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# Interviewer Attitudes About the Mentally Ill

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## ABSTRACT

Interviewer attitudes and expectations about respondents are known to influence data quality. When respondents are from deviant groups, such as the mentally ill, special problems could develop. Questionnaires were completed by 188 individuals from a potential pool of employable interviewers. Preferences for interviewing targets and locations, prior experience, and perceived dangerousness of the mentally ill were measured. The mentally ill are among the least preferred targets. Locations implying higher levels of control and cooperation were desired. Using a path analysis, preference for interviewing the mentally ill was most affected by diversity of prior contact and the perception of dangerousness.

## Introduction

In recent years there has been an increased interest among social scientists in studies of mental illness (Dworkin 1992). The deinstitutionalization of the seriously mentally ill has meant that an increasing percentage of that population

are encountered by the general public. Moreover, national concern regarding the homeless, a sizable proportion of whom are purported to be mentally ill (Arce and Vergare 1984), has further intensified public interest and sociological research in mental health and mental illness. This paper addresses a methodological issue which will become of increasing importance as applied sociologists focus upon the attitudes and behaviors of the mentally ill, and the reactions of the public toward that population. As sociologists focus on populations that include the mentally ill and study their attitudes and actions, public biases toward that population will affect the quality of data collected. The present research examines factors which can affect interviewer preferences for interviewing the mentally ill, and hence the quality of data collected from them.

In sociological methodology, there is a long, albeit somewhat sporadic, history of examining the interview process as social interaction, and the ways in which subject and/or interviewer characteristics impact the quantity and quality of collected data (Stouffer 1954; Dijkstra 1987). Best known is the research into interviewer-respondent pairing (Dohrenwend, Colombotos, and Dohrenwend 1968; Landis 1973; Freeman and Butler 1976; Schaeffer 1980; Groves 1985). Generally, significant interviewer effects are found when questions deal with some visible characteristic of the interviewer (Bradburn and Sudman 1979), especially when that trait is a topic of questioning in the interview (Weeks and Moore 1981).

We must recognize the possibility that characteristics of the interview dyad other than race, sex and other visible traits may influence the quality of the data collected, and impact the ability of the researcher to find and recruit suitable interviewers. Perceived group characteristics that may systematically elicit differential or pejorative attitudes and behavior during routine social interaction may be characteristics to which interviewers will respond in ways that may impact data quality. It has been demonstrated that when interviewers expect difficulty in obtaining responses, the non-response rates increase (Singer and Kohnke-Aguirre 1979; Singer, Frankel, and Glassman 1983), and target behaviors are under-reported (Bradburn and Sudman 1979). Moreover, respondents perceived as biased or intimidating may cause the interviewer to record in a biased or incorrect manner (Hyman 1954).

The interaction of interviewer and respondent traits becomes especially important when the study involves the interviewing of deviant or otherwise unusual samples. Interviewers may reflect attitudes and biases current in their society and/or in their sub-culture. Indeed, if interviewing is a special case of social interaction (Bailey 1987), it is subject to the same processes and pressures of any social interaction. Thus, if respondents have characteristics that are

negatively defined in a culture and that elicit differential treatments and negative attitudes, interviewers may react toward them in pejorative ways that impact the interviewing process and the data quality (Cosper 1969; Cleary, Mechanic and Weiss 1981; Tucker 1983; Mishler 1986). Respondent-interviewer interaction effects have been noted in the recording of alcohol consumption (Mulford and Miller 1951; Cosper 1969) and in responses to psychological symptom scales (Cleary, *et al.* 1981). As Tucker (1983) and Mishler (1986) have pointed out, the effects of interviewer characteristics, attitudes, and preferences will vary according to the population sampled in any specific study.

As the specific case in point, there is evidence that attitudes held by the general population toward the mentally ill tend to be negative (Zavalloni and Askensay 1974; Rabkin 1980; Link and Cullen 1986; Link, Cullen, Struening, Shrout and Dohrenwend 1989), as are the attitudes of the mentally ill about themselves (Link, *et al.* 1989; Link, Mirotznik and Cullen 1991). In particular, the public often believes the mentally ill to be dangerous, unpredictable, and/or intimidating (Nunnally 1961; Link and Cullen 1986; Socall and Holtgraves 1992). Admittedly, interviewers are often trained in the social sciences and/or health professions where there is greater understanding of mental illness and a greater need to work with the mentally ill in applied settings. Nevertheless, there still exists the possibility of negative interviewer attitudes, preferences, and experiences that may enter into the process of the interview.

The purpose of this study is to examine the preferences that interviewers have regarding whether they would want to interview respondents who are mentally ill. In particular, preferences for interviewing the mentally ill will be compared with preferences for other types of respondents. Preferences for interviewing sites will also be considered, as site location may affect one's willingness to interact with the mentally ill. Moreover, a model of the sources of interviewer preferences will be created and tested.

### **Hypothesized Model**

The model advanced in this paper combines experiential, attitudinal, and structural constructs to explain preferences for future interviewing interactions with the mentally ill, a stigmatized group. The theory posits that experiences with stigmatized groups affects the perception of the risk involved in such experiences and the willingness to engage in interactions with such groups in the future. Structural variables, which affect the breadth of one's perspective (Warshay 1962), facilitate the likelihood of experiences which test conventional wisdom,

and the probability that one will accept commonly held attitudes about the stigmatized group. In turn, acceptance or rejection of these attitudes affect the preferences for future interactions with stigmatized populations.

Although attitudes are not highly predictive of actual behavior (Deutscher 1973; Ajzen and Fishbein 1977; Rajecki 1982), the reverse relationship may have more validity (i.e., past behavior is predictive of attitudes), at least when the targets are the mentally ill (Rabkin 1975). Indeed, there is evidence that prior personal experience with the mentally ill influences attitudes toward that target (Trute and Loewen 1978; Brockman and D'Arcy 1978; Link and Cullen 1986). Therefore, it is hypothesized that prior experience interviewing the mentally ill will directly impact preferences for subsequent interviewing them. Furthermore, experience with mentally ill persons that is not specifically in an interview situation may also impact interviewers' preferences. However, it is expected that the interviewing experience will be more strongly related to interviewing preference than other types of experience. Similarly, interviewing other subjects who are perceived by interviewers as sharing traits similar to the mentally ill (Dworkin 1989) is also hypothesized to be related to preferences regarding interviewing mentally ill persons.

Thus, three types of experience are posited as having direct impacts upon preference for interviewing persons with mental illness: having already interviewed mentally ill persons in the past; having had other types of contacts with mentally ill persons; and having interviewed persons who are seen in some ways as similar to those who have a mental illness.

In addition to direct effects of prior experience upon preferences, it is hypothesized that these experiences will also be related to an intervening attitudinal variable: degree of acceptance of a cultural image of the mentally ill as threatening or dangerous (Link and Cullen 1986). In turn, the perception of danger is hypothesized to be associated with interviewing preference. Perceptions of threat are of particular interest in this study because perceived intimidation has been found to affect the interview process (Hyman 1954; Bradburn and Sudman 1979). Thus, the experiential variables are predicted to impact perceived dangerousness, as Link and Cullen (1986) found to be the case among a more general sample. Furthermore, perceptions of the mentally ill as dangerous will be associated with a preference not to interview them. Hence, the two experience variables will also have indirect effects upon behavioral preference in addition to their direct effects.

Three structural variables are also included in the model. The first, education, represents a breadth of perspective. Although Dohrenwend and Chin-Song (1967), Laine and Lehtinen (1973), and others have found that more education is

associated with more positive attitudes toward the mentally ill, Nunnally (1961) and Brockman and D'Arcy (1978) found only minimal effects. In light of inconclusive findings, education is entered into the model as an exogenous variable, impacting perceptions and prior experiences, but no hypothesis is offered for a direct effect on preferences for interviewing.

A second structural variable is gender. Substantial evidence suggests that women are more conscious of physical threat than are men (Clemente and Kleiman 1977). In turn, the greater fear of physical threat by women will decrease both their contact with the mentally ill and increase the likelihood that the mentally ill will be seen as dangerous.

Race represents a structural variable that has two indirect paths leading to preferences. The first path links race with preference through the variety of contacts with persons who are mentally ill. Although the Epidemiological Catchment Area (ECA) Project found no racial differences in the prevalence of most mental illnesses (Robbins, Helzer, Weissman, Orvaschel, Gruenber, Burke, and Regier 1984; Leaf, Weissman, Myers, Tischler, and Holzer 1984), the ECA Project as well as Link, Dohrenwend, and Skodol (1986) demonstrated that mental illness is still negatively associated with social class. The combination of higher rates of mental illness among lower classes, and the class heterogeneity of black neighborhoods due to segregation (Dworkin and Stephens 1980; Massey and Denton 1987), increases the likelihood that black interviewers may have greater exposure than do whites to mentally ill persons of any race in a variety of contexts. As noted above, greater experience is expected to be positively related to preferences.

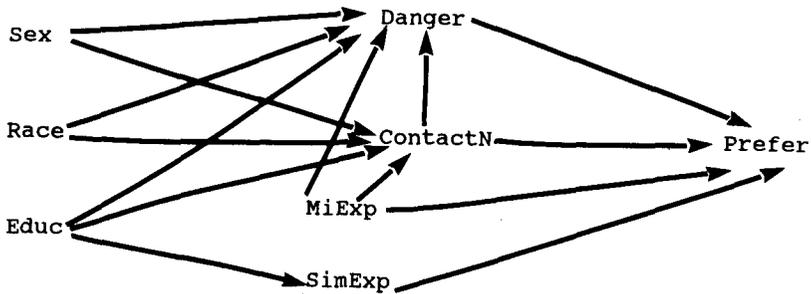
The second path links race with preferences through perception of danger. To the extent to which inner-city neighborhoods are more dangerous, Black Americans are more likely to be victimized and subjected to violence than are whites (U. S. Bureau of the Census 1991; Blau and Blau 1982; Sampson 1987). Given the higher rates of victimization in minority communities, blacks, like women, may perceive more danger from the mentally ill than do whites. The complete hypothesized model is diagrammed in Figure 1.

## **Methodology**

### *Sample Sources:*

The conceptual population for this study were those persons who form a pool of potential interviewers for behavioral science research projects. Operationally, there were two sources of subjects for this study. The first source consisted of

**Figure 1**  
 Preference for Interviewing the Mentally Ill  
 Full Model



working interviewers and persons with known work histories of interviewing. Lists of interviewers and former interviewers were obtained from six different on-going research projects involving applied settings in Houston, Texas. These sources were both academic and nonacademic in affiliation and involved a range of areas from market research and political polling to basic studies on substance abuse. Questionnaires were mailed to all persons listed.

As a second source of subjects, questionnaires were administered to eight classes at two urban universities. The selected classes were in research methodology and statistics courses in departments of sociology and/or social work. Social work classes were chosen as a source of potential interviewers because their clinical interests contrast with sociology's more basic research orientation. Using student samples is justifiable in the context of this study. Examining the lists obtained from the six research projects, it became apparent that a large

number of employed interviewers were, in fact, graduate and undergraduate students. Indeed, project managers who provided the lists described the usual mechanism for recruiting interviewers: call nearby academic departments and post advertisements there to attract students to the jobs. Students are already partly trained and provide a relatively cheap part-time labor force.

Effective response rate (Dillman 1978) was 72.4 percent. However, it should be noted that while the response rate of the classroom sample was 100 percent, the response rate from the list-based mail out sample was 45.9 percent. Approximately 72 percent of the respondents were obtained from classes, while the other 28 percent came from the interviewer lists. However, 83 percent of all respondents were enrolled in school at the undergraduate college level or higher. That is, over sixty percent of the respondents obtained from interviewer lists reported being students at the time, with one half of them majoring in one of the social sciences. This further legitimates the use of classes as a source of data.

There were some differences between the subjects obtained from the two sources. The mean age of the students was four years younger than the "list" subsample ( $t=2.44$ ;  $d.f.=75.9$ ;  $p=.02$ ). Furthermore, those drawn from interviewer lists reported more interviewing experience than those drawn from classrooms ( $t=2.72$ ;  $d.f.=43$ ;  $p<.01$ ). However, there were no significant differences in how much each group reported that they enjoyed interviewing ( $t=.23$ ;  $d.f.=138$ ;  $p=.82$ ).

#### *Measurement:*

Respondents were asked to complete a fifteen-minute self-administered questionnaire. In addition to socio-demographic items, respondents were asked questions regarding their preferences and experience interviewing eighteen different respondent groups (people with serious mental illness, college students, middle managers, children, people of a different race, people of a different religion, people of a lower social class, convicted felons, people of a higher social class, housewives, substance abusers, mentally retarded, terminally ill cancer patients, members of a religious cult, heart attack victims, people with the AIDS virus, those who are wheelchair bound with a physical handicap, and truck drivers). In addition, respondents were asked about their preferences for eight different locales for interviewing mentally ill subjects (by appointment in their homes, door-to-door without appointments, over the telephone, in an interviewing office, in their work place, in a doctor's office or clinic, in a mental hospital, and in a public place).

Education (Educ) was measured in years of formal schooling. Gender was measured as a dummy variable (0=male; 1=female). Race was also measured as a dummy variable (0=not black; 1=black). Preference for interviewing the mentally ill (Prefer) was obtained using a five point Likert item. Perceived dangerousness (Danger) was measured using the Link and Cullen (1986) scale, coded such that a low score indicated a perception of dangerousness. Prior experience interviewing the mentally ill (MiExp) was measured simply as a dummy variable ( 0=no prior experience; 1=experience). Diversity of contact (ContactN) was operationalized using Link and Cullen's (1986) contact measure and consisted of the number of different types of contact (both directly and indirectly through an acquaintance) with the mentally ill and the environments in which they may be found (e.g., having visited a psychiatric hospital).

The measurement of prior experience interviewing similar groups (SimExp) was more complex. In the questionnaire, respondents reacted to the 18 different groups (see above) in terms of both preference and experience. When the 18 groups (of which the mentally ill was one) were factor analyzed, five factors emerged (Dworkin 1989). These factors were named: common folks, patients, dangerous folks, elites, and children. Interviewing the mentally ill was loaded significantly on two of the factors: patients and dangerous folks. Other groups making up the patient factor were the physically handicapped; heart attack victims; cancer patients; AIDS patients; and the mentally retarded. In addition to the mentally ill, groups falling on the dangerous folks factor were AIDS patients; substance abusers; convicted felons; and members of religious cults. Thus, there is evidence that interviewers perceive a similarity among mentally ill respondents and the other eight groups that were located on those two factors. Excluding the mentally ill from both factors, similar experience (SimExp) is simply the number of different groups with which the interviewer had prior experience and which were loaded on the two factors.

## Results

### *Sample Description:*

The final sample size is 188. The mean age of respondents is 30.9 years (s.d.=9.05). Seventy percent of the sample are female. Nearly two-thirds are white. Twenty-eight percent are black. Sixteen different academic majors (either current majors or majors when last in school) were reported. These include: sociology (31.9 percent) and social work (22 percent). Less common are those in

psychology (13.2 percent), and the humanities (6.6 percent). No other major was named by more than 4 percent of the respondents. When the employed interviewers are examined, nearly half (48 percent) come from a social science background; especially psychology (28 percent) and sociology (16 percent).

Approximately sixty-eight percent of the sample reported having interviewing experience. The distribution of number of interviews conducted is skewed with a range from zero to "over ten thousand," and a mean of 384.8. When only those who have had experience interviewing are averaged, the mean rises to 548.3. The skewness is primarily due to eleven outliers who are interviewers in a market research project. Since analysis that deleted these cases replicated the analysis that retained them, it was decided to retain them in the sample.

#### *Preferences and Experience:*

Only about sixteen percent of the respondents report experience interviewing the mentally ill. Furthermore, the mentally ill are among the least preferred interviewing targets. For the total sample, the mean mentally ill preference score ( $X=3.18$ ;  $s.d.=1.30$ ) is the second lowest: higher only than the mentally retarded as desirable interviewees, but lower than other targets comprising the patients and dangerous folk factors as well as the remaining seven groups that loaded on three other factors. Those who report experience interviewing the mentally ill tend to have somewhat higher preference scores ( $X=3.69$ ;  $s.d.=1.37$ ) than those with no such experience ( $X=3.08$ ;  $s.d.=1.27$ ). This was a statistically significant difference ( $t=2.33$ ;  $d.f.=182$ ;  $p=.02$ ).

Respondents were also asked about their preferences for interviewing locale, specifically when interviewing the mentally ill. The rank order for preferences (see Table 1) implies that control in the interview site may be an important consideration for interviewers of the mentally ill. The locale items form a Guttman (1944) Scale in the pattern indicated in Table 1, with the Coefficient of Scalability at .72, and the Coefficient of Reproducibility at .88.

Since research projects that hire interviewers often conduct initial searches for personnel through university networks, respondents of differing academic majors were compared. Social science majors have fewer types of contacts with the mentally ill than do people with other majors ( $F=33.6402$ ;  $d.f.=1/180$ ;  $p<.01$ ), but their attitudes toward interviewing the mentally ill are no different than are the attitudes of those from other majors, nor are their perceptions of dangerousness. Conversely, people who major(ed) in social work have significantly more types of contacts than people who are not social work majors ( $F=16.150$ ;  $d.f.=1/180$ ;  $p<.001$ ), and they exhibit a greater preference for interviewing the mentally

**Table 1**  
Rank Ordering of Locale Preferences

Rank	Locale	Percent Favorable
1	In Special Interviewing Office	89.1%
2	In Doctor's Office or Clinic	78.8
3	In a Mental Hospital	76.2
4	At the Respondent's Workplace	69.7
5	At the Respondent's Home by Appointment	61.2
6	In a Public Place	45.9
7	By Telephone	41.6
8	Door-to-Door Without an Appointment	13.0

ill than do others ( $F=3.874$ ;  $d.f.=1/179$ ;  $p=.05$ ). However, the perceived dangerousness scores for social workers are no different than the scores of other respondents.

*Test of the Proposed Model:*

Table 2 presents the Pearson Product Moment Correlation Coefficients among the eight variables of the model: preference for interviewing the mentally ill (Prefer); perceived dangerousness of the mentally ill (Danger); diversity of contact with the mentally ill (ContactN); experience interviewing the mentally ill (MiExp); experience interviewing others on the sick and dangerous factors (SimExp); education (Educ); sex (Sex); and race (Race).

The variables were arranged as diagrammed in Figure 1 and a path analysis computed. Although the multiple R (.371) was statistically significant ( $F=6.745$ ;  $d.f.=4/169$ ;  $p<.001$ ), several of the paths were not significant. Sex (Sex) had no significant paths, while the only significant path from education (Educ) went into experience interviewing similar groups (SimExp). Furthermore, the path from

mental ill interviewing experience (MiExp) to perceived dangerousness (Danger) was not significant either. In addition, the direct paths of the two experience variables (MiExp and SimExp) to preference (Prefer) did not reach the required probability level. This latter finding may have been due to the relatively high intercorrelation between MiExp and SimExp ( $r=.52$ ) as well as their low toler-

**Table 2**  
Correlation Matrix of Model Variables  
n=174

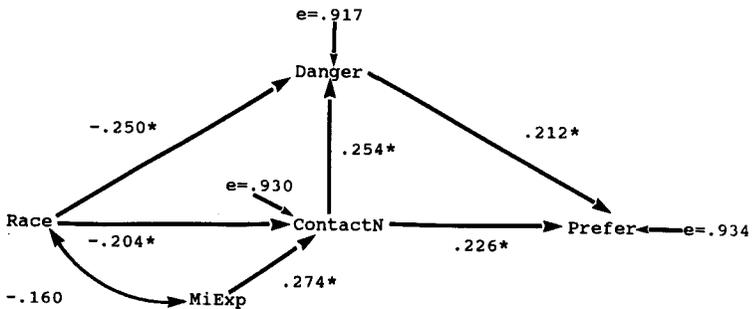
	Prefer	Danger	ContactN	MiExp	SimExp	Educ	Sex	Race
Prefer	1.00							
Danger	.28*	1.00						
ContactN	.29*	.32*	1.00					
MiExp	.20*	.20*	.31*	1.00				
SimExp	.18*	.10	.39*	.52*	1.00			
Educ	.00	.09	.19*	.08	.20*	1.00		
Sex	.05	.12	.03	.10	-.05	-.08	1.00	
Race	-.11	-.31*	-.25*	-.16*	-.16*	-.27*	-.11	1.00
Mean	3.17	3.71	3.70	.16	1.19	15.88	.71	.28
S.D.	1.29	.74	2.23	.36	1.77	1.22	.45	.45

\*  $p < .05$

ances, suggesting probable multicollinearity. To ameliorate that problem, SimExp was deleted from the model. MiExp was retained for two reasons. Statistically, it had the stronger zero order correlation. Moreover, theoretically we would expect the higher correlation with the experience variable most analogous in content to the preference variable (i.e., the behavior and preference variables both referred to interviewing mentally ill persons). Even so, experience interviewing the mentally ill (MiExp) still did not achieve a significant direct path to preference (Prefer).

Due to these findings, the model was revised to the one diagrammed in Figure 2. As can be observed in the Decomposition Table (Table 3), perceived dangerousness (Danger) and contacts with the mentally ill (ContactN) contribute the greatest causal effect. Race and prior experience interviewing the mentally ill (MiExp) make much smaller contributions through indirect effects only. It must be noted that all path coefficients for race were in the direction opposite from that hypothesized. Specht's (1975) method was employed to determine if there was a significant difference between the two models. With no significant difference between the two models (chi square=4.968; d.f.=8; p>.05) one can conclude that the revised model reproduces the correlation matrix as adequately as did the original model, even though it is less complex in structure. Thus, the revised model would be preferred as the more parsimonious one.

**Figure 2**  
 Preference for Interviewing the Mentally Ill  
 Revised Model  
 n=174



\*p<.05

**Discussion**

*Theoretical Implications:*

The model as originally presented posited an attitudinal variable and several experiential variables explaining behavioral preferences regarding a specific action with a specific target, i.e., the preference to interview the mentally ill. The predictor attitude was the degree to which the interviewer subscribed to a putative attribute of the target group, i.e., their dangerousness. Three experience variables were also used in the model. The first was an experience that was directly analogous to the preference variable. Both the action (interviewing) and the target

**Table 3**  
Decomposition Table  
Revised Model

	Total Covariance	Direct	Causal Indirect	Total	Non-Causal
<b><u>Prefer</u></b>					
Danger	.284	.212	—	.212	.072
ContactN	.293	.226	.057	.283	.010
MiExp	.202	—	.015	.015	.187
Race	-.114	—	-.110	-.110	-.004
Constant=	1.325	R <sup>2</sup> =.127	F=12.392	d.f.=2/171	p<.001
<b><u>Danger</u></b>					
ContactN	.317	.254	—	.254	.063
MiExp	.195	—	.070	.070	.125
Race	-.313	-.250	-.052	-.302	-.011
Constant=	3.516	R <sup>2</sup> =.159	F=16.146	d.f.=1/171	p<.001
<b><u>ContactN</u></b>					
MiExp	.307	.274	—	.274	.033
Race-	.249	-.204	—	.204	-.045
Constant=	3.725	R <sup>2</sup> =.135	F=13.337	d.f.=2/171	p<.001

(mentally ill persons) were consistent between independent and dependent variables. The second experience was composed of different actions toward a consistent target. The third was composed of analogous actions with different targets.

It was found that the greatest effect on preference was by prior experience with the target. The greater the diversity of non-interviewing contacts with the mentally ill, the more positive the preference for interviewing them. This relationship operates both in a direct way, and in an indirect way, through a reduction of perceived danger or threat (see Table 3).

However, it must be pointed out that the most analogous experience did not directly affect preferences. That is, prior experience interviewing the mentally ill did not predispose one to seek repetition of that same type of experience. Nor did specific prior experience influence the perception of dangerousness. Clearly, the objective act of the experience is inadequate as an explanatory variable. One might speculate that an important mediating variable may be a subjective evaluation of the content of the prior experience. In this study, specific interviewing experience only influences another experience variable: diversity of contact. This suggests that interviewers may have included the interviewing experience in their responses to the general contact scale. However, the diversity of contacts with the mentally ill did have a significant effect upon preferences even without a subjective assessment as a mediator. Greater diversity of contacts may imply increased self-assurance when interacting with the target over a wide range of situations.

Analogous experience with a different target (i.e., action consistent experience) was entirely deleted from the model. Although there was a low positive association between SimExp and Prefer (Table 2), that relationship was found to be confounded with MiExp when the multivariate model was tested, and its regression coefficient dropped to nonsignificance. A test of the relative strength of the action consistent experience must await future research.

As anticipated by Nunnally (1961), education is not a significant component of the revised model. This may be due to the limited variation in education of the sample. Furthermore, the composition of the sample (i.e., college-educated social science and social work majors) may also be responsible for the null finding regarding sex.

The results concerning race are interesting and partially consistent with the theory we offered. We suggested that blacks would have greater opportunities to interact with people who are stressed and likely to display behaviors identified with the mentally ill, even though the prevalence of mental illness does not vary

by race. However, the findings indicate that black respondents had less diverse contacts with the mentally ill, and saw the mentally ill as more dangerous. It may be that while the number of contacts could be higher for blacks, the variety of contact is lower. Moreover, those contacts may involve more informal associations where danger is a more salient possibility than the more formal contacts measured by the Link and Cullen (1986) scale.

The results, nevertheless, are largely consistent with the findings of Link and Cullen (1986), Brockman and D'Arcy (1978), and Trute and Loewen (1978) that increased types of contact with the mentally ill does positively impact attitudes about them, at least with regards to perceived dangerousness. It is also noteworthy that this attitude has a significant effect upon behavioral preference.

*Practical Implications:*

The results indicate that interviewing the mentally ill is not a very attractive prospect for most potential interviewers. Out of the wide range of targets presented, interviewing the mentally ill ranked next to the last—above the mentally retarded. Negative attitudes may impact the research even prior to data collection. Whereas it requires only routine hiring and training procedures to acquire a team to interview for a general survey or a college sample, difficulties should be anticipated when the subjects of study are drawn from unusual populations such as the mentally ill, criminals, substance abusers, or even the terminally ill. These difficulties may include: finding an adequately large pool of candidates from which to hire interviewers; inappropriate behavior or statements by interviewers which may alienate respondents and/or mental health staff at an interviewing site; reticence of interviewers to probe for fear of inducing an outburst; misinterpretation of respondents' statements by interviewers; shortened or incomplete interviews. As such, the size and location of the potential interviewer pool, as well as the performance of the interviewers once hired, can become problematic when studies of the mentally ill or other deviant groups are implemented.

Academic major is only a minor factor to consider when recruiting interviewers. Social work majors have more contacts with the mentally ill than have others, and this is also reflected in their slightly stronger preference for interviewing them compared with people coming from other majors. However, there is no evidence to suggest that basic social science majors are inappropriate candidates for recruitment. Since they do not differ from others in their preferences, contacts, or attitudes, and since they are a ready labor supply for social science research, they remain a good source for acquiring interviewers of the mentally ill.

The path analysis suggests that past interviewing experience with the mentally ill does not predict an interviewer's preference for interviewing that target. Likewise, prior experience interviewing targets who are perceived as being similar to the mentally ill (i.e., other patients and/or dangerous folk) does not predict interviewing preferences either. Rather, factors specific to the target, but not specific to the interviewing situation—perceived dangerousness of the group and diversity of contacts with that group—appear to be stronger predictors. However, in a practical sense, even these variables are not particularly powerful. Realistically, perceptions of dangerousness may exist among potential interviewers and prior contacts may be nonexistent. However, these factors may both become important issues during training. In short, the researcher must be sensitive to the possibility that interviewers could be recruited who have beliefs or experiences about their prospective study respondents that could adversely affect the interview. Thus, training must be planned that will deal with general attitudes toward and behaviors with the mentally ill, as well as the administration of the specific interview protocol. Although thorough training is necessary when a structured instrument protocol is used, its importance is magnified in qualitative research when unstructured interviews constitute the data collection methodology. The more interviewer discretion that is required, the greater the need for training to overcome the potential problems discussed above.

To make working on such a project more desirable, the researcher may have to offer higher wages, greater benefits, or more pleasant working conditions. One facet of design affecting working conditions which may impact interviewer availability is the intended interviewing site. The analysis has clearly indicated that interviewers prefer to work with the mentally ill in environments that maximize control and cooperation. Such locales include special interviewing offices and treatment centers (inpatient as well as outpatient). Unfortunately, a special interviewing site may be unavailable or too expensive. Furthermore, access to clinical environments may be problematic and even methodologically inappropriate for some studies, given the implied *a priori* limitation to populations in treatment. Nevertheless, the researcher would best consider such sites when they are methodologically appropriate. Even if most favored environments are unavailable, the researcher should at least avoid expecting interviewers to arrive unannounced at a respondent's doorstep.

Finally, a caveat is appropriate. Since this study used a questionnaire only, and has no measure of actual interviewing behavior, conclusions cannot be drawn with regard to the quality of interviews and how these might be related to the attitudinal, experiential and preference variables measured in this study. How-

ever, the work of Hyman (1954), Singer, *et al.* (1983), and Bradburn and Sudman (1979) certainly suggests that such relationships may exist, and should be explored with regards to this target population.

*Implications for Clinical Training:*

Clearly, students training for a clinical practice in psychology, clinical sociology, or social work are likely to encounter the mentally ill. This is apt to be the case whether the student intends a career in applied research or in clinical intervention. Since many of the students recruited for the present study are drawn from the population of potential practitioners, it is prudent that their training address stereotypes and beliefs about the mentally ill, and how these may impact their professional work. Of equal importance will be the preparation and training of those clinical sociologists who practice in an organizational setting and apply organizational theory to understand the delivery of human services.

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