theoretical terms, for this sample, informal labeling of the mental patient corresponds with formal labeling as he goes from the pre-patient to the inpatient stage, but informal labeling does not end with the termination of formal labeling when the patient is released. The ex-mental patient continues to be informally labeled after formal labeling has ceased; i.e., the ex-mental patient experiences DI. As the authors note:

. . . it is unlikely that mentally ill persons avoid completely the stigma associated with psychiatric labeling . . . (and the) . . . stigmatized identity affects detrimentally the relationships that the mentally ill establish with others (Swanson and Spitzer, 1970: 44).

Whatley (1959), in his study of social attitudes toward discharged mental patients, came to the same conclusion. Among the detrimentally affected relationships that ex-men-

tal patients experience are employment relationships:

Persons who are in a position to hire mental patients are among the ones who are most reluctant to do so. Employers are apparently willing to be favorable toward the recovered patient except in situations which touch their occupational interests . . . Presumably, the employer perceives the hiring of released patients as a threat to his vested interests (Whatley, 1959: 319).

Thus, ex-mental patients experience the same problem that was cited earlier (i.e., in McSally, 1960) regarding the ex-convict — finding employment. The informal label of ex-deviant detrimentally affects these victims of DI in their attempts to make a living and to lead normal lives.

While Schwartz and Skolnick (1964: 107-108) observed that this situation might lead to more criminality for the ex-convict, Dohrenwend and Dohrenwend (1969: 159) observed that such rejection might lead to longer mental hospitalization among certain mental patients. These researchers found that lower-class mental hospital patients tended to remain longer in the hospital than their higher-class counterparts. Dohrenwend and Dohrenwend explain that in the lower class there is less tolerance of ex-mental patients than in the higher classes. The ex-patient's significant others are likely to reject him. A possible consequence, the researchers contend, is the persistence of abnormal symptoms to elongate the patient's stay in order to avoid release and subsequent rejection.

Phillips (1963) conducted a study to test whether the

type of mental health source had an effect on the degree of rejection mental patients experienced. Conducting interviews with 300 married, white females, the researcher gave the subjects descriptions of the behaviors of a paranoid schizophrenic, a simple schizophrenic, an anxious depressed person, a phobic individual with compulsive features, and a normal individual. With each description, subjects were given different information on the type of help-source that each case was said to be using. These help-sources were: 1) a mental hospital, 2) a psychiatrist, 3) a physician, 4) a clergyman, and, 5) no help, indicated by nothing being added to the description. Different subjects were given varying combinations of behavior descriptions and help-sources utilized. Subjects were given a social distance test with regard to these cases to measure the degree of rejection they would indicate to each case. It was found to a statistically significant degree ($p < .001$) that, for each behavioral description, those utilizing a mental hospital were most rejected, those using a psychiatrist were next most rejected, followed by those using a physician, a clergyman, and no help source, respectively. It appears that a self-fulfilling prophecy is operating among these subjects. They took the type of mental health care utilized as a cue for the degree of rejection they would indicate. Thus, the stigma associated with mental illness

appears to be, at least in part, a function of the help-source utilized.

Although this study is concerned with mental patients currently being treated, there are strong implications for the degree of DI that ex-mental patients experience in terms of the help-source they used. It is likely that an ex-mental hospital patient would experience a greater degree of DI than an ex-psychiatric patient, if one could generalize these findings from the case of the mental patient to the ex-mental patient. If this were the case, then one could conclude that the stigma and rejection of having undergone mental hospital treatment would be greater than having undergone psychiatric or other mental health treatment.

As with the informal treatment of ex-convicts, DI is not a universal phenomenon for ex-mental patients. Erikson (1964: 20) was earlier cited for noting that there are some societies in which such stigmatization of reformed deviants does not occur. Such a situation exists for the ex-mental patient as well. Thorsell and Klemke (1975: 190-191) describe the manner in which a Hutterite community treated persons who have exhibited abnormal behavior in the past:

. . . Persons so identified became the objects of extensive efforts on the part of friends and the community in general to aid and support the labeled person in becoming reintegrated into the community.

The authors distinguish this from the treatment of ex-mental patients in the United States:

In American society, the person so labeled characteristically is regarded as someone to be avoided, rejected, and isolated (Thorsell and Klemke, 1975: 190).

On the Independent and Intervening Variables

The variables that will be hypothesized to be related to DI are: 1) the informal labeler's age; 2) the informal labeler's highest achieved educational level; 3) the degree of dangerousness that the informal labeler attributes to the formally delabeled deviant; 4) the amount of interaction that the informal labeler has had with a particular type of formally delabeled deviant; 5) the degree of effectiveness that the informal labeler attributes to a formal delabeling agent in completely treating the deviant; 6) the degree of responsibility that the informal labeler attributes to the formally delabeled deviant for his behavior; and, 7) the degree of seriousness that the informal labeler attributes to the formally delabeled deviant's earlier deviance. Each independent variable concerns the informal labeler since he is the one responsible for the DI that will be analyzed in the present study.

A review of the literature that refers to these independent variables and their proposed relationships to aspects of DI follows. The relationship of each variable

with DI will be hypothesized in Chapter III "The Propositions", operationalized in Chapter IV "The Research Design", and tested and interpreted in Chapter V "Data Analysis and the Findings". For most of the variables, empirical consideration of the effects of a variable intervening in the relationship with DI will be given.

1) the informal labeler's age - In Simmons' (1969: 31-35) study of respondents' social distance from various deviant groups, which was cited earlier as an approximated test of DI, the subjects (N=280) were selected by means of quota sampling to allow for a diversity in ages and other demographic characteristics among respondents. He found that those over forty were significantly less tolerant of ex-mental patients, ex-convicts, and the other deviant groups; i.e., they indicated a higher degree of social distance regarding these groups than respondents under forty.

Swanson and Spitzer (1970), in their study of variations of stigmatization of psychiatric patients at different stages of their deviant career (i.e., at the pre-patient, inpatient, and post-patient stages) found that the older the respondent, the greater the stigmatization of the patient at all stages of the deviant career. The concern of this dissertation is with the stigmatization of the ex-deviant which, in this study, would be the stigmatization of the post-patient, one who had completed treatment. The

findings indicate that the older-aged respondents tended to stigmatize post-patients to a greater degree than did the younger respondents. Swanson and Spitzer (1970: 50) conclude from their findings that:

There is some suggestion in our data that: 1) the type of environment providing the greatest opportunity for a return to normalcy for the psychiatrically stigmatized is one composed of persons who are younger . . . (among other features); and 2) this generalization is equally applicable from pre-patient to post-patient status (parenthesized material added).

Whatley (1959) found a similar direct relationship between age and stigmatization of ex-mental patients in an attitude survey in 17 Louisiana parishes (N=2001). He explains that this finding is likely the result of younger persons having inculcated liberal attitudes of contemporary society and older persons having learned unfavorable attitudes toward ex-mental patients that were prominent in earlier decades (see also Roo, 1960 for findings of an inverse relationship between such conservatism and tolerance of diverse groups).

Freeman (1961), in an interview survey of the attitudes of the relatives of ex-mental patients (N=649) regarding ex-mental patients, found the same relationship. The researcher explains that young persons tend to be more humanitarian and consequently more willing to associate with former patients.

Placing these studies within the theoretical perspec-

tive of the present investigation, the findings point to a direct relationship between the informal labeler's age and the degree of DI that he indicates regarding ex-mental patients and ex-convicts. A direct relationship between age and the degree of DI will be hypothesized in the following proposition: the greater the informal labeler's age, the greater the informal labeler's DI.

2) the informal labeler's highest achieved educational level - In the research of public attitudes toward ex-deviants, a variable often considered at the same time as age is the educational level of persons evaluating the ex-deviant. In all the studies cited above in the "age" section of this literature review, the respondent's educational level was also co-varied with attitudes toward ex-deviants. Simmons (1969: 31-35), in his study of variables that were associated with the degree of social distance that respondents indicated toward various deviant groups, considered the educational level as well as the age of respondents in his analysis. He found that the least educated respondents indicated the greatest social distance from all the deviant groups. In fact, Simmons (1969: 33) explains, "The overall relationship between amount of education and intolerance toward deviant groups (including ex-mental patients and ex-convicts) was negative .45 (using gamma). In another study, Simmons (1965) found

educational level inversely related to a similar dependent variable — the tendency to stereotype deviants. Kitsuse (1962: 256) contends that the inverse relationship between the education of respondents and intolerance to deviants exists in the case of attitudes toward homosexuals as well.

Swanson and Spitzer (1970) studied the relationship between education of respondents and stigmatization of ex-mental patients. They found an inverse relationship between the educational level of the respondent and the degree to which the respondent stigmatized ex-mental patients.

Whatley (1959) also found this relationship between education and social attitudes toward ex-mental patients. From his findings, Whatley (1959: 315) concludes:

The most favorable social environment for recuperating mental patients occurs among young, educated, married whites, in relatively well-paid clerical or professional occupations. It is these groups that exhibit the greater proportion of favorable responses. The differences within each of these variables are significant at or beyond the .01 level of confidence.

Freeman (1961) found a direct relationship between education and undesirable attitudes toward ex-mental patients existent among the relatives of former mental patients. The author explains that more educated persons tend to be scientific in their evaluation of the ex-mental patient and they are more likely to stress interpersonal difficulties as important contributors to the development and perpetuation of mental illness. These attitudes have been contend-

ed to reduce a negative regard of the ex-mental patient. Freeman (1961: 62) found that for his sample, "'Enlightened' attitudes toward mental illness on the part of patients' relatives are directly related to their level of formal education".

A study not mentioned earlier that analyzed the relationship between the educational level of the respondent and his attitude toward ex-mental patients was conducted by Dohrenwend and Chin-Song (1967). The researchers found, as did the others, the lower one's educational level, the less the acceptance of the ex-mental patient. They explain that the more educated individuals tend to be more tolerant of psychiatric deviance than less educated individuals. Other researchers have found educational level related in the same respect to tolerance of other diverse groups as well (e.g., Martin and Westie, 1959; Wisniewski, 1965; and, Bardis, 1967). Dohrenwend and Chin-Song found that less educated respondents are also more likely to recommend hospitalization of a mentally ill person as a means of isolating him from his family and his community. The researchers found an extreme degree of intolerance of the mentally ill and the ex-mentally ill among less educated respondents.

The above studies all point to an inverse relationship between the respondent's educational level and his tendency

to stigmatize an ex-deviant. In the theoretical terms of the present effort, the respondent is the informal labeler and his tendency to stigmatize an ex-deviant is his degree of DI. In later chapters, an inverse relationship between the informal labeler's education and the degree of DI will be hypothesized and tested. The hypothesis will be stated in this manner: the greater the informal labeler's education, the less the informal labeler's DI.

3) the degree of dangerousness that the informal labeler attributes to the formally delabeled deviant - One variable that might influence DI experienced by an ex-deviant is the degree to which others believe his behavior might be dangerous to them. Erving Goffman (1959: 1) has observed that when a person enters the presence of others, they seek information about him so they may predict his behavior. In another work, Goffman (1967: 147) explains that the reason for the search for predictability is that physical presence makes physical accessibility possible. In such situations,

There arise the possibilities of physical and sexual assault, of accosting and being dragged into unwanted states of talk, of offending and importuning through the use of words, of transgressing certain territories of the self of the other.

If a person is considered dangerous, he may be avoided or otherwise not fully socially accepted, for fear of what he may do to others, to others' property or to himself (Goffman, 1971: 377-378).

Dinitz, et. al. (1969: 18-19) contend that stigmatization of a deviant is a response to a perceived threat of danger of the deviant. Among the public responses to this threat are ". . . fear, anxiety, disgust, and sometimes revulsion" of the deviant, which results in his isolation. They argue that the process of stigmatization generalizes the unacceptability of the deviance to the unacceptability of the deviant and even the ex-deviant after he has completed treatment for his behavior.

People's attribution of dangerousness to the ex-deviant, such as the ex-mental patient, may stigmatize him in their eyes when manifestations of his former deviance may no longer exist (Trice and Roman, 1970: 541). Behaviors that have nothing to do with his former deviance may be interpreted as cues of dangerousness, and these behaviors may contribute to further stigmatization of the ex-deviant. For example,

. . . Minor failings or incidental impropriety may . . . be interpreted as a direct expression of . . . stigmatized differentness. Ex-mental patients, for example, are sometimes afraid to engage in sharp interchanges with spouse or employer because of what a show of emotion might be taken as a sign of (Goffman, 1963: 15)

Whatley (1959), in his study of social attitudes toward ex-mental patients, found subjects indicating responses of undesirability of ex-mental patients in situations that required close contact with them (e.g.,

as a co-worker), and responses of greater desirability in more remote situations. The researcher concluded that ex-mental patients are more tolerated in impersonal situations where a threat of personal danger does not exist; however, they are less tolerated in primary group encounters, where threatening behavior is conceivable. Whatley contends that one reason why ex-mental patients tend to have difficulty in finding employment is because of the lack of remoteness of the employee in most work situations. The employer may view the hiring of an ex-mental patient as a threat to his vested interests.

Dohrenwend and Chin-Song (1967) argue that the general public considers the seriousness of a mental illness in terms of the potential threat it may have for others. They contrast this with the psychiatrist's interpretation of the seriousness of a mental disorder based on the severity of the psychopathology evidenced by the behavior. Lemert (1946) explains that psychotic deviation, as described in formal psychiatric categories, is not in itself the basis for legal commitment of an individual to psychiatric care. When behavior that is viewed as threatening becomes manifest, insanity proceedings become more likely. For example, Bobys and Willis (1976) explain that while a mentally ill homemaker

. . . who does not clean house might be tolerated by his family or neighbors, one who does not feed his children or send them to school would probably not be so tolerated and would more likely be subject to insanity proceedings.

Levinson and York (1974) conducted a study to find variables that contributed to the attribution of dangerousness of a mental patient and an ex-mental patient. They obtained their data from the case records of a crisis intervention center. Cases were derived from phone calls to the center regarding dangerous behavior of an individual in the community (Fulton County, Georgia). With a sample of 73 cases, it was found that callers attributed dangerousness to a significantly greater proportion of persons with previous psychiatric treatment than to those without such a history. One might argue that ex-mental patients may be more prone to engage in dangerous behavior, but the opposite has been found. For example, Schur (1971: 46) explains that the incidence of violent crimes among ex-mental patients is lower than among the general population.

It is likely that the greater attribution of dangerousness to the behavior of an ex-mental patient is the result of a greater sensitivity of the ex-patient's significant others to cues that could imply dangerousness. The stigma of former mental treatment may make any unusual behavior, which all people engage in from time to

time, interpreted as dangerous (e.g., see Goffman, 1963: 15).

Schur (1971: 46-47) contends that a contributory factor to the attribution of dangerousness of the ex-deviant is discriminatory treatment in crime reporting in the mass media. When an ex-convict or an ex-mental patient is suspected or convicted for the commission of a crime, there are frequent references to "an ex-convict" or "a former mental patient", whether this has any bearing on the matter or not. It is unlikely that such references would be attached to the name of someone being honored for public service. Schur (1971: 46) cites the improbability of an item, such as the following, appearing in the newspaper: "Mrs. Ralph Jones, an ex-mental patient, was elected president of the Fairview Home and Garden Society at their meeting last Thursday". The selective referencing of the media tends to favor citations of ex-deviance in the reporting of undesirable, and usually criminal, acts of an ex-convict or ex-mental patient. Schur argues that such reporting procedures contribute to the common perception of a link between former deviance and subsequent violence and dangerousness.

There tends to be a consensus among these authors that the greater the attribution of dangerousness to the ex-deviant, the greater the degree of stigmatization of the

ex-deviant. In the theoretical terms of this dissertation, the greater the perceived dangerousness of the ex-deviant, the greater the informal labeler's DI. This proposition will be tested, in the case of ex-convicts and ex-mental patients, later on.

4) the amount of interaction that the informal labeler has had with a particular type of formally delabeled deviant -
In his classic research on the social psychological mechanisms of the human group, George Homans (1950) explains that there is a direct relationship between interaction and sentiment in social groups. Homans (1950: 112) specifies this relationship in the following hypothesis: "If the frequency of interaction between two or more persons increases, the degree of their liking for one another will increase, and vice versa". Homans found support for this hypothesis in his research on a team of industrial workers engaged in the manufacture of a product, a street corner gang in a metropolitan area, and in a Pacific island tribe. In his research on a small New England town, Homans (1950: 361) found the obverse of this hypothesis: ". . . A decrease in the frequency of interaction will bring about a decrease in the strength of interpersonal sentiments".

Newcomb (1961), in his two-year study of the acquaintance process among 17 male undergraduate students living together in a house, provided support for Homans' hypothe-

sis. The researcher found that with increasing acquaintance of subjects, the degree of positive attraction tended to increase.

Just as these studies found interaction and sentiment directly related among "normals", the present study will propose a direct relationship between people's interaction with an ex-deviant and positive sentiments regarding the ex-deviant (i.e., a decrease in stigmatization of the ex-deviant). This relationship will be viewed in the present effort as an inverse relationship between "the amount of interaction that the informal labeler has had with a particular type of formally delabeled deviant" and the degree of the "informal labeler's DI". Thus, the hypothesis regarding these variables will be stated as: the greater the amount of interaction with an ex-deviant, the less the informal labeler's DI. Several works suggesting such a relationship between these variables are reviewed in the following discussion.

Jackson (1971) conducted a study of familial adjustment to alcoholism by interviewing 75 wives of alcoholics and ex-alcoholics. In the case of the ex-alcoholic returning to his family after treatment, there tended to be an initial rejection by his wife and children in re-establishing his earlier pre-alcoholic roles as husband, father, and major breadwinner. For example,

. . . The children are often unable to accept his resumption of his father role. Their mother has played the roles of both parents for so long that it takes time to get used to the idea of consulting their father on problems and asking for his decisions (Jackson, 1971: 369).

However, over time, resumption of the pre-alcoholic roles tends to be accepted by family members, as they interact with the ex-alcoholic, when they find he is capable of assuming the responsibilities.

Simmons (1969: 34), in his study of the social distance that people indicated toward several categories of deviants, found a .55 relationship, using gamma, between the lack of contact that people had had with these deviants and the degree of social distance they indicated toward them. He also found that those with less contact called for more severe punishment of these deviants when they were asked what they thought should be done with them. It is likely that the lack of contact that these respondents had had with the deviants allowed them to develop distorted stereotypes of them. Consequently, they acquired negative attitudes of these deviants and favored quite radical means of handling the deviance. Simmons (1969: 39-40) related the following incident of one person who found that ex-convicts were actually quite normal after meeting with some:

Once, after having a panel discussion involving several ex-convicts, a girl came up to me and said, "It never occurred to be before that deviants buy shoes like me".

Erving Goffman (1963: 28-30) focused on a particular group of "normals" who have a high degree of interaction with the stigmatized — "the wise". He defined "the wise" as persons, who are not deviant, whose particular situation makes them privy to the life of the stigmatized individual and who are sympathetic with it. The wise are aware that in spite of the condition of the stigmatized individual, he is simply an ordinary person. Goffman described two types of the wise. One type is the individual who is related to a stigmatized individual through primary group relations, such as the wife of an ex-alcoholic or the employer of an ex-convict. Another type of the wise is the individual who works in an organization that controls or caters to the needs of the stigmatized, such as a mental hospital nurse or a parole officer. Goffman (1963: 29) observed:

The police, in constantly having to deal with criminals, may become wise in regard to them, leading a professional to suggest that ". . . in fact the police are the only people apart from other criminals who accept you for what you are".

The literature implies an inverse relationship between the amount of interaction that one has had with ex-convicts and ex-mental patients and the degree of DI, or stigmatization, that one indicates regarding these ex-deviants. This relationship will be tested in later chapters.

5) the degree of effectiveness that the informal labeler attributes to a formal delabeling agent in completely treating the deviant - For successful informal delabeling to come about for a formally delabeled deviant, it would seem logical that the informal labeler would trust the formal delabeling agent (e.g., a mental hospital) to be effective in treating the deviance. On the other hand, it would also seem logical that where a low degree of effectiveness is attributed to the formal delabeling agent, the informal labeler's DI would be high since even though the deviant has completed treatment from the formal delabeling agent, belief in his transition from deviance to normality would be questioned. He would still be stigmatized as a deviant because of others' doubt that the formal delabeling agent actually did anything to change him. Whether the apparent logic of this argument holds true will be the concern of the present study in testing the following proposition: the less the perceived effectiveness of formal delabeling agents, the greater the informal labeler's DI.

Literature regarding the attribution of effectiveness of formal delabelers relates to the physically ill ex-deviant, as well as mentally ill and criminal ex-deviants. An ex-deviant whose complete recovery may not be perceived as being effected by a formal delabeling agent is the ex-

physically ill patient who had a contagious disease. Parsons (1964: 269-270, 275-276, 280) contends that the contagious, physically ill patient is a stigmatized deviant who is isolated so that he will not contaminate others. Parsons observes that an important way of overcoming this deviance is by seeking the care of a physician. Thus, from Parsons' perspective, the physician is the formal delabeler of the physically ill patient whose disease is contagious. However, Myerhoff and Larson (1965) suggest that the physician is losing this socially granted delabeling power in American society. Indicative of the questioning of the effectiveness of the medical profession is the tremendous rise in malpractice suits against American physicians (e.g., see Time, 1976: 8-9). For example, from 1968 to 1973, the number of malpractice suits in New York rose by 90% (Time, 1974: 78).

It is possible that the belief in the effectiveness of physicians in treating the contagiously ill patient might be doubted and that DI for this deviant might be enhanced from informal labelers' fear of contamination.

In the case of ex-convicts and ex-mental patients, Erikson (1964: 17) observes that

Police departments could not operate with any real effectiveness if they did not regard ex-convicts as an almost permanent population of offenders, a pool from which to draw suspects; and psychiatric hospitals could not do a responsible job in the community if they were not alert to the fact that ex-patients are highly susceptible to relapse.

Public awareness of this self-doubting of formal delabeling agents regarding their effectiveness in treating the deviant would most likely support the doubts of informal labelers concerning the effectiveness of formal delabeling agents.

Informal labelers are often provided with cues of this self-doubting of the formal delabeler in effectively treating the deviant. Awareness of police interrogations of ex-convicts when a crime has been committed provides such a cue. The significant others of an ex-mental patient would likely be aware of such self-doubt of mental hospitals because of a practice that Goffman (1963: 72-74) describes. Goffman discusses how the stigmatization of an ex-mental patient might be enhanced by a procedure of some institutions to advise the ex-patient's kin and employer to get in touch with the authorities in the event of the mental disturbance arising again. Such situations challenge the informal labeler's (in this case, the kin's and employer's) belief in the effectiveness of the formal delabeling organization (in this case, the mental institution).

Clausen (1972: 182) observes that most state mental hospital systems allow the patient to return home for trial visits or for periods of time up to a year before the patient is formally discharged. The patient's required returns to the hospital may make family and friends question

the effectiveness of the institution and the patient's completed treatment when formal discharge is finally granted. The cues of institutions warning the family and employer of the ex-mental patient and standardized repeated institutionalization may be all that the informal labelers have to determine the effectiveness of the treatment. Trice and Roman (1970: 541) explain that the symptoms of mental disorder are vague in view of cultural stereotypes, and ". . . it is most difficult for the 'recovered' mental patient to convince others that he is 'cured'". It cannot be denied that such practices may help the patient in gradually returning to society after institutionalization. The manifest function is to allow the ex-patient to behave normally in his community. However, a latent dysfunction may be the enhancement of his stigma as a former mental patient. DI may be increased among significant others.

The relationship between a belief in the ineffectiveness of hospitals and a negative attitude toward ex-patients of mental and physical disorder has not escaped classic writings. Durkheim (1893: 416-417), quite negatively, though perhaps quite accurately for the time in which he wrote, explained:

In our hospitals, we support a population of imbeciles, idiots, lunatics, incurables of all sorts, of no use at all, yet whose existence is prolonged, thanks to the privations imposed upon the normal, healthy work-

ers. . . . Without speaking of the scrofulous, of the consumption, of those suffering from rickets who can never be more than mediocre workers and are scarcely able to return to society what they have cost it, there are among present nations an ever increasing crowd of degenerates, perpetual candidates for suicide and crime, creators of disorder and disorganization upon whom we lavish maternal cares, whom we constantly favor, although they steadily become a more formidable menace to the future. Without granting, as does Spencer, that this generosity does more harm than good, we must, however, recognize that it is gratuitous, and presents only problematical advantages. Nevertheless, the more we advance, the greater the development of this uneconomical virtue. Spencer and the last disciples of Bastiat try in vain to stop the movement; it grows steadily stronger.

From the suggestions of these various works, the present study will hypothesize and test an inverse relationship between the degree of effectiveness that informal labelers attribute to prisons and mental hospitals in changing inmates and the degree of DI that is indicated regarding ex-convicts and ex-mental patients, respectively. The proposition that will be tested is: the less the perceived effectiveness of formal delabeling agents, the greater the informal labeler's DI.

6) the degree of responsibility that the informal labeler attributes to the formally delabeled deviant for his behavior - The issue of whether a deviant or ex-deviant can be held responsible for his behavior has been the concern of criminologists and other writers for a number of years. The classical school of criminology, most notably expressed by Cesare Beccia in 1764, held that the criminal was re-

sponsible for his behavior and that the treatment of criminals should be to give them a punishment that would offset any pleasure gained from the commission of a criminal act (Sutherland and Cressey, 1974: 50-51).

Cesare Lombroso, in 1876, challenged the contentions of the classical school, arguing that the criminal was not responsible for his criminal tendencies since he was born with certain criminally-oriented characteristics (Sutherland and Cressey, 1974: 50-51).

Not only criminal deviants but those who develop a physical illness, who are deemed social deviants by some (e.g., Parsons, 1964), have been held responsible for their condition. Cotton Mather (1724: 5), a Puritan preacher and historian in pre-Revolutionary American society, contended that one who has a physical illness is being punished for his sins:

Lett us, Look upon SIN as the Cause of Sickness.
 'There are it may be, Two Thousand Sicknesses:
 'And indeed, any one of whom are able to crush us!
 'But what is the Cause of all? Bear in Mind,
 'That Sin was that which first brought Sickness
 'upon a Sinful World, and which yett continues
 'to Sicken the World, with a World of Diseases,
 'Sickness is in short, Flagellum Dei pro peccatis
 'Mundi (the punishment of God for the sin of the
 world) (parenthesized material added).

Contentions of attribution of responsibility and non-responsibility to deviants and ex-deviants for their behavior exist in American public attitudes today. The concern of the present investigation with this variable is

to find out how the degree of responsibility attributed to the ex-deviant by the informal labeler is related to the degree of DI the informal labeler indicates. The literature regarding the relationship between attribution of responsibility and attitudes toward deviants and ex-deviants conflicts: some authors contend that there is an inverse relationship between the attributed responsibility and stigmatization, and others hypothesize a direct relationship. First, literature contending an inverse relationship will be reviewed.

Fletcher (1967: 196), in a study of the relationship between the attribution of responsibility to the pre-psychiatric patient and psychiatric referral patterns, contends that ex-deviants who are not held responsibility for their former deviance (in this case, ex-mental patients) are more prone to stigmatization after they have completed treatment. The author explains that others do not view one's normal post-treatment behavior as his own, but as due to treatment. His former exemption from responsibility is generalized to his current normal behavior for it ". . . deprives the individual of the privileges of self-determination and of receiving personal credit for successful fulfillment of obligations" (Fletcher, 1967: 196).

In response to this public attitude, Blackwell (1967) found that well-educated, upper middle class adults tend

to cope with psychophysical and psychosocial disorders for some time before referring themselves to psychiatric treatment. The researcher explains that these adults tend to feel responsible for all aspects of their lives and that they must be self-reliant and able to live up to their responsibilities. Such an adult feels that he must cope with the disorder by himself, and only after he is positive that these coping attempts will not work does he refer himself to treatment.

Clausen (1972: 179, 182) explains that one's entrance into a mental hospital indicates an acknowledgement that the individual is not responsible for managing his own affairs. His return to his community after treatment is likely to be marked with uncertainty as to whether he can now manage his affairs. Such doubts may bring stigmatization to the ex-mental hospital patient. However, the author contends, the stigmatization of mental patients has been reduced in recent years because of the greater use of outpatient mental health services. A patient using these latter services is deemed more capable of managing his affairs, and the stigma of current or former outpatient treatment is lessened as compared to total institutionalization.

Birenbaum and Sagarin (1976: 106) also contend an inverse relationship between attributed responsibility and

stigmatization:

Those who are conceptualized as capable of responsibility for their actions and statuses are, by some curious irony, actually better regarded, not worse by their brethren. This may be because there is hope; because they are in control of their fate, they may become reasonable and see the light, deciding that their moral failing need not continue (see also Schur, 1971: 165-166).

The authors view the bank robber as a deviant considered responsible for his actions and the ex-mental hospital patient as one considered not responsible for his actions. They contend that the public can more easily think of rehabilitation for the bank robber than for the ex-mental hospital patient, since the former is considered to be more in control of his actions. Birenbaum and Sagarin (1976: 106) explain that the ex-mental patient, because of the belief of his lack of control, has ". . . a permanent and ineffaceable mark, branded by a society that believes of some things: If once, then always".

In contrast to the above writers, other authors have contended a direct relationship between the degree of responsibility attributed to the deviant and ex-deviant and the degree to which he is stigmatized. Trice and Roman (1970) contend that the delabeling of the ex-alcoholic is based on a notion, advanced by Alcoholics Anonymous, that the alcoholic is ill and not responsible for his condition. This notion allows the public to view the ex-alcoholic as cured in that he fought off the illness.

The knowledge that a former alcoholic no longer evidences the major symptom of the illness, his consumption of alcohol, diminishes a view of the permanence of the alcoholic deviance. Trice and Roman (1970: 540) explain:

. . . It appears that permanent stigmatization may be avoided if stereotypes of behavior disorders as forms of "illness" can be successfully diffused in the community.

Dinitz, et. al. (1969: 17), in agreement with Trice and Roman, contend:

. . . Before the alcoholic was considered "sick", when he was still defined as a "drunken bum", the idea that alcoholics could be successfully treated made little or no sense. Once the element of willfulness and personal responsibility was removed as a focal concern, the approach to treatment changed.

Dinitz, et. al. apply this argument to other deviants and ex-deviants as well. In direct conflict with some of the authors mentioned earlier (i.e., Fletcher, Clausen, and Birenbaum and Sagarin), Dinitz, et. al. contend that the denial of responsibility to the mental patient has reduced his stigmatization in public attitudes. They explain that the illness notion of deviance has changed societal reaction from a punishment orientation to a treatment orientation.

Stoll (1968) also suggests a direct relationship between responsibility attributed to the deviant and stigmatization, though to a lesser degree than the authors mentioned above. The writer contends that whether the devi-

ant is held responsible or not, he receives a negative societal reaction for his behavior. However, the deviant deemed responsible for his actions receives a more severe societal reaction. Stoll (1968: 119) explains:

. . . Lay notions of causality serve as a basis for developing an evaluation of others . . . The delinquent who "knew what he was doing" is judged blameworthy and deserving of punishment. However, the hysteric who "couldn't help himself" is judged guiltless and immune from castigation (though not from all societal intervention). Hence, the self-willed deviant is morally reprehensible, while the unintentional wrongdoer is merely unattractive.

The present investigation will test the relationship between the responsibility attributed to ex-deviants and the degree to which they are stigmatized. The operationalization of the latter variable will be a measure of the DI that informal labelers indicate toward ex-mental hospital patients and ex-convicts. The literature is conflicting as to whether an inverse relationship or a direct relationship is likely. Stoll's (1968) suggestion of a moderate direct relationship between these variables appears to be the most reasoned among all the works cited. Consequently, a moderate, direct relationship between responsibility attributed to the ex-deviant and the degree of DI will be hypothesized in the following proposition: the less the responsibility attributed to the ex-deviant, the less the informal labeler's DI.

7) the degree of seriousness that the informal labeler attributes to the formally delabeled deviant's earlier deviance - Before reviewing the literature on this variable, it is important to distinguish it from another variable, discussed earlier -- the degree of dangerousness that the informal labeler attributes to the formally delabeled deviant. The dangerousness variable involves the degree of threat that the informal labeler attributes to the ex-deviant's current behavior. The seriousness variable involves the degree of severity that the informal labeler attributes to the ex-deviant's former deviant behavior before he underwent treatment or imprisonment. Another difference is that some deviant behavior may be deemed serious without being considered dangerous, as in the case of a type of catatonic schizophrenia in which the individual is ". . . mute and motionless, as though in a stupor" (Cameron, 1963: 588).

Literature regarding the relationship between seriousness and public attitudes toward deviants and ex-deviants is conflicting. Some authors suggest no relationship between these variables and others suggest a direct relationship (i.e., the greater the seriousness attributed, the greater the negative response). First, literature suggesting no relationship between these variables will be discussed.

Goffman (1961), in a discussion of the stigmatization of ex-mental hospital patients, observes that the ex-patient often becomes alienated from civil society because of the stigma he acquires from having been a mental hospital patient. Goffman (1961: 355) observes that "this alienation can develop regardless of the type of disorder for which the patient was committed, constituting a side effect of hospitalization" Thus, despite the seriousness of the mental disorder, the fact that the patient has been an inpatient in a mental hospital, he encounters the same negative societal response upon release.

Dohrenwend and Chin-Song (1967) explain that the seriousness of the psychopathology evidenced by the behavior of the mentally ill person is not deemed the problem. It is the threat that the behavior may have for others.

It appears that the lack of relationship between the actual seriousness of the mental illness and the degree of stigmatization of the mentally ill person or ex-mental patient may be the result of a lack of understanding by the general public of mental pathology or the normality of the ex-patient (Trice and Roman, 1970: 541). Cues such as mental health help-source utilized, as Phillips (1963) observed, or dangerousness attributed to the patient or ex-patient may be used to guide one's reactions.

In contrast to the above literature, other works sug-

gest a direct relationship between the seriousness attributed to the deviance and the negative societal reaction. Viewing stigmatization as a form of punishment of the deviant, as does Goffman (1963: 139), some studies find a direct relationship between the seriousness attributed to the deviance and the degree of punishment that respondents deem fitting. Rose and Prell (1955: 247) explain,

The dominant theories of punishment include an assumption that the deprivation created by the punishment is, in some way, commensurate with the seriousness of the crime. The retribution theory, for example, considers that society should harm the criminal to the same extent that the criminal harmed the victim . . . Both common law and statutory law reflect the effort to mete out the more severe punishments to those convicted of committing the more serious crimes.

Sutcliffe and Haberman (1956) conducted a study among 160 Australian-born college undergraduates asking subjects how they would react to 20 deviant acts that were scaled in order of seriousness (e.g., murder was the highest scaled deviance and rudeness was the lowest scaled). It was found that the more serious the act, the more likely the respondent indicated an imposition of a sanction and the greater the social distance he indicated toward the deviant.

Simmons (1969), in a questionnaire survey (N=280), asked respondents, "What should be done?" with six deviant groups: adulterers, beatniks, radicals, marijuana

smokers, prostitutes, and homosexuals. Subjects were given a choice of six answers that ranged from "nothing" to "they should be forced to accept help from officials" to "prison is too good for them; they should be publicly whipped or worse". Simmons (1969: 34) found "reactions were mild only for the adulterer and the beatnik; stronger measures were recommended by the majority for the other groups".

In terms of people's reactions to ex-deviants, a direct relationship between the perceived seriousness of the ex-deviant's former deviance and the degree of DI will be hypothesized in the following proposition: the greater the perceived seriousness of the ex-deviant's former deviance, the greater the informal labeler's DI. As illustrated above, the literature conflicts as to whether there is a direct relationship or no relationship between these variables. The present study will provide a forum whereby this conflict can be resolved.

CHAPTER III

THE PROPOSITIONS

The hypotheses in this dissertation will be presented in sets of propositions and derivations in conformity with the axiomatic theoretical format presented by Zetterberg (1954) and Hopkins (1964). Beneath each axiomatic set will be a diagram of a path model representing the hypothesized relationships among the variables. These path models will be tested by path analysis in Chapter V. Following each path model will be a rationale proposing why the variables have been hypothesized to be interrelated as indicated. First, however, the variables that will be used in these propositions and derivations, which were discussed in the literature review, will be enumerated.

The Variables

- 1) the informal labeler's age
- 2) the informal labeler's highest achieved educational level (which will be referred to as "the informal labeler's education")
- 3) the degree of dangerousness that the informal labeler attributes to the formally delabeled deviant ("perceived dangerousness of the ex-deviant")
- 4) the amount of interaction that the informal labeler has had with a particular type of formally delabeled deviant ("amount of interaction with an ex-deviant")
- 5) the degree of effectiveness that the informal labeler attributes to a formal delabeling agent in completely treating the deviant ("perceived effectiveness of formal delabeling agents")
- 6) the degree of responsibility that the informal labeler

- attributes to the formally delabeled deviant for his behavior ("responsibility attributed to the ex-deviant")
- 7) the degree of seriousness that the informal labeler attributes to the formally delabeled deviant's earlier deviance ("perceived seriousness of the ex-deviant's former deviance")
 - 8) the degree of delabeling inconsistency that the informal labeler indicates regarding a formally delabeled deviant ("the informal labeler's DI")

The Axiomatic Sets

AXIOMATIC SET 1.0

Proposition 1.1 - The greater the informal labeler's age, the greater the perceived dangerousness of the ex-deviant.

Proposition 1.2 - The greater the perceived dangerousness of the ex-deviant, the greater the informal labeler's DI.

Derivation 1.01 - The greater the informal labeler's age, the greater the informal labeler's DI (derived from propositions 1.1 and 1.2)

A diagram of the path model for this axiomatic set appears in Figure 2.

Recalling the studies reviewed earlier (i.e., Whatley, 1959; Freeman, 1961; Simmons, 1969; and, Swanson and Spitzer, 1970), a direct relationship between the respondent's age and the degree to which he stigmatizes ex-convicts and ex-mental patients was consistently found. Simmons (1969: 32) admits the great potential for change of these attitudes over time. Consequently, a need for a retest to update the findings regarding this relationship is called for and the present analysis will respond to this need. The influence of a proposed intervening variable "perceived dangerousness of the ex-deviant" is also considered in

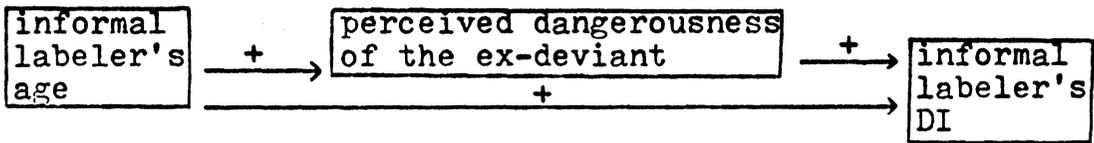


Figure 2. Path Model for Axiomatic Set 1.0

the analysis.

Proposition 1.1 hypothesizes a direct relationship between the informal labeler's age and the dangerousness he perceives formally delabeled deviants as having. The rationale for this proposition is that the older the informal labeler, the more likely he has experienced situations where formally delabeled deviants (e.g., ex-convicts or ex-mental patients) have become recidivous. This may affirm his beliefs that the ex-deviant is dangerous.

Proposition 1.2 hypothesizes a direct relationship between the perceived dangerousness of formally delabeled deviants and the degree of DI (i.e., the amount of continued stigmatization of ex-deviants), as several authors reviewed earlier (e.g., Whatley, 1959; Dinitz, et.al., 1969; and Trice and Roman, 1970) contended. Such stigmatization can act as a defensive mechanism for the informal labeler to protect himself from the perceived dangers of recidivism on the part of the formally delabeled deviant.

Linking propositions 1.1 and 1.2, derivation 1.01 hypothesizes a direct relationship between the informal labeler's age and the degree of DI.

AXIOMATIC SET 2.0

Proposition 2.1 - The greater the informal labeler's education, the less the responsibility attributed to the ex-deviant.

Proposition 2.2 - The less the responsibility attributed

to the ex-deviant, the less the informal labeler's DI.

Derivation 2.01 - The greater the informal labeler's education, the less the informal labeler's DI (derived from propositions 2.1 and 2.2).

Figure 3 illustrates axiomatic set 2.0.

In the literature review, a number of authors contended an inverse relationship between a person's age and the degree to which he stigmatizes deviants and ex-deviants (i.e., Whatley, 1959; Freeman, 1961; Kitsuse, 1962; Dohrenwend and Chin-Song, 1967; Simmons, 1969; and Swanson and Spitzer, 1970). This relationship will be tested in the present study with the additional consideration of the proposed intervening variable -- the degree of responsibility attributed to the ex-deviant by the informal labeler.

Proposition 2.1 hypothesizes an inverse relationship between the informal labeler's education and the degree to which he attributes responsibility to the ex-deviant for the latter's former deviance. The logic behind this proposition is that a highly educated person is more likely to be aware of factors that may be out of a deviant's control which contribute to his violation of the norms, such as racial discrimination or early childhood deprivation (see Langner and Michael, 1963: 160-163; Roman and Trice, 1967: 54-56; and, Teele, 1970: 248-252). Consequently, it is proposed that the greater one's formal education, the less likely he will attribute responsibility

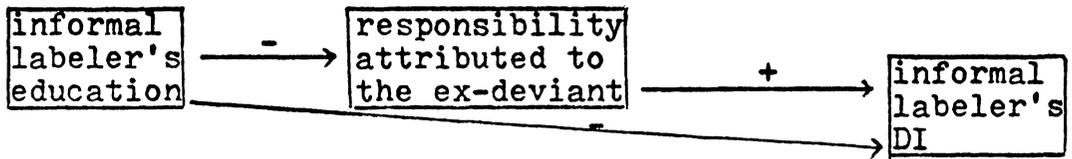


Figure 3. Path Model for Axiomatic Set 2.0

to the ex-deviant for his earlier deviance.

Proposition 2.2 hypothesizes a direct relationship between the degree of responsibility attributed to the ex-deviant and the degree of the labeler's DI, in agreement with the arguments of Trice and Roman (1970), Dinitz, et.al. (1970), and Stoll (1968), which were reviewed earlier. The rationale for this is that if a person does not attribute a high degree of responsibility to the ex-deviant for his earlier deviance, this person is more likely to "forgive" the ex-deviant after he has been formally delabeled. On the other hand, a person may hesitate to completely delabel a formally delabeled deviant if this person feels that the ex-deviant was responsible for his actions when he engaged in the deviant behavior. The informal labeler may feel that the ex-deviant may behave deviantly again if he had control over his behavior when he engaged in the deviant behavior.

Derivation 2.01 links propositions 2.1 and 2.2 by hypothesizing an inverse relationship between the amount of education of the informal labeler and the degree of DI.

AXIOMATIC SET 3.0

Proposition 3.1 - The greater the amount of interaction with an ex-deviant, the less the perceived dangerousness of the ex-deviant.

Derivation 3.01 - The greater the amount of interaction with an ex-deviant, the less the informal labeler's DI (derived from propositions 3.1 and 1.2).

This is illustrated in Figure 4.

This axiomatic set analyzes what was discussed in the literature review regarding the relationship between the degree of interaction that one has with an ex-deviant and the tendency to stigmatize the ex-deviant. The works of Goffman (1963), Simmons (1969), and Jackson (1971), which were reviewed earlier, suggest an inverse relationship between these variables. This relationship, with consideration of the intervening effects of the perceived dangerousness of the ex-deviant, will be tested in the present study.

Proposition 3.1 hypothesizes an inverse relationship between the amount of interaction one has had with a particular type of ex-deviant and the perceived dangerousness of the ex-deviant. The reasoning behind this proposition is that a person who interacts frequently with an ex-deviant is likely to find that the ex-deviant is no more dangerous than any other person.

It will be recalled that proposition 1.2 hypothesized a direct relationship between perceived dangerousness of formally delabeled deviants and the degree of DI. Derivation 3.01 links proposition 3.1 with proposition 1.2, hypothesizing an inverse relationship between the amount of interaction a person has with an ex-deviant and the degree of DI this person has in regard to the ex-deviant.

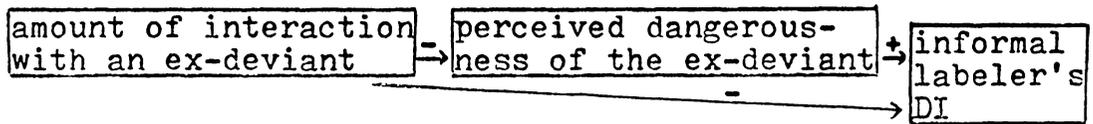


Figure 4. Path Model for Axiomatic Set 3.0

AXIOMATIC SET 4.0

Proposition 4.1 - The less the perceived effectiveness of formal delabeling agents, the greater the perceived dangerousness of the ex-deviant.

Derivation 4.01 - The less the perceived effectiveness of formal delabeling agents, the greater the informal labeler's DI (derived from propositions 4.1 and 1.2).

Figure 5 illustrates this axiomatic set.

In the literature review, several works were cited (i.e., Durkheim, 1893; Goffman, 1963; and, Erikson, 1964) that alluded to the contention that prisons and mental hospitals are not necessarily perceived as effective in returning the deviant to "normalcy". This set of propositions tests whether the degree to which informal labelers perceive such formal delabeling agents (e.g., prisons and mental hospitals) as effective is related to the degree to which they stigmatize the graduates of these institutions (e.g., ex-convicts and ex-mental patients). The possible effects of the intervening variable — perceived dangerousness of the ex-deviant — is also considered.

Proposition 4.1 hypothesizes an inverse relationship between perceived effectiveness of the formal delabeling agent and the perceived dangerousness of ex-deviants delabeled by the formal delabeling agent. The rationale for this proposition is that if an informal labeler perceives a prison or a mental hospital as ineffective in changing the deviant's behavior, the former is likely to perceive

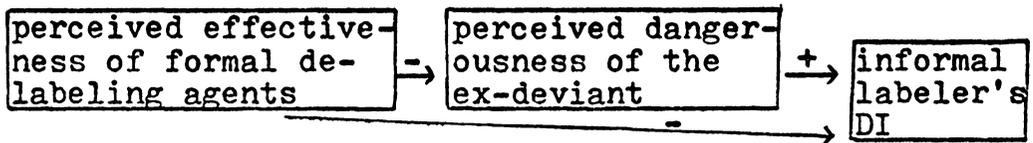


Figure 5. Path Model for Axiomatic Set 4.0

the graduates of these institutions as no less dangerous upon their release. On the other hand, perceptions of effectiveness of these institutions is likely to yield perceptions of a loss in dangerousness of graduates of these institutions.

Linking proposition 4.1 with proposition 1.2 (i.e., a direct relationship between dangerousness and DI), derivation 4.01 hypothesizes an inverse relationship between perceived effectiveness of formal delabeling agents and the informal labeler's DI.

AXIOMATIC SET 5.0

Proposition 5.1 - The greater the perceived seriousness of the ex-deviant's former deviance, the greater the perceived dangerousness of the ex-deviant.

Derivation 5.01 - The greater the perceived seriousness of the ex-deviant's former deviance, the greater the informal labeler's DI (derived from propositions 5.1 and 1.2).

Axiomatic set 5.0 is illustrated by the path model in Figure 6.

This set of propositions is concerned with testing the relationship between the seriousness of an ex-deviant's former deviance, as perceived by the informal labeler, and the degree to which the informal labeler stigmatizes the ex-deviant. The literature reviewed earlier (i.e., Sutcliffe and Haberman, 1956 and Simmons, 1969) suggests a direct relationship between these variables in the case of the deviant (e.g., a murderer); however, the present study

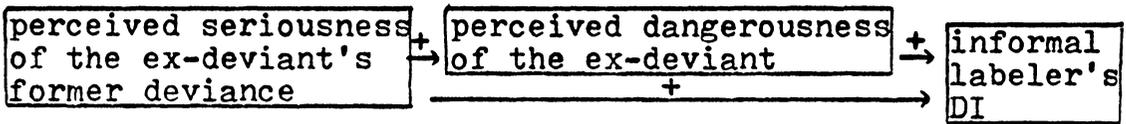


Figure 6. Path Model for Axiomatic Set 5.0

will test this relationship in the case of the ex-deviant (e.g., an ex-murderer). The intervening effects of the variable — perceived dangerousness of the ex-deviant — will also be tested.

Proposition 5.1 hypothesizes a direct relationship between the perceived seriousness of an ex-deviant's former deviance and the perceived dangerousness of the ex-deviant. The rationale behind this proposition is that if the informal labeler perceives a type of deviance as extremely serious (e.g., the commission of murder), he is likely to fear possible harm from a person who has engaged in this deviant behavior even after the latter has been formally delabeled (e.g., by his serving time in prison). Consequently, the informal labeler is likely to stigmatize the ex-deviant (i.e., he is likely to indicate a high degree of DI). Derivation 5.01 analyzes this proposed consequence by hypothesizing a direct relationship between the perceived seriousness of the ex-deviant's former deviance and the degree of DI. This derivation links propositions 5.1 and 1.2.

CHAPTER IV THE RESEARCH DESIGN

As mentioned earlier, the forms of DI researched in the present effort are based on the attitudes of informal labelers toward two groups of formally delabeled deviants: ex-convicts and ex-mental hospital patients. A questionnaire was administered to a sample of 281 residents of Henry County, Virginia (population size: approximately 74,000) to obtain information on attitudes and characteristics of such informal labelers in order to identify factors that contribute to DI.

The majority of the sample resides in Martinsville, Virginia, with the remainder residing in Collinsville, Bassett, Fieldale, Axton, and Ridgeway, Virginia. Henry County has a mix of urban and rural areas. Economic activities in the urban areas are predominated by manufacturing (e.g., American Furniture Company, Bassett Furniture Industries, and the Dupont Company). The rural areas focus on lumbering, tobacco-raising, and other agricultural production.

Approximately half of the sample was drawn from introductory sociology classes at Patrick Henry Community College in Martinsville, Virginia (N=131 students), which serves Henry County. The students are enrolled in diverse

programs of study (e.g., science, business administration, nursing, liberal arts, and secretarial science). Unlike most college samples, this sample was composed of a rather wide age range (from 17 to 47). The reason is that some of the students who attend the college are in pursuit of job promotions which require academic degrees beyond high school graduation, others are there in pursuit of second careers, and others are non-program students who are taking courses that interest them. A wide range of occupational statuses are represented in the student sample, including practicing nurses, unemployed people going to school on veteran's benefits, part-time and full-time students, teachers, and factory workers. The questionnaire was administered the first day of class before any class discussion began. This was done to avoid any possible contamination of their responses by the course content. All of the students completed the questionnaire and none indicated a refusal to answer any of the questions.

Despite the wide age and occupational range of the subjects in the student sample, most of the subjects had certain characteristics that were specific to a sample of this sort; most of the subjects had a high school education and all had some interest in seeking a college education (see Shaw, 1971: 336). To facilitate diversification of the sample in this regard, a random sample was

also drawn and administered the questionnaire. Thus, the student sample constituted half of the total sample and the random sample constituted the other half.

The random sample was selected from the Martinsville and Henry County, Virginia Directory (1976): 250 names and addresses were drawn. Questionnaires were sent by first class mail with a letter of introduction and a self-addressed, stamped envelope. The letters of introduction were all typed by hand with corrections for typographical errors appearing on each. This was done to give a personal touch to the letters in the hope of eliciting a good response rate. This procedure appears to have worked, for a rather high response rate (i.e., 64.7%) was attained, with numerous personal letters and comments wishing good luck on the study. Each respondent was assigned an identification number, which was concealed beneath the stamp on the return envelope, to aid in followup mailings.

Twelve days after the initial mailing, a followup letter was sent to those who had not returned the questionnaire. The followup letter requested the return of the questionnaire from those who still had it and asked those who no longer had the questionnaire to write so that another would be sent to them. The followup letter offered those receiving it a report of the findings of the study upon request. This offer was made to stimulate their

return of the questionnaire. A report of the initial findings of the study was sent to those requesting them as soon as the findings were available. A second followup letter plus a new questionnaire and self-addressed stamped envelope was sent to those who had written requesting another. The second followup letter was written in longhand to give a personal touch to the letter in the hope of eliciting a return of the questionnaires.

Out of the 250 questionnaires sent, there were 150 returned completed, 18 were returned by the postal service (because the addressee had moved and left no forwarding address, the addressee was unknown, the addressee had died, or forwarding had expired), 9 were returned blank (some with such explanations as that they were too old to fill it out or they did not have the time to complete it), 3 were received too late to include in the analysis of the data, and 70 did not respond at all to the initial mailing nor the followup. In computing the response rate, it is customary to omit those questionnaires that could not be delivered (Babbie, 1973: 165). In doing this, the response rate for the mail questionnaire was 64.7%.

Since both samples were drawn from Henry County-Martinsville, the possibility of the same subject responding to the questionnaire twice existed. In anticipation of this potential problem, the last item on the

questionnaire asked the respondent whether he had completed this questionnaire at another time. It was found that no respondents had filled out the questionnaire twice. Combining the college sample (which was 131) and the mail questionnaire sample (which was 150), the sample for this study was 281 respondents.

The questionnaire, letters of introduction and follow-up letters, which appear in Appendix A, were administered to the two samples. The questionnaire was constructed with the guidance of the literature reviewed earlier and the responses to a pilot questionnaire that was administered in October, 1975 to students in an introductory sociology class (N=134). The pilot questionnaire appears in Appendix B. The following discussion articulates how the items on the questionnaire operationally define the variables under investigation.

Explanation of the Operational Definitions

Before discussing the operational definitions, it is important to note that although most sections of the questionnaire measure respondents' attitudes and interactions with eight different types of ex-deviants, this dissertation will be limited to analyzing data regarding ex-convicts (formally delabeled murderers, in this case) and ex-mental hospital patients because of their concern to the study of

social deviance. The sociological concern with these two types of ex-deviants was demonstrated on page 20. The other data (e.g., on attitudes toward ex-alcoholics, ex-homosexuals, etc.) were obtained for future research.

At the beginning of the questionnaire, section I provides operational definitions for two of the variables represented on a seven-point Likert-like scale ranging from "Very Strongly Agree" to "Very Strongly Disagree". The odd-numbered items measure the variable "perceived seriousness of the ex-deviant's former deviance" and the even-numbered items measure "perceived effectiveness of formal delabeling agents".

Section II, a social distance test, is the first part of the operational definition of the dependent variable — "the informal labeler's DI". Informal labelers (i.e., the respondents) could indicate the degree of social distance they would allow with different types of formally delabeled deviants. The social distance choices offered are identical to those of Simmons (1969: 32). The instructions for this section were guided by social distance literature written by Bogardus (1925, 1933).

Section III utilizes seven-point semantic differential scales to operationally define the variables "perceived dangerousness of the ex-deviant" and "responsibility attributed to the ex-deviant". The instructions for this scale

were guided by instructions used by Nunnally (1961: 267-268) in a study using the semantic differential. Also indicated in this section is the second part of the operational definition regarding the perceived undesirability of the ex-deviant. Unlike the other semantic differential items, which are scored in whole numbers from 7 to 1, the undesirability scale is scored in the following manner:

| | | | | | | | | |
|----------|------------|------------|------------|------------|------------|------------|-----------|--------------|
| Undesir- | | | | | | | | Not undesir- |
| able | <u>4.9</u> | <u>4.2</u> | <u>3.5</u> | <u>2.8</u> | <u>2.1</u> | <u>1.4</u> | <u>.7</u> | able at all |

The reason for this different scoring will be explained later.

The complete operational definition of DI will be the mean of the social distance score and the "undesirability" semantic differential score. For example, if a respondent indicates a social distance score of 3 and a semantic differential score of 3.5 in regard to an ex-mental hospital patient, the degree of DI would be a 3.25 out of a possible 5.95. The reason why this semantic differential score is combined with the social distance score to operationalize DI is that only some of the social distance categories (i.e., categories 5 through 7) measure the respondent's feelings of undesirability of the ex-deviant. This element of undesirability is an important part of DI (i.e., the continued stigmatization of the formally delabeled deviant), as Goffman's (1963: v, 3) definition of "stigma" expresses. The inclusion of the "undesirability" semantic differential

score allows such attitudes of undesirability to be more adequately measured.

The scores for the "undesirability" semantic differential scale run from 4.9 to .7 rather than from 7 to 1, as do the others, to avoid overweighting the undesirability dimension in the operational definition of DI. As mentioned above, the last three social distance items already include the dimension of undesirability. By scoring undesirability items lower, a distortedly high undesirability indication is avoided.

Section IV measures the hypothesized demographic variables: the informal labeler's age and education. Several other demographic variables are measured here as well, however they will be used in future research.

Section V measures the variable "amount of interaction with an ex-deviant" by asking respondents to indicate the frequency with which they have had contact with different formally delabeled deviants. The choices range from very frequent contact to no contact at all.

Method of Analysis

The variables measured by the questionnaire that concern the present study are at the ordinal level of measurement, with the exception of age and education which are at the interval level. In recent years, the appropriateness

of using interval statistics on ordinal data has been demonstrated (see Baker, et. al., 1966 and Labovitz, 1970). To avoid losing information by using an ordinal level method of analysis, an interval level statistical procedure will be used — path analysis. The appropriateness of using path analysis on ordinal data has been demonstrated by Labovitz (1967) and Boyle (1970).

Path analysis is valuable in examining the path models derived from the axiomatic sets because of its capability in measuring the indirect association of an independent variable with DI through a proposed intervening variable, as well as the direct association of the independent variable with DI. Additionally, the propositions hypothesize recursive relationships among the variables, and path analysis is useful in testing such relationships. In fact, the use of path analysis requires that the relationships between variables have a one-way flow (Kerlinger and Pedhazur, 1973: 309).

The data will be interpreted by the size of the path coefficients (i.e., betas) which range from -1.00 to +1.00. Land (1969: 35) advises path analysts to set up an arbitrary criterion for evaluating the effect of a variable on another. The criterion used here to decide whether a proposition or derivation is supported by the data will be a path coefficient of at least .050 in the hypothesized

direction, although a .050 path coefficient will be evaluated as only slightly supportive of the hypothesized relationship. Guidelines for the .050 criterion were obtained from Kasarda and Janowitz (1974: 335-336). The authors regard a .022 beta as indicating "essentially no impact" of an independent variable on a dependent variable while they view a .050 beta as indicative of a "little independent influence". The present analysis considers a .022 path coefficient as too small to consider a proposition or derivation as supported, in agreement with Kasarda and Janowitz. Their interpretation of a .050 beta as slightly supportive will be used here; thus, anything less than a .050 path coefficient will be regarded as refuting a hypothesized relationship. Duncan (1969: 91, 104-105) also regards a .050 path coefficient as supportive of a hypothesized relationship.

The present analysis is concerned with interpreting measures of association rather than tests of statistical significance because of the exploratory nature of the research problem. The focal dependent variable, delabeling inconsistency (DI), is a new concept and the present endeavor is to attempt to identify variables that may influence DI one way or another. A measure of association, such as a path coefficient, can identify the degree of effect that hypothesized variables may have on DI, while

a test of statistical significance may place premature closure upon the effect of a potentially influential independent variable if the relationship with DI falls short of a predetermined level of statistical significance. Future research on the relationship of such a variable with DI would be discouraged by such premature closure. Use of a measure of association in the analysis allows small or moderate, though not statistically significant, relationships to be identified and explored, enabling future research to consider probable multiple or intervening variables that may increase the magnitude of the relationship. Future research may apply a more sophisticated decomposition of effects or an analysis of variance to test the statistical significance of relationships explored in this dissertation. Appendix D presents a summary table of the statistical significance, from analyses of variance, of the relationships hypothesized and tested in the present study for the reader concerned with future elaboration of the findings presented in the next chapter.

CHAPTER V
DATA ANALYSIS AND THE FINDINGS

Path analysis will be applied twice to the five path models derived from the axiomatic sets: once to the variables that regard ex-convicts (ex-murder convicts in this case) and another time to the variables that regard ex-mental hospital patients. A table of zero-order correlations among all of the variables in reference to both ex-deviant groups appears in Appendix C.

Regarding Ex-Convicts

1.0) age-dangerousness-DI

The first axiomatic set concerns the relationships among the age, perception of dangerousness, and DI of the informal labeler. The ex-deviant in this path analysis is an ex-murder convict (which will be abbreviated as "ex-con"). In Figure 7, as well as later figures, the hypothesized direction of the relationship appears in the parentheses directly beneath the path coefficient obtained from the data. The residuals are also indicated.

The first proposition, hypothesizing a direct relationship between the informal labeler's age and his perception of dangerousness of the ex-murder convict, appears to be moderately contradicted by the data. Rather than finding a direct relationship, a $-.100$ path coeffi-

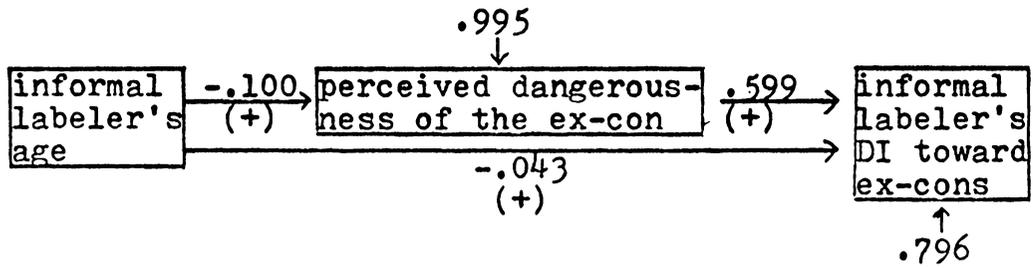


Figure 7. Findings for Axiomatic Set 1.0 Regarding Ex-Convicts (parenthesized signs represent the hypothesized direction of the relationships)

cient was found; i.e., the younger the respondent, the greater the perceived dangerousness of the ex-murder convict.

The second proposition, hypothesizing a direct relationship between perceived dangerousness of the ex-murder convict and the informal labeler's DI toward ex-murder convicts, was supported by the data to a quite high degree; a .599 path coefficient was found. This supports the suggestions of several authors reviewed earlier (e.g., Whatley, 1959; Dinitz, et. al., 1969; and, Trice and Roman, 1970) that an important contributor to the stigmatization of ex-deviants (i.e., DI), such as ex-murder convicts, is the perception of their dangerousness. This finding supports the idea discussed earlier that stigmatization such as DI may function as a defensive mechanism for the informal labeler to protect himself from what he perceives as the dangers of an ex-deviant.

The derivation of these propositions, hypothesizing a direct relationship between the informal labeler's age and the informal labeler's DI toward ex-murder convicts, is challenged by the data for only a $-.043$ path coefficient, a negligible inverse relationship, was obtained. This finding challenges a number of studies reviewed earlier (i.e., Whatley, 1959; Freeman, 1961; Simmons, 1969; and, Swanson and Spitzer, 1970) that supported the hypothesis

of a direct relationship between age and tendency to stigmatize. Simmons (1969: 32) admits the potential for change in attitudes toward deviants over time. Judging from the findings of this dissertation, these attitudes may have shifted radically whereby age groups (ranging from 17 to 75) can hardly be distinguished from one another in their attitudes toward ex-murder convicts. As will be discussed later, this relationship is even smaller when the ex-deviant is an ex-mental hospital patient, again in contrast to the studies reviewed earlier.

In summary, the direct connection of age with DI toward the ex-murder convict is negligible. The indirect link of age on DI through perceived dangerousness of the ex-murder convict is also negligible. The variable, perceived dangerousness, is the only one that materialized as influencing DI in this axiomatic set.

2.0) education-responsibility-DI

The next axiomatic set hypothesizes associations among the informal labeler's education, attribution of responsibility to the ex-murder convict, and DI. The path coefficients, residuals, and proposed relationships appear in Figure 8.

In the first proposition, an inverse relationship between the informal labeler's education and the degree

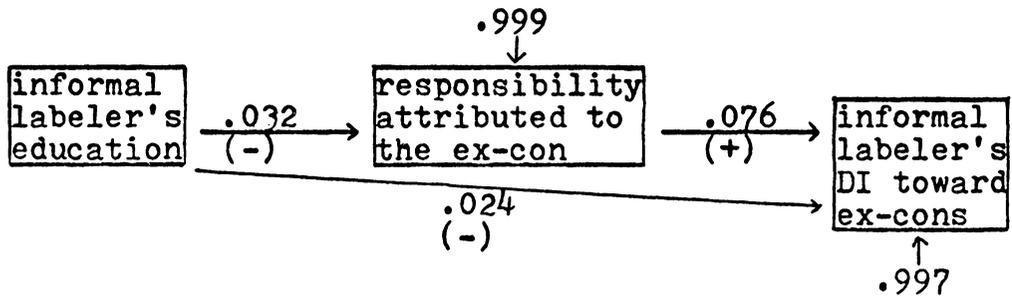


Figure 8. Findings for Axiomatic Set 2.0 Regarding Ex-Convicts (parenthesized signs represent the hypothesized direction of the relationships)

of responsibility he attributes to the ex-murder convict for his actions was hypothesized. The findings do not support the proposition, for only a .032 path coefficient was obtained. The rationale for this proposition was that the greater one's education, the more likely he is aware of factors that may be out of a deviant's control, such as racial discrimination or economic deprivation, which contributed to his violation of the norms. Consequently, it was argued, the more one's education, the less responsibility he would attribute to the ex-murder convict for his actions. However, the hypothesized relationship did not materialize in the data. If the processes articulated in the rationale do operate, their effect is minimal.

The second proposition hypothesized a direct relationship between responsibility and DI for the ex-murder convict. The data support this proposition, although to a small degree, with a .076 path coefficient. It will be recalled that in the literature review regarding the relationship between responsibility attributed to the ex-deviant and the degree to which he is stigmatized, some authors (i.e., Fletcher, 1967; Clausen, 1972; and Birenbaum and Sagarin, 1976) suggested an inverse relationship between these variables while others (i.e., Stoll, 1968; Trice and Roman, 1970; and Dinitz, et. al., 1969) contended a direct relationship. The latter position

(especially Stoll's which favored a moderate direct relationship) was taken in the present analysis and it was supported by the data.

The derivation of these propositions, which hypothesized an inverse relationship between education and DI for the ex-murder convict, was not supported by the data in that only a .024 path coefficient materialized from the data analysis. The failure of this relationship to be supported by the data challenges the findings of the researchers cited earlier (i.e., Whatley, 1959; Freeman, 1961; Kitsuse, 1962; Dohrenwend and Chin-Song, 1967; Simmons, 1969; and Swanson and Spitzer, 1970) who reported inverse relationships between education and stigmatization of ex-deviants (i.e., DI).

The failure of this relationship to materialize may be from a change in attitudes from the time when these studies were conducted to the time that the present survey was administered. It may also be from the failure of these studies to measure more subtle processes at work in the relationships of these variables. Simmons (1965: 229) admits:

. . . This finding cannot be taken at face value. For one thing, the associations are largely one-way. The majority of even the most highly educated group expressed unequivocally negative stereotypes toward most or all of the deviant types . . . The "success" of education in teaching more thoughtfulness in appraising social objects is therefore only relative.

Also, Swanson and Spitzer (1970: 48) found that although the grade school subjects in their sample had the highest stigma scores, college-educated subjects were not always lower than the high school educated subjects.

Thus, the direct link of education on DI toward the ex-murder convict and the indirect association of education on DI through responsibility are hardly perceivable. The only relationship that materialized was a direct but moderate one between responsibility and DI, as hypothesized earlier.

3.0) interaction-dangerousness-DI

The amount of interaction that the informal labeler has had with an ex-convict, the perceived dangerousness of the ex-convict, and DI are the variables of concern to the third axiomatic set. The relationships, hypothesized and found, appear in Figure 9.

The first proposition in this axiomatic set is supported by the data although to a moderate degree: a $-.072$ path coefficient was obtained for the relationship between the amount of interaction that the respondent has had with an ex-convict and the degree of dangerousness attributed to the ex-convict. The rationale for this proposition was that a person who interacts frequently with an ex-deviant is likely to find that the ex-deviant is no more dangerous than any other person. On the other hand, one who had had

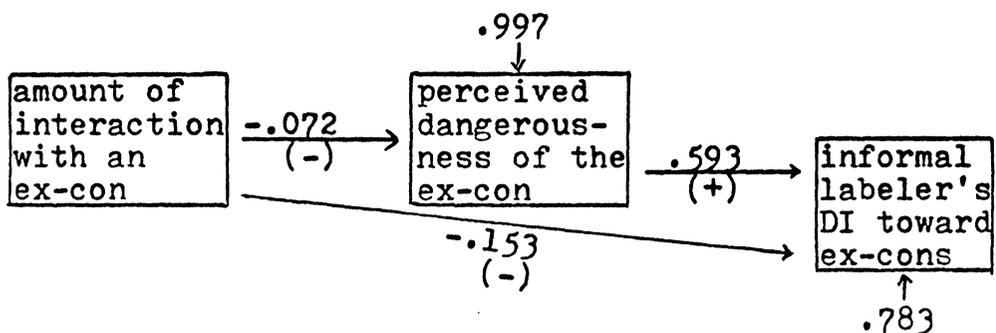


Figure 9. Findings for Axiomatic Set 3.0 Regarding Ex-Convicts (parenthesized signs represent the hypothesized direction of the relationships)

little or no contact with an ex-deviant is more prone to develop stereotypes regarding the ex-deviant, which may include an attribution of dangerousness (see Simmons, 1969: 29).

The second proposition, hypothesizing a direct relationship between perceived dangerousness of the ex-convict and the informal labeler's DI toward ex-convicts, is the same as the second proposition in section 1.0. Similarly, the data support this proposition to a high degree: a .593 path coefficient.

The derivation of these propositions, which hypothesizes an inverse relationship between interaction and DI in regard to the ex-convict, is supported by the data, for a $-.153$ path coefficient was obtained. The empirical support of this proposition provides strength to the contentions of Goffman (1963), Simmons (1969), and Jackson (1971) who were cited earlier for suggesting such an inverse relationship. It is likely that the increased interaction with ex-deviants decreases the potential for stigmatization to arise since through contact the ex-deviant is more likely to be perceived as normal.

Summarizing, the direct association of interaction on DI and the indirect link of interaction on DI through perceived dangerousness is evidenced by the data. However, the strength of perceived dangerousness surpasses the

strength of interaction on DI.

4.0 effectiveness-dangerousness-DI

The fourth axiomatic set proposes associations among the following variables: the degree to which the informal labeler perceives prisons as effective in rehabilitating murder convicts, perceived dangerousness of ex-murder convicts, and the informal labeler's DI. The path coefficients, residuals, and hypothesized relationships are illustrated in Figure 10.

The first proposition, hypothesizing an inverse relationship between effectiveness and dangerousness, is not supported by the data since only a $-.010$ path coefficient is obtained. The rationale for stating this proposition was that if an informal labeler perceives a prison as ineffective in changing the murder convict's behavior, the former is likely to perceive ex-murder convicts as no less dangerousness upon release. On the other hand, it was expected that perceptions of effectiveness of prisons would yield perceptions of a loss in dangerousness of ex-murder convicts. Obviously, the operation of the processes described in this rationale either did not occur or only had a negligible effect on the relationship of these variables.

The second proposition, which directly related the perceived dangerousness of the ex-murder convict to DI,

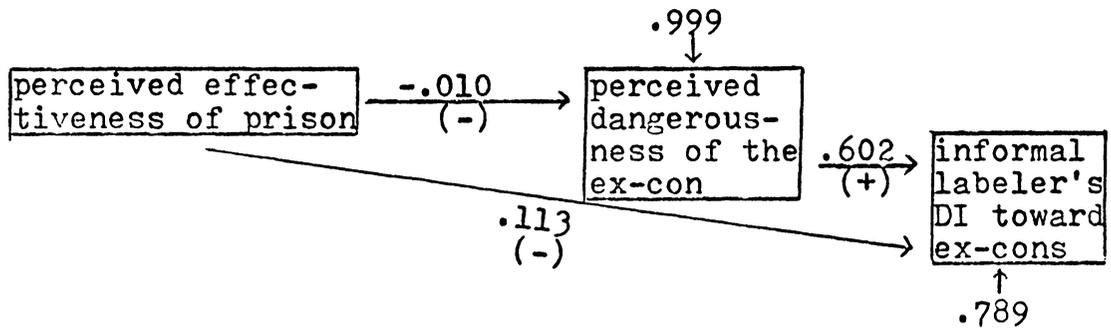


Figure 10. Findings for Axiomatic Set 4.0 Regarding Ex-Convicts (parenthesized signs represent the hypothesized direction of the relationships)

has been used in previous axiomatic sets. As was the case before, the data support this proposition strongly: a .602 path coefficient.

The derivation of these propositions hypothesizes an inverse relationship between the perceived effectiveness of prison on DI in regard to an ex-murder convict. This derivation is supported by the data for a $-.113$ path coefficient was found. This finding supports the notions derived from Durkheim (1893) and Goffman (1963), which were reviewed earlier, that provided the basis of this proposed relationship. The inverse relationship is probably influenced by the failure of informal labelers, who do not believe in the effectiveness of prisons, to cease their stigmatization of the ex-convict because they do not see him as any different from a convict. On the other hand, those who perceived prisons as effective delabelers are more likely to cease their stigmatization because they see the ex-convict as a person changed in the direction of "normality".

The direct link of effectiveness on DI regarding the ex-murder convict is moderate, however the indirect relation of effectiveness on DI through dangerousness is negligible because of the low effectiveness-dangerousness relationship. It appears that effectiveness and dangerousness affect DI independently of one another. If there is

an intervening variable between effectiveness and DI, it is something other than dangerousness, at least in reference to the ex-murder convict.

5.0) seriousness-dangerousness-DI

The final axiomatic set hypothesizes associations among: the degree of seriousness attributed to murder, perceived dangerousness of the ex-murder convict, and DI. The hypothesized associations, residuals, and coefficients appear in Figure 11.

The first proposition which hypothesizes a direct relationship between the perceived seriousness of murder and the perceived dangerousness of the ex-murder convict is supported by the data with a .211 path coefficient. The rationale for this proposition was explained earlier in the following manner: if the informal labeler perceives a type of deviance as extremely serious, he is likely to fear possible harm from a person who has engaged in this behavior even after the latter has been formally delabeled (e.g., by serving time in prison). On the other hand, deviant behavior deemed not serious is unlikely to bring about an attribution of dangerousness in regard to the ex-deviant of this act. The second proposition relating dangerousness to DI is supported to a strong degree, as it was in sections 1.0, 3.0, and 4.0, with a .576 path coefficient.

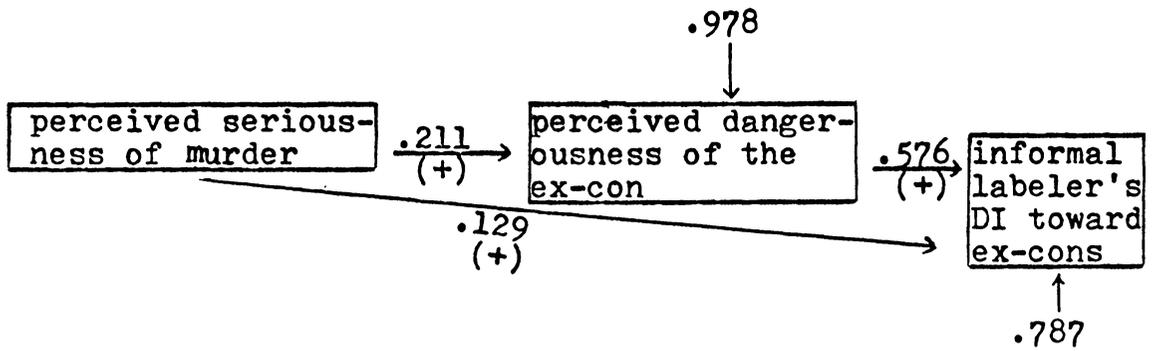


Figure 11. Findings for Axiomatic Set 5.0 Regarding Ex-Convicts (parenthesized signs represent the hypothesized direction of the relationships)

The derivation of these propositions is also supported in that a .129 path coefficient was obtained. Thus, the contentions of Sutcliffe and Haberman (1956) and Simmons (1969), whose works were reviewed earlier, are supported since they suggested a direct relationship between seriousness and stigmatization. On the other hand, this finding challenges the writings of Goffman (1961) and Dohrenwend and Chin-Song (1967), also reviewed earlier, which pointed to no relationship between the hypothesized variables.

In review, it appears that there is a direct influence of perceived seriousness of murder on DI regarding the ex-murder convict, however, it is surpassed by the indirect influence of seriousness on DI through dangerousness. It can be interpreted then that perceived seriousness contributes to DI because of the perceived dangerousness of the ex-deviant, in the case of the ex-murder convict. In other words, if a person considers murder as very serious, he is likely to stigmatize an ex-murder convict because the latter is still perceived as dangerous, even though he has completed formal delabeling through imprisonment.

Summary of the Findings

Among all of the variables that were hypothesized to influence delabeling inconsistency (DI) for ex-murder convicts, perceived dangerousness of the ex-murder convict

is the most influential. This is an important finding for it identifies a function of stigmatization of the ex-deviant — to protect the informal labeler from a perceived threat. This defensive function may be added to Goffman's (1963: 138-139) enumeration of functions of stigmatization.

Other variables that were predicted to influence DI for the ex-murder convict, that the data supported, were: the responsibility attributed to the ex-murder convict, the amount of interaction with an ex-convict, perceived effectiveness of prison, and perceived seriousness of murder. Variables that were predicted to influence DI which were not supported by the data because of their negligible effects were the informal labeler's age and the informal labeler's education. A summary of the findings appears in Figure 12.

Although linkage of all the variables was not proposed for the present study, a larger path analytic model is represented in Figure 13 for the interested reader. In this figure, X_1 = the informal labeler's age, X_2 = perceived effectiveness of prison, X_3 = amount of interaction with an ex-convict, X_4 = perceived seriousness of murder, X_5 = the informal labeler's education, X_6 = perceived dangerousness of the ex-murder convict, X_7 = responsibility attributed to the ex-murder convict, and X_8 = the informal labeler's DI toward ex-murder convicts. Zero-order corre-

| <u>Proposition (p) or Derivation (d)</u> | <u>Supported (s) or Not Supported (ns)</u> |
|--|--|
| p 1.1 (age-dangerousness) | ns |
| p 1.2 (dangerousness-DI) | s |
| d 1.01 (age-DI) | ns |
| p 2.1 (education-responsibility) | ns |
| p 2.2 (responsibility-DI) | s |
| d 2.01 (education-DI) | ns |
| p 3.1 (interaction-dangerousness) | s |
| d 3.01 (interaction-DI) | s |
| p 4.1 (effectiveness-dangerousness) | ns |
| d 4.01 (effectiveness-DI) | s |
| p 5.1 (seriousness-dangerousness) | s |
| d 5.01 (seriousness-DI) | s |

Figure 12. Summary of the Findings Regarding Ex-Convicts

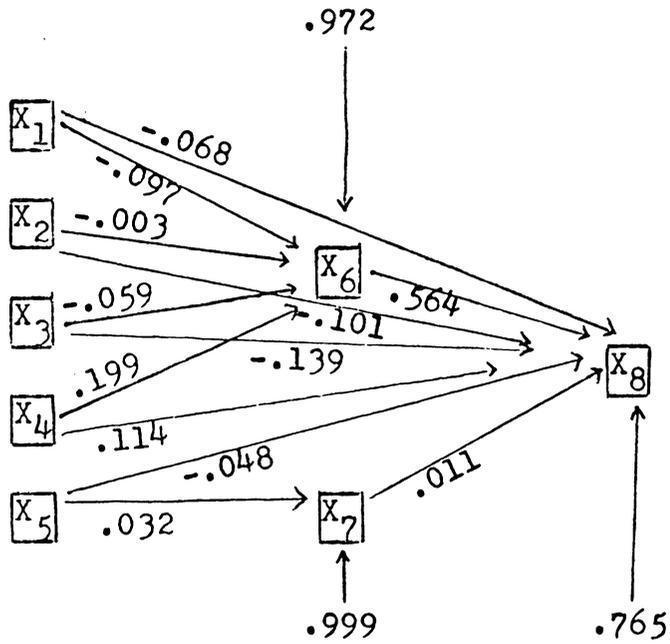


Figure 13. Path Analytic Model of All Variables Regarding Ex-Convicts

lations among exogenous variables can be found in Appendix C.

Regarding Ex-Mental Patients

1.0) age - dangerousness - DI

The first axiomatic set proposes relationships among: the age, perception of dangerousness, and DI of the informal labeler in reference to an ex-mental patient (which will be abbreviated "XMHP"). The path coefficients, residuals, and hypothesized directions of the relationships appear in Figure 14.

The first proposition, which hypothesizes a direct relationship between the informal labeler's age and his perception of dangerousness of ex-mental hospital patients, is not supported by the data in that only a $-.011$ path coefficient was obtained. The rationale for this proposition was that the older the informal labeler, the more likely he had experienced reports of ex-mental patients engaging in behavior dangerous to others (although Schur, 1971: 46-47 argues that such reports are often due to biased news reporting). Apparently, the processes articulated in this rationale are either not operating or they only have a negligible effect on the relationship. The $-.011$ relationship in the case of the ex-mental hospital patient is quite different from the earlier cited $-.100$ relationship between these variables

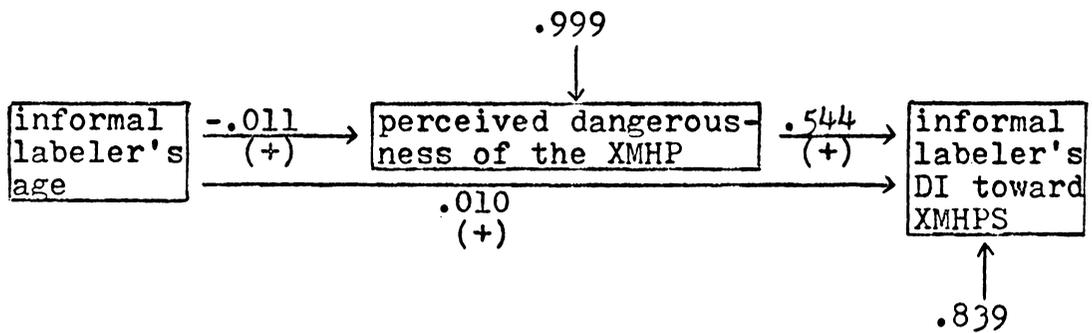


Figure 14. Findings for Axiomatic Set 1.0 Regarding Ex-Mental Patients (parenthesized signs represent the hypothesized direction of the relationships)

where the ex-deviant was an ex-murder convict. These findings evidence a differentiation in the attribution of dangerousness to ex-deviant groups among age groupings. While there is essentially no relationship between age and perceived dangerousness of ex-mental hospital patients, there is a moderate inverse relationship between these variables in the case of ex-murder convicts.

The second proposition, hypothesizing a direct relationship between perceived dangerousness of the ex-mental hospital patient and the informal labeler's DI toward ex-mental hospital patients, was strongly supported by the data in that there was a .544 path coefficient. It will be recalled that a similarly high path coefficient was found (i.e., .599) where the ex-deviant was an ex-murder convict. These similar findings support the suggestions of the authors reviewed in Chapter II (i.e., Whatley, 1959; Dinitz, et. al., 1969; and, Trice and Roman, 1970) that an influential factor contributing to the stigmatization of ex-deviants (i.e., DI) is the perception of their dangerousness. It may be interpreted that such stigmatization as DI functions as a protective mechanism for the informal labeler to defend against the dangers he perceives from ex-deviants. The similarity in findings with regard to ex-murder convicts

as well as ex-mental hospital patients suggests that this protective function of DI operates in reference to various ex-deviant groups.

The derivation of these propositions hypothesized a direct relationship between the informal labeler's age and DI toward ex-mental hospital patients. The data do not support this derivation in that a minuscule .010 path coefficient was found. It will be recalled that a low path coefficient between these variables (i.e., -.043) was found earlier where the ex-deviant was an ex-murder convict. Both these low relationships challenge the findings of a number of studies reviewed earlier (Whatley, 1959; Freeman, 1961; Simmons, 1969; and, Swanson and Spitzer, 1970), each contending a direct relationship between age and the tendency to stigmatize. It is possible that other more subtle processes may be operating in this relationship, that reduce its strength, which may not have been measured in these studies. Other researchers have had occasion to observe no relationship between age and dependent variables that resemble DI. For example, Hough, et. al. (1969) found no relationship between age and social distance toward several minority groups among rural respondents. Also, Simmons (1965: 230) found that age had no significant relationship to one's tendency to stereotype deviants. It may also be that a change in

public attitudes has occurred in that attitude patterns that formerly distinguished age groupings on their stigmatization of ex-deviants no longer exist.

In summary, this path analysis shows neither direct nor indirect associations of age with DI toward ex-mental hospital patients. The same lack of direct and indirect associations of these variables was found when the ex-deviant was an ex-murder convict. The only variable that materialized as influential on DI toward ex-mental hospital patients was perceived dangerousness of the ex-mental patient.

2.0) education - responsibility - DI

The next axiomatic set concerns the associations of the following variables: the informal labeler's education, attribution of responsibility to the ex-mental patient, and DI. The relationships, hypothesized and found, appear in Figure 15.

The first proposition hypothesizes an inverse relationship between the informal labeler's education and the degree of responsibility he attributes to the ex-mental hospital patient for his behavior. The findings contradict this proposition in that a direct relationship of .130 was obtained. The rationale for this proposition was that the greater one's education, the greater the likelihood he would attribute responsibility for the

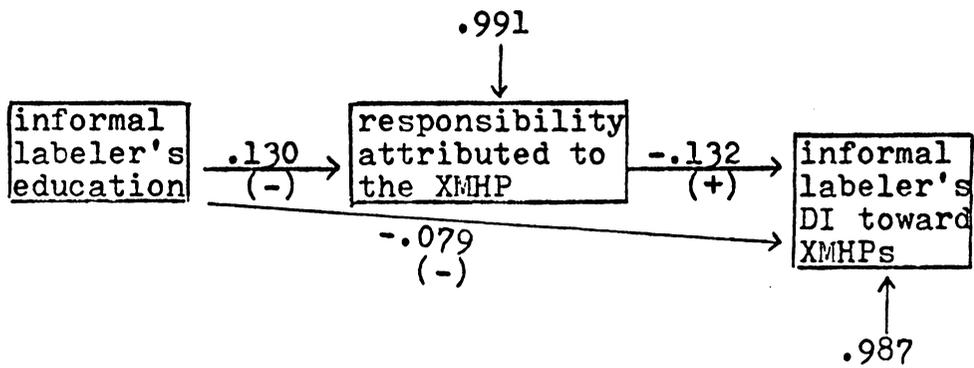


Figure 15. Findings for Axiomatic Set 2.0 Regarding Ex-Mental Patients (parenthesized signs represent the hypothesized direction of the relationships)

ex-patient's former aberrant behavior to factors out of his control. Obviously, the findings do not support this contention. This contradictory finding may be due to the influences of another variable, or set of variables, for which the present analysis has not accounted, that may intervene in this relationship.

The second proposition hypothesized a direct relationship between the responsibility attributed to the ex-mental patient and the informal labeler's DI. Again, the finding conflicts with the proposition for a $-.132$ path coefficient was obtained. This finding conflicts with the path coefficient obtained for the relationship of these variables where the ex-deviant is an ex-convict (i.e., $.076$). In other words, when the ex-deviant is an ex-mental patient, an inverse relationship between responsibility and DI was found; however, when the ex-deviant is an ex-convict, a direct relationship was found. In the literature review, some authors (i.e., Stoll, 1968; Trice and Roman, 1970; and Dinitz, et. al., 1969) were cited for contending a direct relationship between these variables while others (i.e., Fletcher, 1967; Clausen, 1972; and Birenbaum and Sagarin, 1976) favored an inverse relationship. Judging from the data obtained in the present analysis, both sets of authors are correct although in regard to different ex-deviant groups.

The derivation of these propositions hypothesized an inverse relationship between education and DI for the ex-mental hospital patient. It is moderately supported by the data in that a $-.079$ path coefficient was obtained. The conflicting findings obtained for the first and second propositions do not affect this relationship since the path coefficient partials out the effects of the responsibility variable. The empirical support for this proposition affirms the findings of the researchers cited in the literature review (i.e., Whatley, 1959; Freeman, 1961; Kitsuse, 1962; Dohrenwend and Chin-Song, 1967; Simmons, 1969; and Swanson and Spitzer, 1970) who suggested an inverse relationship between education and stigmatization of ex-deviants (i.e., DI).

Comparing this finding to the test of this relationship with reference to ex-murder convicts, one finds rather different results. Where the ex-deviant was an ex-murder convict, the relationship between education and DI was a scant $.024$. This difference in findings may be due to distinctions among educationally diverse groups in their attitudes toward ex-mental hospital patients that are less apparent in regard to ex-murder convicts. Thus, these ex-deviant types are differentially regarded by diverse educational groupings.

3.0) interaction - dangerousness - DI

The third axiomatic set proposes associations among: the amount of interaction that the informal labeler has had with an ex-mental patient, the perceived dangerousness of the ex-mental patient, and DI. The path coefficients, residuals, and hypothesized relationships are illustrated in Figure 16.

The first proposition hypothesized an inverse relationship between the informal labeler's amount of interaction with an ex-mental hospital patient and the degree of dangerousness attributed to the ex-mental hospital patient. The data support this proposition in that a $-.185$ path coefficient was obtained. The reasoning behind this proposition was that a person who has had little or no interaction with an ex-mental hospital patient is more likely to develop a stereotypic attribution of dangerousness of this ex-deviant. On the other hand, one who interacts frequently with an ex-mental hospital patient is more likely to find that most such ex-deviants are no more likely to engage in dangerous behavior than any other person. In fact, Schur (1971: 46) explained that the incidence of violent crimes among ex-mental patients is lower than the incidence among the general population.

The inverse relationship between interaction and per-

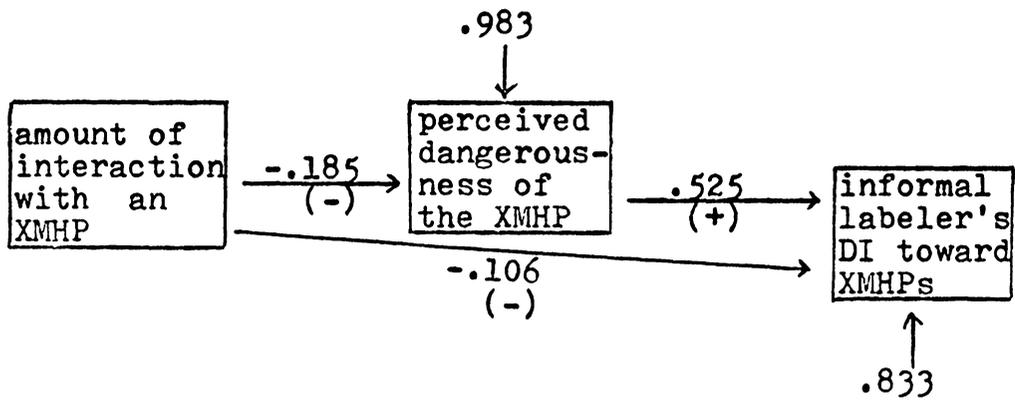


Figure 16. Findings for Axiomatic Set 3.0 Regarding Ex-Mental Patients (parenthesized signs represent the hypothesized direction of the relationships)

ceived dangerousness is greater in the case of ex-mental hospital patients than was found earlier for ex-murder convicts (-.072). This is probably the case since reports of high recidivism rates among ex-convicts are so well publicized that even frequent interaction with ex-convicts may only moderately offset attributions of dangerousness of ex-convicts among informal labelers. The more distinct inverse relationship of these variables for ex-mental hospital patients is likely influenced by fewer reports of post-treatment dangerous behavior of ex-mental patients, as Schur (1971: 46) notes. Thus, interaction with ex-mental patients is more likely to offset attributions of dangerousness by informal labelers.

The second proposition, hypothesizing a direct relationship between perceived dangerousness of the ex-mental hospital patient and the informal labeler's DI, is the same as the second proposition in section 1.0. The data support the proposition to a similarly high degree: the path coefficient is .525.

The derivation of these propositions, which hypothesizes an inverse relationship between interaction and DI, regarding the ex-mental hospital patient, is supported by the data in that a -.106 path coefficient is found. It will be recalled that the path coefficient for this derivation where the ex-deviant was an ex-convict was

similarly $-.153$. The empirical support for this derivation for both types of ex-deviants agrees with the literature reviewed earlier (i.e., Goffman, 1963; Simmons, 1969; and Jackson, 1971) that suggested an inverse relationship between amount of interaction with an ex-deviant and the degree of stigmatization of the ex-deviant. With all of the ex-deviants discussed by these authors, as well as the ones analyzed in the present study, it is likely that increased interaction decreases one's tendency to stigmatize the ex-deviant since attributions of undesirable characteristics to ex-deviants are likely to be challenged by one's increased contact with such ex-deviants.

In summary, although an indirect relation of interaction with ex-mental hospital patients on DI through perceived dangerousness and a direct linkage of interaction on DI were evidenced by the data, the indirect relation appears to be stronger than the direct one.

4.0) effectiveness - dangerousness - DI

The next axiomatic set considers the relationships of the following variables: the degree of effectiveness that the informal labeler attributes to mental hospitals in treating patients, the perceived dangerousness of ex-mental patients, and DI. The coefficients obtained from the data, the residuals, and the proposed associations appear in Figure 17.

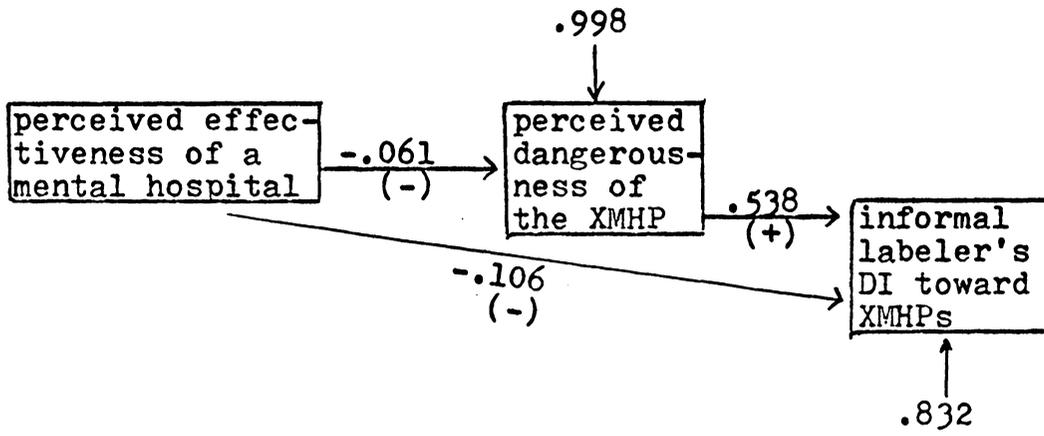


Figure 17. Findings for Axiomatic Set 4.0 Regarding Ex-Mental Patients (parenthesized signs represent the hypothesized direction of the relationships)

The first proposition, which hypothesizes an inverse relationship between perceived effectiveness and perceived dangerousness, is supported by the data, although to a small degree: a $-.061$ path coefficient. The rationale for this proposition was that if an informal labeler perceived a mental hospital as highly effective in treating the mental patient, attribution of dangerousness to the ex-mental patient would be low since former dangerous tendencies would have been eradicated. On the other hand, if an informal labeler perceived a mental hospital as ineffective in changing the patient's behavior, an ex-patient would be perceived as no less dangerous upon his release. Where the ex-deviant was an ex-murder convict and the formal delabeler was a prison, the path coefficient in this relationship was found to be $-.010$, a rather minute relationship. The difference in these coefficients evidences a distinction in public attitudes regarding the effectiveness of total institutions and the behavior of their graduates. While a mental hospital deemed ineffective in treating its patients is viewed as discharging more potentially dangerous patients, a prison deemed ineffective is viewed as discharging convicts that are dangerous about as frequently as ones that are not dangerous.

The second proposition, directly relating the perceived dangerousness of the ex-mental hospital patient to

DI has been tested previously. As was the case earlier, the data support the hypothesis strongly with a .538 path coefficient.

The derivation of these hypotheses is supported by the data in that an inverse relationship (i.e., a $-.106$ path coefficient) was found between the perceived effectiveness of a mental hospital and DI in reference to an ex-mental hospital patient. The relationship of these variables when the ex-deviant is an ex-murder convict was earlier found to be a similar $-.113$. Both of these findings support the ideas of Durkheim (1893) and Goffman (1963), reviewed earlier, which suggested that beliefs of ineffectiveness of mental hospitals and prisons contribute to negative attitudes of graduates of these institutions. The inverse relationship between perceived effectiveness of mental hospitals and DI toward ex-mental hospital patients is likely influenced by the failure of informal labelers who do not believe in the effectiveness of mental hospitals to cease their stigmatization of ex-mental patients because the ex-patients are perceived as no different in mental state upon their release. On the other hand, informal labelers who perceive mental hospitals as effective delabelers are more likely to stop stigmatizing the ex-patient because they perceive him as rehabilitated.

The direct association of effectiveness on DI regarding ex-mental hospital patients is moderate as is the indirect relation of effectiveness on DI through perceived dangerousness. However, the strength of perceived dangerousness is much greater than perceived effectiveness in its influence on DI.

5.0) seriousness - dangerousness - DI

The final axiomatic set hypothesizes associations among: the degree of seriousness attributed to a mental illness requiring hospitalization, perceived dangerousness of the ex-mental patient, and DI. The path coefficients, residuals, and hypothesized associations are illustrated in Figure 18.

The first proposition, hypothesizing a direct relationship between the perceived seriousness of mental illness and the perceived dangerousness of the ex-mental hospital patient, is supported by the data with a .132 path coefficient. In the case of the ex-murder convict, a direct relationship between these variables (.211) was also found earlier. The rationale for proposing a direct relationship between the perceived seriousness of mental illness and perceived dangerousness of the ex-mental patient was that if a person perceives mental illness as extremely serious, he is likely to fear possible harm from a person who has formerly been mentally ill. On the other

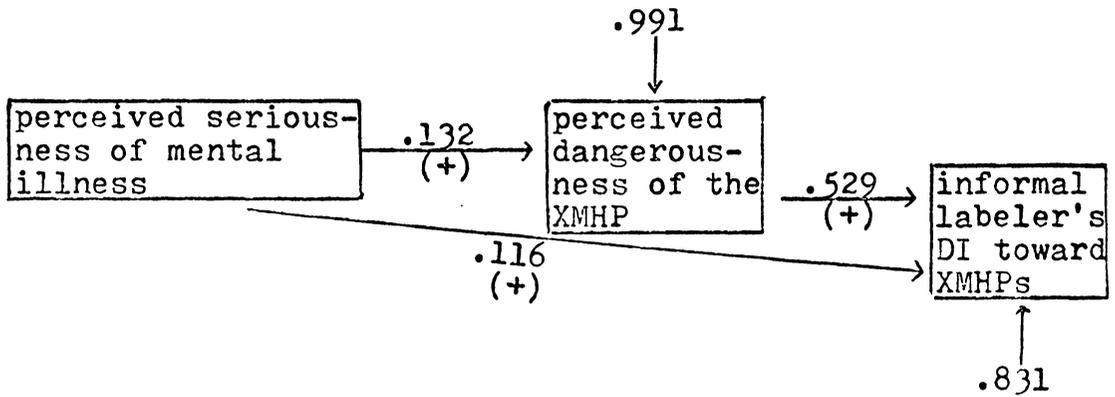


Figure 18. Findings for Axiomatic Set 5.0 Regarding Ex-Mental Patients (parenthesized signs represent the hypothesized direction of the relationships)

hand, it was reasoned that if mental illness is not considered a serious condition, then attribution of dangerousness to one who has been mentally ill will be unlikely.

The second proposition, directly relating dangerousness and DI, is strongly supported with a .529 path coefficient, which is similar to its other uses in sections 1.0, 3.0 and 4.0.

The derivation of these propositions, which hypothesized a direct relationship between seriousness and DI for ex-mental hospital patients, was supported by the data in that a .116 path coefficient was obtained. This finding is similar to the path coefficient between these variables in reference to ex-murder convicts, which was .129. Both these coefficients support the ideas of Sutcliffe and Haberman (1956) and Simmons (1969), which were reviewed earlier, each suggesting a direct relationship between seriousness and stigmatization. The current findings challenge the implications of Goffman (1961) and Dohrenwend and Chin-Song (1967) which were explained earlier to suggest no relationship between perceived seriousness and stigmatization.

In review, this path analysis shows both an indirect relation of perceived seriousness on DI through perceived dangerousness as well as a direct association of seriousness on DI, controlling for dangerousness.

Summary of the Findings

Similar to the findings for ex-murder convicts, the variable that stood out in its influence on the dependent variable, delabeling inconsistency (DI) for ex-mental hospital patients, was the perceived dangerousness of ex-patients. It appears that the protective function of stigmatization, that was articulated earlier, operates for the informal labeler to assist him in maintaining social and physical distance from what are perceived as potentially dangerous ex-mental patients as well as ex-murder convicts.

Other variables that were predicted to influence DI regarding the ex-mental hospital patient, that the data supported as predicted, were: the education of the respondent, amount of interaction with an ex-mental hospital patient, perceived effectiveness of a mental hospital, and perceived seriousness of mental illness. The one variable that had an opposite influence on DI from what was predicted was the responsibility attributed to the ex-mental hospital patient. The unpredicted inverse relationship was attributed to an intervening variable, or set of variables, for which the present analysis has not accounted. The only variable that was predicted to influence DI but which was not supported by the data because of its negligible effects was the informal labeler's age.

The findings that regard ex-mental patients are sum-

marized in Figure 19.

Although consideration of all the variables on a single path model was not proposed for the present analysis, it is represented in Figure 20 for the interested reader. In this figure, Y_1 = the informal labeler's age, Y_2 = perceived effectiveness of a mental hospital, Y_3 = amount of interaction with an ex-mental hospital patient, Y_4 = perceived seriousness of mental illness, Y_5 = the informal labeler's education, Y_6 = perceived dangerousness of the ex-mental hospital patient, Y_7 = responsibility attributed to the ex-mental hospital patient, and Y_8 = informal labeler's DI toward ex-mental hospital patients. A table including zero-order correlations among the exogenous variables appears in Appendix C.

Comparing the findings that regard ex-mental hospital patients to those that regard ex-murder convicts, one finds the relationships of all the variables, except responsibility and education, similarly related to DI whether the ex-deviant is an ex-mental hospital patient or an ex-murder convict. The responsibility variable had a direct relationship with DI regarding the ex-murder convict and an inverse relationship with DI regarding the ex-mental hospital patient. The education variable differs in its relationship to DI for these ex-deviant groups in that it had a negligible relationship with DI regarding the ex-murder convict and an inverse relationship with DI regard-

| <u>Proposition (p) or Derivation (d)</u> | <u>Supported (s) or Not Supported (ns)</u> |
|--|--|
| p 1.1 (age-dangerousness) | ns |
| p 1.2 (dangerousness-DI) | s |
| d 1.01 (age-DI) | ns |
| p 2.1 (education-responsibility) | ns |
| p 2.2 (responsibility-DI) | ns |
| d 2.01 (education-DI) | s |
| p 3.1 (interaction-dangerousness) | s |
| d 3.01 (interaction-DI) | s |
| p 4.1 (effectiveness-dangerousness) | s |
| d 4.01 (effectiveness-DI) | s |
| p 5.1 (seriousness-dangerousness) | s |
| d 5.01 (seriousness-DI) | s |

Figure 19. Summary of the Findings Regarding Ex-Mental Patients

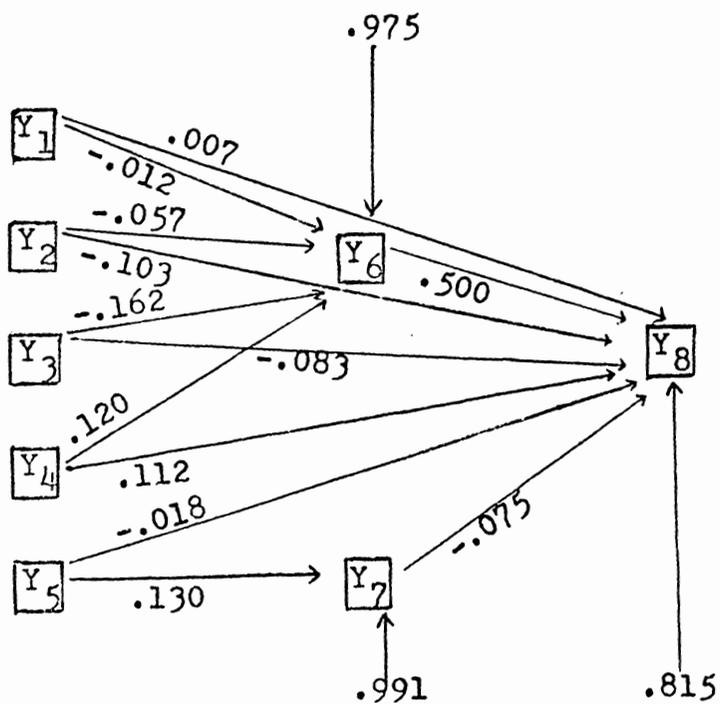


Figure 20. Path Analytic Model of All Variables Regarding Ex-Mental Patients

ing the ex-mental hospital patient. These contrasts in findings affirm the observation made earlier that ex-deviant groups are viewed differently in some respects by public attitudes.

Figure 21 summarizes the comparison of the findings regarding ex-convicts with those regarding ex-mental patients.

| <u>Proposition (p) or Derivation (d)</u> | <u>Regarding Ex-Convicts</u> | <u>Regarding Ex-Mental Patients</u> |
|--|----------------------------------|---|
| p 1.1 (age-dangerousness) | ns | ns |
| p 1.2 (dangerousness-DI) | s | s |
| d 1.01 (age-DI) | ns | ns |
| p 2.1 (education-responsibility) | ns | ns |
| p 2.2 (responsibility-DI) | s | ns |
| d 2.01 (education-DI) | ns | s |
| p 3.1 (interaction-dangerousness) | s | s |
| d 3.01 (interaction-DI) | s | s |
| p 4.1 (effectiveness-dangerousness) | ns | s |
| d 4.01 (effectiveness-DI) | s | s |
| p 5.1 (seriousness-dangerousness) | s | s |
| d 5.01 (seriousness-DI) | s | s |

Figure 21. Summary of the Findings Regarding Ex-Convicts and Ex-Mental Patients ("ns" means that the proposition was not supported by the data and "s" means that the proposition was supported by the data)

CHAPTER VI CONCLUSIONS AND APPLICATIONS

The purpose of this dissertation was to empirically identify factors that contribute to delabeling inconsistency (DI), defined as the stigmatization of ex-deviants. The ex-deviant groups on whom the analysis focused were ex-murder convicts and ex-mental hospital patients. Using an attitude survey on a sample of residents drawn from Henry County, Virginia, several variables were hypothesized and found to be related to delabeling inconsistency in reference to ex-murder convicts as well as to ex-mental hospital patients.

The variable that materialized as most highly correlated with DI was the respondents' attribution of dangerousness to the ex-deviant: the greater the attribution of dangerousness to the ex-deviant, the greater the DI of the ex-deviant, despite the fact that he had paid his debt to society through incarceration or completion of rehabilitative treatment. For respondents whose attitudes are at the higher end of this correlation (i.e., high dangerousness, high DI), stigmatization of ex-convicts and ex-mental patients can be depicted as a protective defense to keep what are perceived as dangerous individuals socially and physically away. It may be concluded from the very high

path coefficients between these variables (ranging from .525 to .602) that the attribution of dangerousness is a strong factor that contributes to the stigmatization of ex-deviants. This finding provides empirical support to the contentions of a number of authors cited earlier:

- 1) Dinitz, et.al. (1969: 18-19) contended that stigmatization is a response to the perceived threat of another person;
- 2) Whatley (1959), in a study of social attitudes toward ex-mental patients, concluded that ex-mental patients are less tolerated in primary group encounters (e.g., as a co-worker) than in more remote situations because of the fear of potential danger from close physical accessibility;
- 3) Dohrenwend and Chin-Song (1967) explain that the general public considers the seriousness of a mental illness in terms of the potential threat it may have for others, which is often in contrast to psychiatric interpretations of the seriousness of mental disorder; and,
- 4) Schur (1971: 46-47) contends that undesirable stereotypes of ex-convicts and ex-mental patients are stimulated by biased news-reporting that reinforces attributions of dangerousness of these ex-deviants. The conclusions of these authors, as well as others cited in the literature review on the "dangerousness" variable, are supported by the findings of this dissertation in the observation that stigmatization of deviants and ex-deviants is, to a consid-

erable extent, a function of attribution of dangerousness to the deviant and ex-deviant. From this perspective, stigmatization may be viewed as a means of protecting oneself from the perceived danger of another person or group of persons. This protective value of stigmatization may be added to Goffman's (1963: 138-139) list of functions of stigmatization.

Other variables found to be related with DI, in reference to both the ex-convict and the ex-mental patient, were: the degree to which the respondent perceived formal de-labeling agents (i.e., prisons and mental hospitals) as effective in treating the deviant, the amount of interaction that the respondent has had with the ex-deviant, and the degree of seriousness that the respondent attributes to the ex-deviant's former deviance. Most of these variables were related to DI through direct associations as well as indirect associations by way of the intervening variable — dangerousness attributed to the ex-deviant. Again, the importance of the dangerousness variable becomes apparent in its influence on DI.

Two variables that were found to be related to DI, responsibility attributed to the ex-deviant and the informal labeler's education, varied dramatically when the ex-deviant was an ex-convict relative to when he was an ex-mental patient. The respondents' attribution of responsi-

bility to the ex-convict had a direct relationship with DI while the attribution of responsibility to the ex-mental patient had an inverse relationship with DI. The respondents' education was essentially unrelated to DI in reference to the ex-convict but was inversely related to DI in reference to the ex-mental patient. It may be concluded that public attitudes are not necessarily the same in reference to different ex-deviant groups, as Birenbaum and Sagarin (1976: 106) illustrated.

One variable, the age of the respondent, was found to have no relationship with DI in regard to the ex-convict or the ex-mental patient. This finding challenges a large number of studies that hypothesized and found a direct relationship between age and tendency to stigmatize (e.g., Whatley, 1959; Freeman, 1961; Simmons, 1969; and, Swanson and Spitzer, 1970). This finding of no relationship may be the result of social change in attitudes toward ex-deviant groups in that age groups that could at one time be distinguished in their attitudes can not be so distinguished any longer. Perhaps the socialization of attitudes regarding these ex-deviant groups among differently aged people is now more similar than in the past; for example, it may be that what a forty-two-year-old has learned about ex-mental patients is now similar to what a seventeen-year-old learns, as opposed to earlier times.

It has been advised to eliminate relationships having an insignificant effect in a path analysis (e.g., Land, 1969) for the sake of facilitating future analyses striving for more parsimonious theory construction. Among the numerous propositions hypothesized in the present analysis, several were not supported by the data. By eliminating these proposed, though unfounded, relationships from the larger path models, a more coherent depiction of what variables influence DI and how they tend to influence it can be attained. A proposed, reformulated path model of variables influencing the DI of ex-convicts, as derived from the findings reported earlier, is depicted in Figure 22. In this diagram, X_1 = the informal labeler's age, X_2 = amount of interaction with an ex-convict, X_3 = perceived seriousness of murder, X_4 = perceived effectiveness of prison, X_5 = responsibility attributed to the ex-murder convict, X_6 = perceived dangerousness of the ex-murder convict, and X_7 = the informal labeler's DI toward ex-murder convicts.

The reformulated path model of variables influencing DI in regard to ex-mental patients appears in Figure 23. In this figure, Y_1 = the informal labeler's education, Y_2 = amount of interaction with an ex-mental hospital patient, Y_3 = the perceived seriousness of mental illness, Y_4 = perceived effectiveness of a mental hospital, Y_5 = responsi-

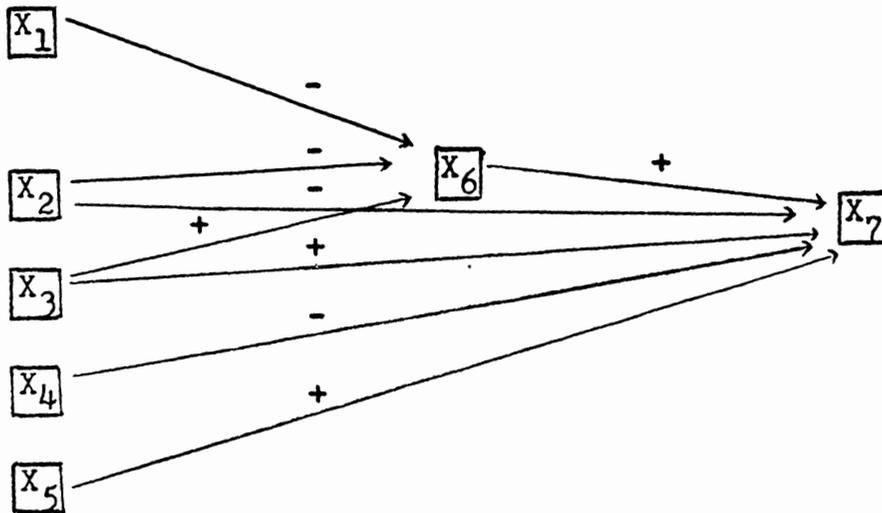


Figure 22. Reformulated Path Model of Variables Regarding Ex-Convicts

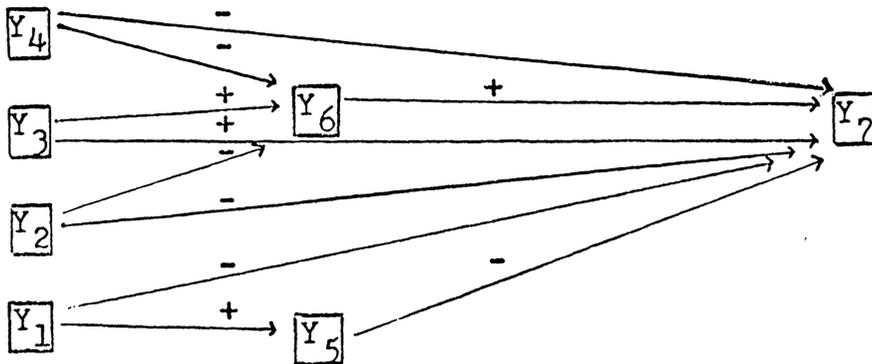


Figure 23. Reformulated Path Model of Variables Regarding Ex-Mental Patients

bility attributed to the ex-mental hospital patient, Y_6 = perceived dangerousness of the ex-mental hospital patient, and Y_7 = the informal labeler's DI toward ex-mental hospital patients. Both of these reformulations can guide future research on DI by their omission of low-yield hypothesized relationships and the inclusion of relationships supported by the data in the present analysis.

Certainly, the present study is not without methodological limitation. The data were drawn from one county in the state of Virginia, which cannot be assumed representative of the entire American population. Although the sample is composed of a wide range of age, educational, rural-urban, and occupational groupings and a relatively even representation of males and females, there may be some ways that the current sample varies from a sample representative of the entire country's inhabitants. For this reason, the findings must be taken as suggestive and not explanatory of the variable relationships that were hypothesized, tested, and interpreted. For that matter, no sample, unless completely randomly drawn with a 100% response rate, a rarity for a national sample, could boast such representation.

Theoretical and Practical Applications

The contributions of the present study to the socio-

logical study of deviance and to social policy concerns may be divided into theoretical and practical applications. The theoretical applications will be discussed first.

This dissertation has contributed to the sociological study of deviance a systematic approach to analyzing stigmatization through labeling theory. By examining the labeling and delabeling processes as oft-changing phenomena, stigmatization of ex-deviants was theorized and operationalized as an inconsistency in the delabeling of an actor for deviant behavior that violated more than one norm (i.e., delabeling inconsistency).

A second theoretical application of the present study is its linkage of phenomena typically depicted as social psychological with larger social organizational processes. Labeling theory, stigmatization, and the study of people's attitudes are commonly regarded as social psychological concerns. However, the theory of delabeling inconsistency ties these concerns to the basic component of social organization — norms (Bierstedt, 1970: 241). It is the lag in cessation of punishing norm violations that constitutes delabeling inconsistency.

A final theoretical application is the contribution of the reformulated path models discussed above. By eliminating low-yield variables and unsupported proposed relationships, the reformulations can guide future research inves-

tigating factors influencing stigmatization of ex-deviants by isolating the most pertinent variables and variable relationships. The reformulated path models depict a more concise model of factors potentially influencing DI than originally proposed in the present study, and they pave the way for even more concise theory construction.

Before articulating the practical applications of the findings, it is important to repeat the problems that DI brings to focus. As was discussed earlier, DI reduces the opportunities for employment and social contacts for ex-convicts and ex-mental patients. Continued stigmatization likely contributes to a greater probability of recidivism for the ex-convict (Erikson, 1964) in an attempt to make a living when jobs are closed to him. It contributes to avoidance of much needed treatment (Blackwell, 1967) and longer hospital stays (Dohrenwend and Dohrenwend, 1969: 159) for the mental patient to avoid the stigma of post-treatment life.

If one could reduce the effects of some of the variables found to be closely related to high degrees of DI, perhaps the DI that influences these deleterious effects could be reduced. Recalling that a high attribution of dangerousness to an ex-deviant was found to yield a high degree of DI, perhaps techniques of reducing attributions of dangerousness could be utilized to reduce DI. One such

technique could be to do away with biased news reporting that selectively refers to one's "ex-mental patient" or "ex-convict" status for criminal activities (Schur, 1971: 46-47). This stereotype-reinforcing practice used to be applied discriminately by race (i.e., placing "a Negro" after the names of black criminal suspects while no such racial designation appeared after the names of white suspects), however it has largely ceased.

Another bias in news-reporting is the failure to acknowledge that even though there are high rates of recidivism among ex-convicts, subsequent crimes are usually minor crimes ". . .not commonly regarded as serious threats to society" (England, 1970: 690, 692). Elimination of both of these news-reporting practices might contribute to lower attributions of dangerousness of ex-mental patients and ex-convicts that in turn could influence lower degrees of DI.

Another technique to help reduce attributions of dangerousness is to publicize success stories of re-integrated ex-convicts and ex-mental patients, showing their capabilities at legitimate work and at social interaction as "normals". Also, reports, such as Schur's (1971: 46), of lower rates of violent crimes among former mental patients than among the general population could illustrate the myths of attributed dangerousness of ex-mental

patients.

Increasing public perceptions of the effectiveness of mental hospitals and prisons in rehabilitation, where they are effective, may also decrease DI since perceived effectiveness and DI were found to be inversely related. Public education on successful cases of rehabilitation among ex-convicts need to be stressed to the degree that the failures are emphasized today. Mental hospitals might engage in public relations programs to show their effectiveness in treating the mentally ill.

These practical applications of the findings all call for greater and more accurate public education on the situation of the ex-convict and ex-mental patient. However, other writers have suggested additional means of reducing the stigma of ex-deviance: 1) experimentation with and, if successful, implementation of the Swedish penal program (Thorsell and Klemke, 1975), described earlier, in the United States whereby the ex-murder convict is moved to a new community, his name is changed, a job and accommodations are found for him, and his record is kept secret. Swedish penal officials report no cases of recidivism among the ex-offenders in this program, most likely due to the avoidance of DI that the program brings; 2) abolition of many of the overly repressive government and business policies in handling ex-convicts, such as

refusing a driver's permit to a joy rider several years after his offense, denial of a barber's license to an ex-convict with 10,000 hours experience in a prison barber shop because of his prison record (McSally, 1960: 13), and denial of voting rights and other civil rights to ex-felony offenders (Sutherland and Cressey, 1974: 597). These policies alienate the ex-offender from the society to which he must become re-integrated upon release; 3) more widespread application of work-release programs, half-way houses, and legislation to expunge one's criminal record over a period of time after release to facilitate re-integration of the ex-convict into society; 4) education of the public to the advantages in helping the ex-mental patient and ex-convict become a part of society, not only to avoid relapse from the ex-mental patient and recidivism from the ex-convict, but to gain productive, law-abiding citizens (McSally, 1960: 16); and, 5) education of mental patients and convicts to up-to-date occupational skills to facilitate employment opportunities upon release.

In sum, delabeling inconsistency and its deleterious effects on the ex-deviant can likely be controlled by reducing the distorted publicity of dangerousness of ex-mental patients and ex-convicts, increasing public awareness of effective mental hospital and prison programs where they

exist, and experimentation with and, where successful, initiation of programs to help re-integrate ex-mental patients and ex-convicts into society.

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APPENDICES

APPENDIX A
THE QUESTIONNAIRE

Class Questionnaire Introduction

I am a graduate student at Virginia Polytechnic Institute and State University, working on my dissertation for a Ph.D. in sociology. The following questionnaire is an important part of a study for my dissertation. The questionnaire asks you for information about yourself and your attitudes about different groups of people. For my dissertation to be successful, it is important that you answer all of the questions and that your responses be as honest and accurate as possible. Your responses will be held in the strictest of confidence and will be used only for the purposes of this study. To assure that your identity will remain anonymous, please do not write your name on the questionnaire.

Thank you,

Rich Bobys

Mail Questionnaire Letter of Introduction

Dear _____:

I am a graduate student at Virginia Polytechnic Institute and State University, working on my dissertation for a Ph.D. in sociology. The following questionnaire is an important part of a study for my dissertation. Your name has been selected from a list of those residing in the state of Virginia to be a part of this study. I request that you fill out this questionnaire. It should not take you long at all.

The questionnaire asks you for information about yourself and your attitudes about different groups of people. For my dissertation to be successful, it is important that you answer all of the questions and that your responses be as honest and accurate as possible. Please complete the questionnaire and mail it back to me as soon as you can. Your responses will be held in the strictest of confidence and will be used only for the purposes of this study. To assure that your identity will remain anonymous, please do not write your name on the questionnaire.

The stamped and addressed envelope is for your use to return the questionnaire by mail.

Thank you,

Rich Bobys

First Followup Letter

Dear _____:

Last week I sent a questionnaire to you and requested that you complete it and return it to me in a stamped envelope that I enclosed. I have not yet received the questionnaire in the mail.

If you have not completed the questionnaire, I would appreciate your doing so as soon as possible. This questionnaire is a very important part of my dissertation for the Ph.D. degree. If you no longer have the questionnaire or never received it, please send me a note telling me this and I will send you another questionnaire and a stamped, addressed envelope. You may write to either my office address at the letterhead of this sheet, or my home address which is on the envelope of this letter. If you have already mailed the questionnaire, please disregard this letter.

I apologize for sending you a form letter, but time limitations make it necessary.

Thank you,

Rich Bobys

P.S.: If you want a copy of the results of this study, please let me know and I will send them to you when they are ready.

RB

Second Followup Letter

Dear _____:

I have enclosed the questionnaire and a self-addressed envelope, as you requested. I would appreciate your returning the questionnaire as soon as you possibly can.

Thank you for your concern.

Sincerely,

Rich Bobys

Letter to Those Requesting the Findings

Dear Sir or Madame:

You requested that I send you the results of the survey I have been conducting, in which you were a participant. I am writing to inform you of the initial findings that I have obtained. First, I want to thank you for responding to the questionnaire I sent you. I had sent 250 of these questionnaires and had a 65% response rate. This is an excellent response to a mail questionnaire.

The purpose of this study is to find out whether there is an avoidance or dislike of persons who had completed treatment or punishment for having engaged in deviant behavior at some time in their lives; for example, such ex-deviants as ex-mental hospital patients and ex-convicts. Having established that such negative attitudes do exist, I tried to find out certain characteristics of those who felt the way they did. Some of the factors that I tested against such negative attitudes were: the age of the person answering the questionnaire, his education, the degree of seriousness that he attributed to the ex-deviant's former behavior, the degree of responsibility he attributed to the ex-deviant, and the like.

The major finding I obtained was a high correlation between the attribution of dangerousness to the ex-deviant and the degree of negative attitude indicated. In other words, those respondents who had little or no negative attitude toward ex-mental patients and ex-convicts tended to feel that these ex-deviants were not dangerous. On the other hand, those who had a high degree of negative attitudes tended to feel these ex-deviants were dangerous despite the fact that they had completed treatment or "paid their debt" by being punished.

These findings are important since not all ex-mental patients or ex-convicts are dangerous. Despite this fact, many harmless ex-deviants encounter difficulty in getting a job or in making friends because many people regard them as dangerous. It is my hope that these initial findings and other findings I obtain can guide programs in educating people on the harmlessness of so many ex-mental patients and ex-convicts. The success of such programs could facilitate the re-entry of these people into society by increasing their opportunities in getting jobs and in making social contacts.

Sincerely,

Richard S. Bobys

VIRGINIA ATTITUDE STUDY

The Department of Sociology
Virginia Polytechnic Institute
and State University

Under the direction of
Richard S. Bobys, M.A.
Department of Sociology
V.P.I. & S.U.
Blacksburg, Virginia 24061
Telephone: (703) 951-6455

Figure 24a. The Questionnaire, Page 1

I.

Instructions: Please read the following statements carefully and circle either "Very Strongly Agree" (VSA), "Strongly Agree" (SA), "Agree" (A), "Undecided" (U), "Disagree" (D), "Strongly Disagree" (SD), or "Very Strongly Disagree" (VSD), depending on how you feel about the statement. There are no right or wrong answers. It is your opinion that we want.

1. Murder is an extremely serious offense.

| | | | | | | |
|-----------------------------|---------------------|---------|------------------|------------|------------------------|--------------------------------|
| VSA | SA | A | U | D | SD | VSD |
| (Very Strongly Agree) | (Strongly Agree) | (Agree) | (Unde- cided) | (Disagree) | (Strongly Disagree) | (Very Strongly Disagree) |

2. Prison can completely rehabilitate a person who has been convicted for murder.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

3. A mental illness in which one must go to a mental hospital is an extremely serious condition.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

4. A mental hospital can completely cure a patient of mental illness.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

5. Homosexuality is an extremely serious condition.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

6. Treatment can completely change a homosexual who wants to change.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

7. Drug addiction is an extremely serious condition.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

8. A drug treatment center can completely cure a person of drug addiction.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

9. Alcoholism is an extremely serious condition.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

10. Alcoholics Anonymous can completely cure a person of alcoholism.

| | | | | | | |
|-----|----|---|---|---|----|-----|
| VSA | SA | A | U | D | SD | VSD |
|-----|----|---|---|---|----|-----|

Figure 24b. The Questionnaire, Page 2

11. Shoplifting is an extremely serious offense.

VSA SA A U D SD VSD

12. Prison can completely rehabilitate a person who has been convicted for shoplifting.

VSA SA A U D SD VSD

13. An emotional problem in which one goes to a psychiatrist is an extremely serious condition.

VSA SA A U D SD VSD

14. Psychiatric treatment can completely cure a person with emotional problems.

VSA SA A U D SD VSD

15. Having a contagious disease in which one must be hospitalized is an extremely serious condition.

VSA SA A U D SD VSD

16. A hospital can completely cure a person with a contagious disease, such as tuberculosis.

VSA SA A U D SD VSD

Figure 24c. The Questionnaire, Page 3

II.

Instructions: Please read the following descriptions of different degrees of personal closeness which people might be willing to permit in their relations with members of particular groups:

1. Might marry or accept as a close relative.
2. Might have as a close friend.
3. Would accept as a next door neighbor.
4. Would accept in my school, church, and so on.
5. Would accept in my community, but would have no contact.
6. Would accept as a resident of my country but not my community.
7. Would not accept at all, even as a resident in my country.

Now consider the people listed below. Place an "x" under the number which most nearly represents the degree of closeness (as described above) to which you would currently be willing to admit such a person. There are no right or wrong answers. We would simply like your honest opinion.

| | <u>Degree of personal closeness that you would allow</u> | | | | | | |
|--|--|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| A person who had a severe contagious disease (such as tuberculosis) who has just completed treatment at a hospital | | | | | | | |
| A person who had emotional problems but who has recently completed psychiatric treatment | | | | | | | |
| A person who had been convicted for shoplifting but who has just completed a prison sentence | | | | | | | |
| A person who has just completed therapy for alcoholism from Alcoholics Anonymous | | | | | | | |
| A person who had been a drug addict but who has recently completed therapy for his addiction | | | | | | | |
| A person who had been a homosexual but who has recently completed treatment to change | | | | | | | |
| A person who had been mentally ill but who has recently completed treatment at a mental hospital | | | | | | | |
| A person who had been convicted for murder but who has just completed a prison sentence | | | | | | | |

Figure 24d. The Questionnaire, Page 4

III.

Instructions: The object of these items is to find out how you would describe different kinds of persons. Below, and on the next page, there are different persons for you to describe. Your description can be made by marking the list of ideas below the type of person. Take a look at the following examples to see how this is done. Each pair of ideas forms a scale. By marking an "x" along the scale you can indicate what you associate with the particular kind of person.

If you feel that the person at the top of the list of ideas is highly related with one end of the scale, you would place an "x" as follows:

Strong X : _ : _ : _ : _ : Weak OR Strong _ : _ : _ : _ : X Weak

If you feel that the person is moderately related to one side as opposed to the other, you would mark it as follows:

Fair X : _ : _ : _ : _ : Unfair OR Fair _ : _ : _ : _ : X : Unfair

If you feel that the person seems only slightly related to one side as opposed to the other, you would simply mark it as follows:

Bad _ : _ : X : _ : _ : Good OR Bad _ : _ : _ : X : _ : Good

If you consider both sides equally related, you would check the middle space on the scale:

Safe _ : _ : _ : X : _ : _ : Dangerous

There are no right or wrong answers. It is your opinion that we want. Please do not put more than one "x" on any scale. Also, be sure to mark every item. If you feel that a pair of ideas does not apply, or if you are undecided, place an "x" in the center space. Do not leave the line blank.

Do not spend more than a few seconds marking each scale. Only your first impression is wanted. You might work quicker if you first form a picture in your mind of the person mentioned at the top of the list of ideas, and after that check each scale rapidly.

A person who had been convicted for murder
but who has just completed a prison sentence

Dangerous _ : _ : _ : _ : _ : Not dangerous at all

Responsible for his actions _ : _ : _ : _ : _ : Not responsible for his actions

Undesirable _ : _ : _ : _ : _ : Not undesirable at all

A person who has recently completed treatment at a mental hospital

Dangerous _ : _ : _ : _ : _ : Not dangerous at all

Responsible for his actions _ : _ : _ : _ : _ : Not responsible for his actions

Undesirable _ : _ : _ : _ : _ : Not undesirable at all

A person who had been a homosexual
but who has recently completed treatment to change

Dangerous _ _ _ _ _ Not dangerous at all
Responsible for his actions _ _ _ _ _ Not responsible for his actions
Undesirable _ _ _ _ _ Not undesirable at all

A person who had been a drug addict
but who has recently completed therapy for his addiction

Dangerous _ _ _ _ _ Not dangerous at all
Responsible for his actions _ _ _ _ _ Not responsible for his actions
Undesirable _ _ _ _ _ Not undesirable at all

A person who has just completed therapy for alcoholism
from Alcoholics Anonymous

Dangerous _ _ _ _ _ Not dangerous at all
Responsible for his actions _ _ _ _ _ Not responsible for his actions
Undesirable _ _ _ _ _ Not undesirable at all

A person who had been convicted for shoplifting
but who has just completed a prison sentence

Dangerous _ _ _ _ _ Not dangerous at all
Responsible for his actions _ _ _ _ _ Not responsible for his actions
Undesirable _ _ _ _ _ Not undesirable at all

A person who had emotional problems
but who has recently completed psychiatric treatment

Dangerous _ _ _ _ _ Not dangerous at all
Responsible for his actions _ _ _ _ _ Not responsible for his actions
Undesirable _ _ _ _ _ Not undesirable at all

A person who had a severe contagious disease
who has just completed treatment at a hospital

Contaminating _ _ _ _ _ Not contaminating at all
Responsible for getting this disease _ _ _ _ _ Not responsible for getting this disease
Undesirable _ _ _ _ _ Not undesirable at all

Figure 24f. The Questionnaire, Page 6

IV.

Instructions: Read the following questions and fill in the blank or check the response that best applies.

1. What is:

your age? _____

the highest school level that you
have completed? _____

(for example, 10th grade,
1st year college,
6th grade, etc.)

your sex? Male _____ Female _____

your nationality? _____

your religion? _____

If Protestant, what is your denomination? _____

2. Are you currently employed? Yes _____ No _____

If yes, what is your occupation? (be as specific
as possible) _____

3. If you are living with your parents or relatives, what is the
occupation of the head of the household? (be as specific
as possible) _____4. Are you: Married _____ Single _____ Widowed _____
Separated _____ Divorced _____5. If you are currently married, is your spouse currently
employed? Yes _____ No _____

If yes, what is his or her occupation? (be as specific
as possible) _____

6. Do you have any children? Yes _____ No _____

If yes, how many children do you have? _____

7. Have you had a social science course or courses beyond the high school
level? Yes _____ No _____

If yes, what was the subject of this course(s)? _____

What year did you take it? _____

Figure 24g. The Questionnaire, Page 7

V.

Instructions: In the following items, simply answer the questions in the space provided or circle the appropriate choice.

1. Have you ever had contact with a person who had been hospitalized with a severe contagious disease who had been treated and released by a hospital? Yes _____ No _____

If yes, about how frequently have you had contact with this person? (Circle one of the following)

VF F S R VR OT
(Very Frequently) (Frequently) (Sometimes) (Rarely) (Very Rarely) (One Time)
Frequently)

2. Have you ever had contact with a person who had gone to a psychiatrist? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

3. Have you ever had contact with a person who had been convicted of a minor crime and imprisoned for it, but who had been released from prison? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

4. Have you ever had contact with a person who had been an alcoholic but who had undergone treatment for his condition? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

5. Have you ever had contact with a person who had been a drug addict but who had undergone treatment for his condition? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

6. Have you ever had contact with a person who had been a homosexual but who had undergone treatment to change? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

7. Have you ever had contact with a person who had been a patient in a mental hospital? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

8. Have you ever had contact with a person who had been convicted of of a major crime and imprisoned for it, but who had been released from prison? Yes _____ No _____

If yes, about how frequently have you had contact with this person?

VF F S R VR OT

9. Have you ever filled out this questionnaire before? Yes _____ No _____

THIS CONCLUDES THE QUESTIONNAIRE. PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL OF THE ITEMS. THANK YOU FOR YOUR COOPERATION.

Figure 24i. The Questionnaire, Page 9

APPENDIX B
THE PILOT QUESTIONNAIRE

Instructions: Please answer the following items as honestly and accurately as possible. Your answers will be kept in the strictest of confidence and total anonymity will be maintained since there is no way to identify whose answers belong to whom. It is important that you answer all of the questions. If you need more space to answer a question, you may write on the back of the page. If you do not know what a particular term or concept means, please ask the instructor.

BACKGROUND INFORMATION

What is:

your sex? _____
your age? _____
your religion? _____
your race and/or ethnic group affiliation? _____
your nationality? _____
the highest school level that you have completed? _____

Are you currently employed? Yes _____ No _____

If yes, what is your job? _____

Are you employed on a full-time or part-time basis? _____

About how many hours per week do you work? _____

What is your major at Patrick Henry Community College? _____

What are your plans when you finish at the college? _____

In what city have you lived the longest period of time? _____

PERSONAL CLOSENESS ITEMS

Instructions: Please read the following descriptions of different degrees of personal closeness which people might be willing to permit in their relations with members of particular groups:

1. Would willingly accept as a member of my family by marriage.
2. Would willingly go out with on a date if I were unmarried.
3. Would willingly become close friends with, assuming we were of the same sex.
4. Would willingly admit to my street to live within a few doors of me.
5. Would willingly allow to be employed in the field I am in or I hope to enter.
6. Would willingly allow to become a citizen of the United States.
7. Would willingly accept as a visitor of the United States.
8. Would exclude from the country.

Figure 25a. The Pilot Survey, Page 1

Now consider the groups of people listed below. Place an "x" under the number which most nearly represents the degree of closeness (as described above) to which you would currently be willing to admit members of each group. Give your reactions to each group as a whole. Do not give your reactions to the best or worst members that you have known. There are no right or wrong answers. We would simply like your honest opinion on the degree of personal closeness that you would allow.

| | <u>Degree of closeness that you would allow</u> | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Professional gambler | | | | | | | | |
| American Nazi Party member | | | | | | | | |
| Negro person | | | | | | | | |
| White person | | | | | | | | |
| Ex-mental hospital patient | | | | | | | | |
| Person who attempted suicide | | | | | | | | |
| Person in constant pain | | | | | | | | |
| Jewish person | | | | | | | | |
| Drug addict | | | | | | | | |
| Canadian | | | | | | | | |
| Mexican-American | | | | | | | | |
| Person dying from an incurable disease | | | | | | | | |
| Frenchman | | | | | | | | |
| Alcoholic | | | | | | | | |
| Ex-convict | | | | | | | | |
| Devil worshipper | | | | | | | | |
| Person your age and sex | | | | | | | | |
| Person with a contagious disease | | | | | | | | |

AGREEMENT-DISAGREEMENT ITEMS

Instructions: Please read the following statements carefully and circle either "Strongly Agree" (SA), "Agree" (A), "Undecided" (U), "Disagree" (D), or "Strongly Disagree" (SD), depending how you feel about the statement. There are no right or wrong answers. We would simply like your honest opinions on each statement.

1. If I did volunteer work at a hospital, I would prefer to work in a ward of patients who had terminal illnesses rather than a ward of patients who had temporary illnesses. SA A U D SD
2. If I did volunteer work at a hospital, I would prefer to work in a ward of patients who were physically ill rather than in a ward of patients who were mentally ill. SA A U D SD
3. When I think of being around a person with a mental illness, I think of the harm he might do to me. SA A U D SD
4. When I think of a person with a terminal illness, I think of his having a contagious disease. SA A U D SD

Figure 25b. The Pilot Survey, Page 2

5. When I see an old, feeble person who has to be helped around, I think to myself that I hope I'll never be that way when I get old. SA A U D SD
6. When I see or think of a dying person, it makes me uncomfortable because it makes me think of when I too will be dying. SA A U D SD
7. When I see or think of someone who is in pain, it makes me uncomfortable because it makes me think of myself in pain. SA A U D SD
8. I would fear becoming mentally ill more than I would fear becoming physically ill. SA A U D SD
9. I would fear becoming mentally ill more than I would fear becoming terminally ill. SA A U D SD
10. I would fear becoming temporarily physically ill more than I would fear becoming terminally ill. SA A U D SD
11. I would fear becoming blind more than I would fear becoming mentally ill. SA A U D SD
12. I would fear becoming blind more than I would fear becoming physically ill. SA A U D SD
13. I would fear becoming blind more than I would fear becoming terminally ill. SA A U D SD
14. I would fear becoming blind more than I would fear my own death. SA A U D SD

Instructions: For items #15 through #20, assume that you have a home and that you have children living with you.

15. If I were asked to have a close relative live in my home, and this relative was blind, I would probably refuse from fear of possible harmful effects on the children. SA A U D SD
16. If I were asked to have a close relative live in my home, and this relative had a contagious disease, I would probably refuse from fear of possible harmful effects on the children. SA A U D SD
17. If I were asked to have a close relative live in my home, and this relative had a non-contagious disease, I would probably refuse from fear of possible harm on the children. SA A U D SD
18. If I were asked to have a close relative live in my home, and this relative was an epileptic, I would probably refuse from fear of the possible harmful effects on the children. SA A U D SD

19. If I were asked to have a close relative live in my home, and this relative had a terminal illness, I would probably refuse from fear of the possible harmful effects on the children.

SA A U D SD

20. If I were asked to have a close relative live in my home, and this relative was an ex-convict, I would probably refuse from fear of the possible harmful effects on the children.

SA A U D SD

SCALING ITEMS

Instructions: The object of these items is to find out how you like to describe different kinds of persons. Below, there are different persons for you to describe. Your description can be made by marking the list of ideas below the type of person. Take a look to see how this is done. Each pair of ideas forms a scale. By marking an "x" along the scale you can indicate what you associate with the particular kind of person.

If you feel that the person named at the top of the list is highly related with one end of the scale, you would place an "x" as follows:

Fair_ _ _ _ _x_Unfair OR Fairx_ _ _ _ _Unfair

If you feel that the person is moderately related to one side as opposed to the other, you would mark it as follows:

Fair_ _ _ _ _x_ _Unfair OR Fair_ x_ _ _ _ _Unfair

If you feel the person seems only slightly related to one side as opposed to the other, you would mark it as follows:

Fair_ _ _ _ _x_ _ _Unfair OR Fair_ _ _ x_ _ _ _Unfair

If you consider both sides equally related, you would check the middle space on the scale:

Fair_ _ _ _ _x_ _ _ _Unfair

Remember: never put more than one check mark on any scale. And also be sure to check every item. If you feel that a pair of ideas does not apply, or if you are undecided, place a check mark in the center space. Do not leave the line blank.

Do not spend more than a few seconds marking each scale. Your first impression is what we would like to learn about. We have found that you can work quicker if you first form a picture in your mind of the person mentioned at the top of the list of ideas, and after that check each scale rapidly.

Figure 25d. The Pilot Survey, Page 4

Terminally Ill People

Dangerous _ Harmless
 Totally Disabled _ Not disabled at all
 Contaminating _ Not contaminating at all
 Unrespectable _ Not unrespectable at all
 Responsible for their condition _ Not responsible for their
 condition

Blind People

Dangerous _ Harmless
 Totally Disabled _ Not disabled at all
 Contaminating _ Not contaminating at all
 Unrespectable _ Not unrespectable at all
 Responsible for their condition _ Not responsible for their
 condition

Dying People

Dangerous _ Harmless
 Totally Disabled _ Not disabled at all
 Contaminating _ Not contaminating at all
 Unrespectable _ Not unrespectable at all
 Responsible for their condition _ Not responsible for their
 condition

Physically Ill People

Dangerous _ Harmless
 Totally Disabled _ Not disabled at all
 Contaminating _ Not contaminating at all
 Unrespectable _ Not unrespectable at all
 Responsible for their condition _ Not responsible for their
 condition

Figure 25e. The Pilot Survey, Page 5

Epileptics

Dangerous _ _ _ _ _ Harmless
 Totally Disabled _ _ _ _ _ Not disabled at all
 Contaminating _ _ _ _ _ Not contaminating at all
 Unrespectable _ _ _ _ _ Not unrespectable at all
 Responsible for their condition _ _ _ _ _ Not responsible for their condition

Mentally Ill People

Dangerous _ _ _ _ _ Harmless
 Totally Disabled _ _ _ _ _ Not disabled at all
 Contaminating _ _ _ _ _ Not contaminating at all
 Unrespectable _ _ _ _ _ Not unrespectable at all
 Responsible for their condition _ _ _ _ _ Not responsible for their condition

GENERAL QUESTIONS

Instructions: In the following items, simply answer the questions in the space provided. If you need additional space to write your answer, use the back of this page.

1. Have you ever been in a hospital? Yes ___ No ___
 If yes, how many times as a visitor? _____
 How many times as a patient? _____
2. Have you ever been acquainted with anyone or any people who were blind? Yes ___ No ___
 If yes, about how frequently have you been with them? _____
3. Have you ever been with anyone or any people who were mentally ill? Yes ___ No ___
 If yes, about how frequently have you been with them? _____
4. Have you ever been acquainted with anyone or any people who were terminally ill? Yes ___ No ___

Figure 25f. The Pilot Survey, Page 6

If yes, about how frequently have you been with them? _____

Were they restricted to bed or were they able to get around on
their own? _____

5. Have you ever been to a funeral? Yes ___ No ___

6. Have you know any close relatives or close friends who died?

Yes ___ No ___

If yes, please explain what relation they were to you and around
what year they died. _____

If someone close to you has died within the last year, around what
month was it? _____

This concludes the questionnaire. Please check to see that you have
answered all of the items. Thank you for your cooperation.

Figure 25g. The Pilot Survey, Page 7

APPENDIX C

ZERO-ORDER CORRELATIONS OF THE VARIABLES*

| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| 1. education | | .032 | -.297 | .083 | -.022 | .006 | .043 | .026 |
| 2. responsibility | .130 | | .032 | .094 | .060 | -.094 | .077 | .076 |
| 3. age | -.293 | .086 | | -.100 | .025 | -.105 | -.045 | -.103 |
| 4. dangerousness | -.110 | -.081 | -.011 | | -.010 | -.072 | .211 | .603 |
| 5. effectiveness | .077 | .112 | .061 | -.061 | | .085 | -.001 | -.119 |
| 6. interaction | -.017 | .026 | .069 | -.185 | .114 | | -.113 | -.195 |
| 7. seriousness | -.047 | -.105 | .135 | .132 | .125 | -.130 | | .251 |
| 8. DI | -.097 | -.143 | .004 | .544 | -.138 | -.202 | .186 | |

*The upper right portion of the table represents the correlations of the variables that regard ex-murder convicts and the lower left portion represents correlations that regard ex-mental hospital patients.

APPENDIX D

STATISTICAL SIGNIFICANCE OF THE PROPOSED RELATIONSHIPS*

| | | <u>Independent Variable</u> | | | | | | |
|---------------------------|----------------|-----------------------------|----------------------|------------------|-----------------------|---------------------|----------------------|--------------------|
| | | <u>age</u> | <u>dangerousness</u> | <u>education</u> | <u>responsibility</u> | <u>inter-action</u> | <u>effectiveness</u> | <u>seriousness</u> |
| <u>Dependent Variable</u> | DI | NS** | p<.001 | NS | NS | p<.01 | p<.05 | p<.05 |
| | dangerousness | NS | - | - | - | NS | NS | p<.001 |
| | responsibility | - | - | NS | - | - | - | - |

| | | <u>Independent Variable</u> | | | | | | |
|---------------------------|----------------|-----------------------------|----------------------|------------------|-----------------------|---------------------|----------------------|--------------------|
| | | <u>age</u> | <u>dangerousness</u> | <u>education</u> | <u>responsibility</u> | <u>inter-action</u> | <u>effectiveness</u> | <u>seriousness</u> |
| <u>Dependent Variable</u> | DI | NS | p<.001 | NS | p<.05 | p<.05 | p<.05 | p<.05 |
| | dangerousness | NS | - | - | - | p<.01 | NS | p<.05 |
| | responsibility | - | - | NS | - | - | - | - |

*The top table refers to variables regarding ex-murder convicts and the bottom table refers to variables regarding ex-mental hospital patients.

**Not statistically significant

The following is an example of an application of Appendix D to determine the statistical significance of direct and indirect relations of variables with DI. Axiomatic set 3.0 (i.e., interaction-dangerousness-DI), regarding ex-mental hospital patients, concluded that although direct and indirect relations were apparent, the indirect relation of interaction with DI through dangerousness was stronger than the direct relation of interaction with DI. Referring to the bottom table, the one that regards ex-mental patients, the direct relation of interaction with DI is statistically significant at the .05 level while the indirect relation is evidenced by .01 statistical significance between interaction and dangerousness and .001 statistical significance between dangerousness and DI. Thus, the tests of statistical significance confirm the observations made earlier from the measures of association (i.e., the path coefficients): while both direct direct and indirect relations to DI are supported, the indirect relation is supported at a more pronounced level.

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FACTORS INFLUENCING DELABELING INCONSISTENCY

by

Richard Steven Bobys

(ABSTRACT)

The public stigmatization of ex-deviants, in particular ex-convicts and ex-mental patients, was conceptualized from the labeling theoretical perspective as "de-labeling inconsistency" (DI). A questionnaire was administered to a sample of 281 residents of Henry County, Virginia in order to identify factors that contributed to the DI of ex-convicts and ex-mental patients (i.e., the respondents' stigmatization of these ex-deviants).

The variables proposed to be related to the dependent variable — DI — were: #1) the respondent's age; #2) the respondent's highest achieved educational level; #3) the degree of dangerousness that the respondent attributes to the ex-deviant; #4) the amount of interaction that the respondent attributes to a total institution (e.g., a prison or a mental hospital) in having completely treated the ex-deviant (e.g., an ex-convict or an ex-mental patient); #6) the degree of responsibility that the respondent attributes to the ex-deviant for his behavior; and, #7) the degree of seriousness that the

respondent attributes to the ex-deviant's former deviance.

Using path analysis, it was found that: dangerousness (variable #3) and seriousness (#7) were directly related to the DI of both ex-convicts and ex-mental patients; interaction (#4) and effectiveness (#5) were inversely related to the DI of both ex-convicts and ex-mental patients; education (#2) was inversely related to the DI of ex-mental patients and was essentially unrelated to the DI of ex-convicts; responsibility (#6) had an inverse relationship with the DI of ex-mental patients and a direct relationship with the DI of ex-convicts; and, age (#1) had a negligible relationship with the DI of both ex-convicts and ex-mental patients. The variable that materialized as the most influential independent and intervening variable with the DI of both ex-convicts and ex-mental patients was dangerousness (#3).