3-15-2003

Feminist identity and social tolerance of mental illness: The influence of gender-role deviance

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FEMINIST IDENTITY AND SOCIAL TOLERANCE OF MENTAL ILLNESS:

THE INFLUENCE OF GENDER-ROLE DEVIANCE

by

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Thesis

Submitted to the Department of Psychology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF SCIENCE

in

Clinical Psychology

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March 15, 2003

Ypsilanti, Michigan

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Acknowledgements

I would like to thank my wonderful thesis committee for all of their hard work and encouragement throughout this whole process. It was Dr. Kate Mehuron's *Feminist Thought* course in Fall 2000 that sparked my interest in feminist identity as a construct. Dr. Flora Hoodin helped me to clarify the presentation of my data, especially towards the end. When I was still in the process of deciding on a topic, Dr. Nina Nabors suggested combining two of my interests—feminism and factors affecting the stigma surrounding mental illness. Throughout the project, Dr. Nabors provided endless support and guidance. I learned more from performing my own research than I ever have from a class or assisting with others' research—Dr. Nabors made that possible. She made herself available to me, helped me recruit subjects, answered my questions, encouraged me to present at conferences and publish, and was the driving force behind completing my thesis in a timely manner.

I want to thank Heather Branton for helping me untangle the statistical portion of my research and letting me know I was on the right track. Dr. Jean Waltman helped me to realize that it would be very difficult to analyze the incredible amount of data I collected and still graduate on time. She also provided a necessary outside opinion and I sincerely appreciated her editorial comments.

Thank you to all my subjects and the professors who encouraged their students to complete my survey. Finally, thanks to everyone who supported me emotionally and intellectually during this project, especially David Patt, Joan Whinihan, Sarah Crook, Cassandra Amundson and my parents, Mark and Bernadette Hamilton.

Abstract

This study examined the influence of feminist identity on social tolerance of mental illness, specifically, the extent to which people with gender deviant mental illnesses (i.e. men with depression, women with antisocial personality disorder) are socially tolerated. Male and female subjects (N=260) were given the Feminist Perspectives Scale and six character vignettes describing a person with a mental illness followed by a series of questions. Subjects received a score on six subscales of the FPS (conservative, liberal feminism, radical feminism, cultural feminism, socialist feminism, and woman of color feminism), which were compared to their social tolerance scores. Results suggested that conservative subjects were significantly less tolerant overall of all characters than were feminists. Age, race, and gender had significant effects on social tolerance. Implications of these results are discussed.

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Chapter 1: Introduction and Literature Review

Introduction

Women who are now in their twenties and thirties have been raised with all the advantages that feminists fought for, and yet many have taken them for granted (Baumgardner & Richards, 2000). Society's message was the idea that women were equal to men. These women have also been brought up in a world that has blamed feminism for many of its problems—the breakdown of the family, teenage pregnancy, unemployment. Throughout this culture there are subtle or even outright messages by parents or the media that feminism is a dirty word that should never have been spoken (Faludi, 1991).

Similarly, the mental illness is a topic not usually discussed in polite conversation. Many people mistrust individuals with mental illness and are not interested in learning how to be more tolerant. Mental illness is created by a society's fears, struggles, and morality (Fernando, 1991). It is defined by the culture in which it exists. For example, anorexia and bulimia, which occur often among upper middle class white adolescent girls living in the Western world, are rare in Non-Western countries (King, 1993; Habermas, 1996). The specific time, place, and socioeconomic status of the society in question also form gender role expectations. Two hundred years ago, any woman who dared to wear trousers would have been considered insane. Now, it is common to see women in many cultures wear pants. As cultures change, so do their rules.

Defining Feminism

The American Heritage College Dictionary defines feminism as a "belief in the social, political and economic equality of the sexes" (Costello et al., 1993). This may seem simple, but feminism is a complex term. Many people who embrace feminist values do not consider

themselves feminists, and those people who are comfortable with the label vary widely. Feminists include homemakers, university professors, ministers, hippies, prostitutes, and men. Most people in America would agree that gender should not bar one from opportunities. But the word itself has become so confusing that even those who want to call themselves feminists feel the need to articulate exactly what is meant by the label. Baumgardner and Richards noted this problem:

> Feminism, a word that describes a social movement for gender equality and human liberation, is often treated as the other F word…By the time the two of us were at college, learning that we were indeed feminists, the term was dripping with qualifiers. "I'm a…radical, pro-sex, eco, Jewish, working class, bisexual, old … feminist". All of these adjectives help women feel described rather than confined by a word that should simply connote an individual woman's human rights, and the possibility of liberating oneself from patriarchy (50).

If even sworn feminists are confused, where does this leave the average person? Most of the information people receive about feminism comes from a rather unreliable source: the media. Most reporters "rarely use the word *feminism* except to run negative stories about how weak the women's movement is or, in a contradictory spin, how powerfully detrimental it is to women's lives" (Baumgardner & Richards, 2000, p. 94). The media has contributed to the pervading belief that the fight for equality has already been won. According to a 1998 story by Erica Jong of The New York Observer, Time has declared feminism dead at least 119 times since 1969 (Baumgardner & Richards, 2000).

Many women scorn the movement completely, and may even regard it as irrelevant. According to Burkett, "While more than half of the nation's women believe that a strong

women's movement is important to their lives, two thirds refuse to call themselves feminists"

(1998, p.19). Only twenty percent of young college women are willing to identify with the label

(Burkett, 1998). Public opinion seems to be becoming more negative. According to a

Time/CNN poll in 1998, about a third of women said they have a favorable impression of

feminists compared to almost half in 1989 (Bellafante, 1998).

Today, young women have the option of going to college and having a career and a

family if they so choose. Because of the feminist movement, she has those choices. Some

young women recognize this, and appreciate the hard work that went into the struggle for parity.

Yet, many young women think that feminists are "strident, man-hating, unattractive… lesbians"

(Findlen, 1995). The definition of feminism is often that narrow. Despite their feelings about

feminists, most women will take for granted that they should be able to go to college, choose

whether or not to have children or get married, and be paid the same as men for equal work.

Measuring Feminism

The world has been clearly changed by the feminist movement. It is certainly a

phenomenon worth investigating. At the same time, agreeing on a universal meaning of

feminism is very difficult, and deciding how to measure feminist identity is even harder. Even a

clear, agreed-upon definition is likely to change over a relatively short period of time (Spence &

Hahn, 1997). It is a challenge to study a construct that has fluid boundaries over time. Thus,

researchers should be careful when choosing a method of measuring feminist identity, taking the

time to examine thoroughly each potential measure in order to select the ones best suited for the

purpose of the research.

Several researchers have tried to describe this ineffable subject. The Attitudes Towards

Women Scale (AWS) is the most commonly used scale on the "feminist" construct. According

to Gender Roles: A Handbook of Tests and Measures, the AWS has been used in more than

studies since 1979 (Beere, 1990). The items, all of which pertain to the rights and roles of women, encapsulate six areas: intellectual/work roles, independence, dating behaviors, drinking, swearing and lewd humor, sexual behavior, and marriage. In 1980, Smith and Bradley found the AWS to be both reliable and valid.

Based on a model of racial identity development, Downing and Roush developed a feminist identity scale (1985). This model has been revised by several others, including Rickard (1990) and Bargad and Hyde (1991) and was eventually labeled the Feminist Identity Development Scale (FIDS). The scale's five stages are based on the premise "that women who live in contemporary society must first acknowledge, then struggle with, and repeatedly work through their feelings about the prejudice and discrimination they experience as women in order to achieve authentic and positive feminist identity" (Downing & Roush, p. 702, 1985). Women in the first stage, Passive Acceptance, believe that men are superior and ascribe to traditional gender roles. Those in the second stage, Revelation, have recently realized their oppression and have become disillusioned and angry. The third stage, Embeddedness-Emanation, is characterized by women's cautious interactions with men. These women have begun to strengthen their new identity through intimate association with other women. By the fourth stage, Synthesis, women are ready to step outside their protective fold of women friends and interact with men. Instead of immediate rejection, they now evaluate men on an individual basis and begin to transcend their sex roles. Women who have reached the fifth and final stage, Active Commitment, are now able to pledge themselves to purposeful social change by way of moral indignation, not angry resentment. Several researchers (Burrows, 1997; Bargad & Hyde, 1991; Fischer et al., 2000; Gerstmann & Kramer, 1997) have examined the FIDS and have found good support for its reliability and validity.

More recently, Henley et al. developed the Feminist Perspectives Scale in an effort to encompass different feminist identities (1998). They based the items on six different philosophical viewpoints—conservatism, liberal feminism, radical feminism, socialist feminism, cultural feminism, and woman of color feminism. The conservative subscale is similar to Downing and Rousch's Passive Acceptance level of development. Conservatives believe that gender roles should be traditional for biological and religious reasons. The other five subscales attempt to account for the diversity of feminist identities. Liberal feminists believe men and women are equal and fundamentally the same, and cannot logically be denied opportunities based on gender. Radical feminists view gender oppression as a basic injustice, and they primarily blame men for women's social inequality. Socialist feminists blame capitalism for all kinds of injustice, and believe a redistribution of wealth is key to ending oppression on all levels. Cultural feminists emphasize bringing women's culture into the mainstream. They believe that unless society values women's work and ideals as much as men's, sexism will never be overcome. Womanists, or women of color feminists, address multicultural issues often forgotten in many feminist discourses, namely the double bind of racism and sexism that women of color experience. Obviously, not all existing feminist perspectives have been included in this scale, but most feminists recognize the perspectives that were chosen as established theories (Jaguar & Rothenberg, 1993). The FPS has shown reasonable reliability and validity overall (Henley et al., 1998). Factor analysis showed overlap in expected areas, and four distinct factors emerged, with Socialist and Radical feminist items loading together. The Liberal feminist items, however, were dispersed throughout the four factors, indicating poor internal consistency.

One of the reasons feminist identity is so difficult to measure is because it is constantly changing. Even as a scale is developed, parts of it may become outdated. For example, in the thirty years since the Attitudes Toward Women Scale has been developed, feminists have

become more diverse and the opinion of the average person towards feminism has become more liberal (Spence & Hahn, 1997). A scale that measures feminist identity from a developmental perspective may stand the test of time, since it can be argued that the ways people come to feminism will always be similar. However, such a scale assumes that women go through the same stages and should expect to progress to a particular feminist ideal. While it can be useful to describe the path people travel on their way to becoming active feminists, the FIDS does not account for different kinds of feminist viewpoints. It is also constructed in a linear fashion, which is interestingly patriarchal. In other words, the FIDS holds feminism in a hierarchy, suggesting that some stages are "more feminist" than others. The Feminist Perspectives Scale has its weaknesses as well, especially the low internal consistency of the Liberal Feminist subscale, but it does a better job describing different ways of being a feminist than the FIDS. Besides being the most up-to-date scale that has been developed on this construct, its flexibility allows a subject to obtain scores on more than one scale. Since feminist identity is fluid, it makes more sense to use a scale that does not force a subject to fit neatly into a box. Thus it is able to not only account for a diversity of feminist identities but the variation within those identities as well.

The Influence of Feminist Identity on Other Attitudes

In general, feminist identity is related to beliefs, behaviors, and psychological well-being. Women who identify with feminist values are more likely to feel satisfied with their bodies, feel effective in their everyday lives, and be more satisfied with their combined roles of mother, wife and worker (Snyder and Hasbrouck, 1996; Greenberg, 1997; Tiggerman & Stevens, 1999). Guille and Chrisler (1999) suggested that feminist identity might serve a protective function against eating disorders in lesbians. Political beliefs and voting behavior are also affected by feminist identity. Women were more likely to vote for feminist female candidates, especially

those candidates with no party affiliation, and sometimes without regard to party loyalty (Plutzer & Zipp, 1996; Cook, 1993). Racial identity is also related to feminist identity in women of color. Black women who have a strong racial identity also had a strong feminist identity (Miles, 1998; Parks, Carter, & Gushue, 1996; Myaskovsky & Wittig, 1997).

Feminists are more likely to accept a wider range of gender roles in both men and women (Royse & Clawson, 1988; Dell, 1999; Cameron & LaLonde, 2001). Using the AWS, Barber, Foley, and Jones (1999) found that subjects holding traditional views of women, as opposed to feminists, judged aggressive women more negatively than aggressive men. Women and androgynous or feminine men were shown to have similarly egalitarian gender role attitudes (Szymanski, Devlin, Chrisler & Vyse, 1993).

Marriage and family life has historically been thought to clash with feminist ideals. In fact, in 1982, Wilson found that feminists were less satisfied with their marriages sexually and in general than were traditional women. During the past decade, however, many feminists have chosen to be married and have families. Often they bring their feminist ideals along with them (Vaughn, 1997). Contrary to stereotypic assumptions, some feminists choose homemaking while their husbands support the family economically. These marriages focus on equality, often raise children with feminist ideals, and are generally satisfying to women (Vaughn, 1997). As early as 1986, Notar and McDaniel found that most young girls who describe both themselves and their mothers as feminists reported a good mother-daughter relationship. This satisfaction is probably due to the changes feminism and the world have gone through over the last 20 years.

A woman's stage of feminist identity development also has an effect on the way she views the world. Rickard (1989) found that those women in the Passive Acceptance stage of feminist development tended to be more conventional and adhere to traditional gender roles when dating men. Women in the Revelation stage were more likely to decide where to go on a

date, choose the subject of conversations and have fewer dates overall. Women in the Synthesis stage had more dates than women in the Revelation stage, but tended to defy traditional gender role expectations as well. Helms devised a four-stage model of womanist identity development, similar to the FIDS, which is based on movement from an internal model of gender identity to a more external model (1990). Self-esteem seems to increase as a woman progresses along the scale of womanist identity development. Dell (1999) examined female mental health professionals and found that lower levels of FID were associated with avoidant coping styles and traditional gender roles. Higher levels were associated with problem-solving coping styles and more liberal gender roles.

Ossana, Helms, & Leonard (1992) found that women in later stages of development were more likely to perceive gender bias in their campus environments. Burn, Abode and Moyles looked at the relationship between gender self-esteem (GSE), which is the part of self-esteem developed from one's gender, and support for feminism. They found that women with high GSE and men with low GSE were more likely to be allies of feminism. It has also been suggested that the development of feminist identity may change a woman's self-concept from individual to more group related (Ng, Dunne, & Cataldo, 1995). An advanced feminist identity permits one to see a "sisterhood" of women fighting together for their rights rather than separate women struggling alone.

Feminist identity development level may influence one's inclination to discriminate based on gender. After reading both a female- and a male-dominant sexual scenario, women in later stages of feminist development were more likely to feel negatively toward the male dominant scenario than were women in a very early stage of feminist development (Vaughn, Lansky & Rawlings, 1996). Rickard (1990) looked at the effect of feminist identity level on a subject's rating of an artist's illustration. Students in a Human Sexuality class were given the Feminist

Identity Scale, which is a longer version of the Feminist Identity Development Scale described earlier. It assesses a woman's attitude toward herself as a feminist. Subjects were classified into one of four levels: Passive Acceptance, Revelation, Embeddedness, and Synthesis. Students saw slides of four sketches, along with a brief biography of the artist. After viewing each slide, subjects were asked to answer a series of questions about the quality of the slide. Half of the subjects in each level of feminist identity development (FID) rated a male artist and half rated a female artist. Women did not evaluate the slides differently based on their FID when they thought the artists were women. However, when rating a male artist, women in the Passive Acceptance (PA) level of FID scored the slides significantly higher than women in either Revelation or Embeddedness did. In general, Rickard found that women at higher levels of FID were not as likely to base their evaluations on the gender of the artist.

Influences on Social Tolerance

In much the same way that feminist identity influences other attitudes, other characteristics such as race and gender affect one's perspective on mental illness. Since the 1950s, studies have shown that the public has a judgmental and unsympathetic attitude toward those with a mental illness (Rabkin, 1972). Mentally ill people are seen as dangerous, criminals, frightening, strange, incompetent, irresponsible, and lazy (Martin, Pescosolido, & Tuch, 2000; Fink and Tasman, 1992; Link & Cullen, 1986). According to Fink and Tasman, 77% of mentally ill people on prime time television are portrayed as dangerous. Many people who suffer from a psychological disorder, take psychotropic medication, and/or seek help from a therapist for any reason are reluctant to tell their friends, families, and employers because of these gross generalizations (Markowitz, 1998). Patients are denied medical insurance and adequate care because their illness is not perceived to be as authentic and worthy of treatment as a physical disorder, even though it may be just as deadly (Fink & Tasman, 1992; Penny, Kasar, & Sinay,

2001). These people are blamed for their disease, and the public expects them to solve their own problems.

Due to these attitudes, mental illness carries a painful stigma in our culture. On top of coping with the void of depression or the terror of paranoid schizophrenia, many people with a mental illness have to endure discrimination and rejection (Martin, Pescosolido, & Tuch, 2000; Phelan, Link, Stueve, & Pescosolido, 2000; Schnittker, 2000; Link & Cullen, 1986). Organizations such as the National Alliance for the Mentally Ill and the National Institute of Mental Health have made a unified effort to educate the public on the biological basis of mental illness, trying to shift the current perception of mental health problems from a moral model to a medical model (Martin, Pescosolido, & Tuch, 2000). It has been revealed that in any given year approximately 44 million Americans will experience some kind of mental illness, proving that mental illness is not "someone else's problem" (Narrow, 1998).[1]

Social tolerance refers to an individual's willingness to interact with someone on varying levels—from living in the same neighborhood to working together to becoming friends. There are several factors that seem to affect people's social tolerance of the mentally ill. Socioeconomic status (SES) has an effect on one's social tolerance. Using the Opinions about Mental Illness Scale (OMI), Schell (2000) observed that sixth graders who were of a low SES were more likely than higher SES children to believe that people with mental illnesses are a threat to society and should be controlled. Children of a low SES were also less likely to take a compassionate and benevolent viewpoint of the mentally ill. Higher SES parents were more

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[1] Psychological researchers use the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV) to define mental illness. The disorders listed in this manual have changed over time, and this suggests that those currently listed may be removed in future editions. It is also possible that criteria may be changed or new disorders could be added. For the purposes of my research, this manual will define mental illness, but the complexity of its definitions have been acknowledged.

likely to feel guilty when their child began to have psychological problems, something that was uncommon among lower SES parents (Lurie, 1974).

Race and ethnicity also influence one's perception of mental illness. Male Chinese students had more authoritarian, socially restrictive and less compassionate attitudes toward mental illness than American male students (Shokoohi-Yekta & Retish,1991). Whaley found that Asian and Hispanic subjects perceived psychiatric inpatients as more dangerous than did White subjects (1997). African Americans felt more positively toward seeking help for mental health problems (Diala et al. 2000), but were less likely to actually use these services than were Whites (Diala et al., 2000; Hall & Tucker, 1985, Alvidrez, 1999). African Americans are also less likely to believe that mental illness is caused by genetics or a dysfunctional family background (Schnittker, Freese & Powell, 2000).

Personal experience and education have an effect on people's attitudes as well. Link and Cullen found that increased contact decreases fear of mentally ill persons, regardless of age, gender, and education level (1986). One study demonstrated that medical students, faculty, and staff at a medical center who had either experienced a mental illness personally or were working with those suffering from mental illness tended to report more positive attitudes than those who had no experience with mental illness (Roth, Antony, Kerr & Downie, 2000). Coursework was found to be more effective than a field placement in improving occupational therapy students' attitudes toward mentally ill patients if their attitudes were originally unfavorable (Penny, Kasar & Sinay, 2001). When their attitudes were already positive, a psychiatric placement further improved medical students' attitudes towards the mentally ill (Singh, Baxter, Standen & Duggan, 1998). Medical professors seem to have a negative bias toward potential students who have had a history of psychological problems (Oppenheimer & Miller, 1988).

The gender of the observer influences behavior and attitudes toward the mentally ill. Men and women exhibit similar attitudes toward the mentally ill, but they interact very differently with them (Farina, 1981). Women tend to hide their true feelings and obey social convention by acting in a much more compassionate and pro-social manner than men do (Angermeyer, Matschinger & Holzinger, 1998; Farina, 1981). They are also more likely to express feelings of anxiety about interacting with people who have a mental illness (Angermeyer, Matschinger & Holzinger, 1998). Adolescent girls were found to have more favorable attitudes toward mental illness than did adolescent boys (Saper, 1986). When given the Opinions about Mental Illness Scale, men tended to think that persons with mental illness are inferior and should be locked up (Morrison, de Mann & Drumheller, 1993). They were also more socially restrictive, believing that those suffering from a psychological disorder are a threat that must be controlled. Among family members of persons with a mental illness, men have a harder time accepting a biological explanation of the illness than women do (Johnson, 2000).

The gender of the person with psychological problems also affects reactions in significant ways. It has been found that people are friendlier to women who have been in a mental hospital or are currently being treated than they are to men with similar problems (Farina, 1981). Schnittker found that when subjects were presented with vignettes of people with different mental illnesses, they were more likely to be willing to interact with female characters than with male characters with the same problems (2000). The variable that had the most significant effect on social tolerance was the gender of the character in the vignette. This was more important than the character's ethnicity, education level, and mental illness. Female characters were also seen as less dangerous than male characters by both male and female subjects. Gender symmetry—when the subject and the character in the vignette are the same gender—also had a

significant effect. Women were more likely to interact with female characters, regardless of the type of mental illness. The same is true for men interacting with male characters.

Gendered Reactions

A much-cited study by Broverman and colleagues found that mental health professionals tended to perceive male characteristics as more healthy and female characteristics as more maladaptive (1970). Subjects described both a "normal, healthy adult" and a "normal, healthy man" with such terms as assertive, independent, competitive, and objective. Traits like passivity, emotionality, and dependence were used to describe a "normal, healthy woman." These therapists seemed to believe that a mentally healthy adult must be a man. When Poole and Tapley replicated Broverman's study in 1988, they reported similar results.

Even today, there are different expectations of behavior based on gender (Leaper, 1995; Plant, Hyde, Keltner & Devine, 2000). Many masculine characteristics are viewed as positive, whereas feminine characteristics are often seen as negative (Grimmell & Stern, 1992). Based on these gender expectations, a man who is passive and dependent may be seen as more pathological than a woman with the same characteristics. There are several disorders that are diagnosed more often among one gender. For example, women are more often diagnosed with depression, anorexia, borderline personality disorder and anxiety disorders, whereas men are more often diagnosed with substance dependence, sexual disorders and antisocial personality disorder (APA, 1994). It has even been argued that men and women with the same symptoms are diagnosed with different disorders (Waisberg & Page, 1988. For example, many of the symptoms of histrionic personality disorder are similar to that of narcissistic personality disorder, yet women are more often labeled as histrionic rather than narcissistic (APA, 1994).

The Consequences of Gender Role Deviance

People who fail to meet gender role expectations are persecuted in this society. This is evidenced by the long history of oppression experienced by gay men, lesbians, bisexuals, and transgendered individuals, but often extends to anyone who does not conform to the narrow proscriptions of masculinity or femininity (Bornstein, 1998; Chesler, 1998). If they also happen to be mentally ill, they are doubly punished. For example, people find a woman with depression easier to accept than a woman with antisocial personality disorder because the symptoms of depression—crying, internalization of anger, passivity—are stereotypically female gender role expectations (Waisberg & Page, 1988). People who break with traditional gender roles are unpredictable and therefore threatening. A woman with antisocial personality disorder is apt to act out aggressively, use deception, and fail to take the well-being of others into account. This kind of behavior is seen as detestable in all people, but is seen as particularly abhorrent in women.

Two theories have addressed social tolerance of the mentally disabled—labeling theory and the functional gender role hypothesis (Schnittker, 2000). Labeling theory argues that psychological problems add another stigma to an already inferior position. Some studies have found that mentally ill women are not treated as well as mentally ill men (Chesler, 1972; Schur, 1984; Roades, 2000). This may be due to women's lesser social status. Studies have also shown, however, that women with psychological problems are tolerated more than men are (Rushing, 1979; Tudor, Tudor & Gove, 1997). Both genders tend to keep more social distance from mentally ill men (Angermeyer, Matschinger & Holzinger, 1998). The functional gender role hypothesis contends that this is due to a mentally ill person's inability to carry out the duties of his or her high status. Perhaps women are more tolerated because it is more acceptable for a woman to be sick and to seek help.

Rubenstein found that mental health professionals viewed a man's psychological problems as more severe when his profession was non-traditional (2001). In her study, a male character suffering from social phobia was seen as more pathological when he was a teacher than when he was portrayed as a law intern. Ivey presented mental health professionals with two videotapes of dual-parent families—one led by a mother and one led by a father (1995). Subjects found the members of the father-led family to be healthier than the members of the mother-led family. They saw the father in the matriarchal family to be less healthy than the father in the patriarchal family. This phenomenon is traced to his lesser status in the family and his violation of gender role norms.

However, women are not immune from castigation. Rosenfield (1982) found that both men and women receive strong negative reactions when they violate gender role norms. Men were more likely to be hospitalized for depression, whereas women were more likely to be hospitalized for substance dependence. Women with Dependent and Borderline Personality Disorder were seen as more pathological than men with the same disorders (Sprock, Crosby & Nielsen, 2001). In the same study, subjects found men with Obsessive-Compulsive Personality Disorder to be more mentally unhealthy than women with the same disorder. Waisberg and Page (1988) found that mental health professionals viewed male and female patients with the same behaviors differently. Subjects were given four vignettes, each describing a different disorder. The "feminine" disorders were generalized anxiety disorder and major depressive disorder. The "masculine" disorders were antisocial personality disorder and alcohol abuse. Half the clinicians were told the vignette characters were all male and half were told they were all female. Female characters that met the criteria for antisocial personality disorder and alcohol abuse were seen as more pathological than male characters with the same diagnoses. The same was true for male characters with generalized anxiety disorder and major depressive disorder. In

the same way, a woman who is aggressive and angry may be seen as more pathological than a man with the same characteristics.

Critique of the Literature

As many of the studies presented here were performed in the last century, some of the results may not be currently relevant. For example, attitudes toward the mentally ill are constantly changing. As education and experience cause people to become more open-minded and accepting of former social outcasts, they change their beliefs and behavior (Phelan, Link, Stueve, & Pescosolido, 2000). Therefore, it is difficult to put a great deal of faith in the results of studies that are more than 10 years old. The same is true for the concept of feminist identity. Feminist beliefs that were outlandish and shocking thirty years ago are now accepted as normal. We now have whole generations that have grown up with feminist principles. What it means to be a feminist has changed over even the past five years, making scales such as the Attitudes Towards Women Scale (AWS) nearly obsolete, as well as studies that use these scales. For example, using the AWS, Spence and Hahn found that both male and female subjects were more egalitarian in 1992 than in 1972, and that there were ceiling effects for female subjects at the more liberal end of the scale (1997).

While feminist ways of thinking and attitudes toward mental illness have proved to be variable throughout time, they do seem to be moving in similar directions. It is interesting that no researcher has brought them together before. The influence of feminist identity on one's social tolerance of the mentally ill has not been taken into consideration in previous studies. As feminists become more diversified and as the mainstream becomes more aware of the powerful stigma of mental illness, society will become more tolerant. It is important to explore ways in which researchers can help to bring this about more quickly. If feminist identity affects social

tolerance of the mentally ill, then social activism involving both of these issues could potentially combine, making their influence more powerful.

Purpose of Study

This research will address the relationship between feminist identity and attitudes toward mental illness, focusing on social tolerance. Of special interest are attitudes toward people with gender deviant mental illnesses, such as men with depression or women with substance dependence. In general, it is expected that a feminist perspective will increase social tolerance, whereas more conservative attitudes will decrease social tolerance. In addition to this, feminists will be more willing than conservatives to accept people with gender deviant mental illnesses.

Chapter 2: Hypotheses

Equality is an important goal for feminism. It could be reasonably expected that those who identify as feminists may sympathize with other oppressed groups, especially those who violate gender role norms. Research has shown that feminists have more flexible gender role expectations of both men and women (Royse & Clawson, 1988; Dell, 1999; Cameron & LaLonde, 2001).

Hypothesis 1:

Subjects who score high on a feminist subscale will be more tolerant of characters with gender compliant mental illnesses than subjects who score high on the conservative subscale.

Hypothesis 2:

Subjects who score high on a feminist subscale will be more tolerant of women with mental illnesses that deviate from traditional feminine gender roles, such as antisocial personality disorder and substance dependence, than conservative subjects.

Hypothesis 3

Subjects who score high on a feminist subscale will be more tolerant of men with mental illnesses that deviate from traditional masculine gender roles, such as depression and anxiety disorders, than conservative subjects.

Hypothesis 4:

Conservative subjects will be more tolerant of women with mental illnesses that adhere to traditional gender roles than they are of men with mental illnesses that adhere to traditional gender roles.

Chapter 3: Research Design and Methodology

Subjects

Students were recruited through psychology and women's studies courses giving extra credit for research. In order to reach faculty and staff participants as well as students not enrolled in psychology or women's studies courses, flyers advertising the study were posted throughout campus. Faculty and staff were offered a small monetary incentive to complete the survey.

All subjects received a survey packet that included a demographics page and the Feminist Perspectives Scale. The third part of the survey contained six vignettes, each of which described a character with a mental illness. For each mental illness described, the vignettes were identical, except for the gender of the character.

The study contained two comparison groups—gender deviant vignettes and gender compliant vignettes. The surveys were consecutively numbered and the two groups were interspersed. Subjects were assigned to one of the two comparison groups by the order in which they entered the room or by the seat they chose in a classroom. If they received a survey that had an even number, the vignettes were gender compliant. If it had an odd number, the vignettes were gender deviant.

Measures and Procedure

The survey packet included three parts. The first part was a demographics information page inquiring as to the participant's gender, age, race, year in school, major field of study, and status (whether the subject was a faculty, staff, or student).

Feminist Perspectives Scale.

The next part was the Feminist Perspectives Scale by Henely et al. (1998), which assesses feminist identity. The scale contains sixty statements, which divide into six subscales of ten questions each—Liberal Feminism, Radical Feminism, Socialist Feminism, Cultural Feminism, Woman of Color Feminism and Conservatism. The FPS has shown reasonable reliability and validity overall (Henley et al., 1998). When tested on a student sample by Henley and colleagues in 1998, Cronbach alphas ranged between .62 (Liberal feminism) and .77 (Conservatism). Test-retest reliability alphas at four weeks ranged between .72 and .82. Validity measures included religiosity, level of political conservatism, degree of feminism (on a seven-point scale), experience taking a women's studies class, and, if so, how many courses had been elected. All of these variables correlated significantly with nearly all of the subscales in predicted ways; that is, degree of feminism was positively correlated with scores on the feminist subscales and negatively correlated with the conservative subscale. In previous studies examining reliability and validity of the FPS, factor analysis showed overlap in expected areas, and four distinct factors emerged, with Socialist and Radical feminist items loading together. The Liberal feminist items, however, were dispersed throughout the four factors, indicating poor internal consistency.

In this study, subjects were asked to respond to each statement on a forced answer four-point scale—"strongly agree," "moderately agree," "moderately disagree," and "strongly disagree." These were scored from +2 (strongly agree) to -2 (strongly disagree). If a question was not answered, it was scored zero. Subjects were given a score on each of the scales by adding up the values of each question on a subscale, with higher values indicating a higher level of agreement with the statements.

Character vignettes from the General Social Survey.

After completing the FPS, subjects were asked to read six vignettes based on the Mental Health Module of the General Social Survey (Davis and Smith 1996) and answer questions about each vignette. The vignettes in each of the two versions of the survey describe six individuals who meet the diagnostic criteria for six psychological disorders, four of which are diagnosed more often among one gender. In order of presentation, the disorders described were adjustment disorder, schizophrenia, antisocial personality disorder, depression, substance dependence, and panic disorder with agoraphobia (See Appendix B for details). The vignettes about agoraphobia and antisocial personality disorder were not taken from the GSS but written by the researcher using DSM-IV criteria. Half the subjects were given the set of gender role deviant vignettes, and half were given the set of gender role compliant vignettes. The vignettes about schizophrenia and adjustment disorder were included in each comparison group. These disorders occur among men and women at similar rates. In the gender compliant set of vignettes, the characters with schizophrenia and adjustment disorder were both female. For the gender deviant set, these characters were both male. This decision was based on the theory that men deviate from gender role norms simply because they are mentally ill. The description of the disorders, as well as the questions following the story, were the same for both genders, with the exception of different personal pronouns and names. The questions asked how willing subjects were to "move next door to [name]," "spend an evening socializing with [name] ," "make friends with [name] ," "have [name] start working closely with you on a job," "have a group home opened for people like [name] opened in your neighborhood," and "have [name] marry into your family." Factor analysis suggested that the items group well around one factor. Subjects were asked to respond to each statement on a forced answer four-point scale— "definitely willing", "probably willing", "somewhat willing" and "not at all willing". Each

response was scored from +2 (definitely willing) to -2 (not at all willing). If a question was not answered, it was scored zero. The social tolerance score describes each respondent's mean response on all questions, with higher scores indicating more social tolerance. The survey also included questions that assessed perceptions of seriousness as well as perceptions of dangerousness, but data derived from these questions were not used in the analysis.

Chapter 4: Presentation and Analysis of Data

Data analysis involved three kinds of statistical tests. Prior to statistical analysis, general demographic data are presented. Then, Pearson R correlations were performed in order to determine the nature of the relationship between FPS subscales and social tolerance. Regression analyses were done to ascertain which FPS subscales significantly predicted social tolerance. Finally, independent samples t-tests were carried out to compare dichotomous demographic groups on social tolerance and feminist identity.

Descriptives

There were 260 subjects (98.5% students) that split evenly into two comparison groups of 130 each. The surveys were consecutively numbered and the two groups were interspersed— even numbered surveys contained gender compliant vignettes and odd-numbered surveys contained gender deviant vignettes. The two groups were very similar in gender, race, and age. Descriptive data are displayed in Tables 1-5.

FPS Correlations

The scales of the FPS tended to be moderately or highly correlated with one another. Overall, the scale had an alpha of .88, with each subscale maintaining alphas ranging between .62 (Liberal Feminism) and .80 (Radical). The most highly correlated subscales were Socialist Feminism and Radical Feminism (r=.74), followed by Socialist, Radical, and Cultural (r=.62). This pattern is similar to the original factor analysis performed by Henely and colleagues in 1998. Other descriptive information about the FPS is shown in Table 6.

Table 1. Gender and Race (All Subjects)

	Male	Female	**Total Race**
Non-white	29.4%	28.9%	29.1%
White	70.6%	71.1%	70.9%
Total Gender	26.4%	73.6%	100.0%

Table 2. Gender and Race by Comparison Group

Comparison Group			Gender		
			Male	*Female*	*Total Race*
Gender deviant	*Race*	*Non-white*	30.0%	31.6%	31.3%
		white	70.0%	68.4%	68.8%
	Total Gender		23.4%	76.6%	100.0%
Gender compliant	*Race*	*Non-white*	28.9%	26.1%	26.9%
		white	71.1%	73.9%	73.1%
	Total Gender		29.2%	70.8%	100.0%

Table 3. Age by Comparison Group

	Comparison group		Total
	Gender deviant	Gender compliant	
Under 20	28.7%	26.9%	27.8%
21	20.9%	19.2%	20.1%
22-24	27.1%	30.0%	28.6%
25 and over	23.3%	23.8%	23.6%
	129	130	259

Table 4. Student Subjects' Year in School

	Frequency	Percent		Frequency	Percent
First year	22	8.6	*First or second year*	56	21.9
Sophomore	34	13.3	*Junior or higher*	200	78.1
Junior	65	25.4	*Total*	256	
Senior	124	48.4			
Graduate student	6	2.3			
Other	5	2.0			
Total	256	100.0			

Table 5. Descriptive Statistics: Age

	N	Minimum	Maximum	Mean	Std. Deviation
What is your age?	259	16	62	24.22	7.41

Table 6. Descriptives: Feminist Perspectives Scale

	N	Minimum	Maximum	Mean	Std. Deviation
Conservative	247	-20	8	-9.80	6.58
Radical Feminist	239	-19	19	-1.32	8.26
Woman of Color Feminist	229	-13	20	4.82	7.13
Liberal Feminist	243	-13	20	8.65	5.84
Cultural Feminist	237	-18	19	-1.65	6.86
Socialist Feminist	239	-20	20	-1.23	8.13

Table 7. Social Tolerance: Listed by Disorder

	N	*Minimum*	*Maximum*	*Mean*	*Std. Deviation*
Adjustment Disorder	245	-6	12	6.57	4.41
Schizophrenia	258	-12	7	-3.29	5.42
Antisocial PD	229	-12	2	-8.41	3.59
Depression	248	-8	10	4.34	4.45
Substance Dependence	257	-12	7	-5.13	5.74
Agoraphobia	257	-9	12	3.95	5.83

Table 8. Social Tolerance: Listed by Comparison Group

	N	Minimum	Maximum	Mean	Std. Deviation
Gender Compliant					
Woman with Adjustment Disorder	117	0	12	7.91	3.19
Woman with Schizophrenia	130	-12	6	-2.66	4.67
Man with Antisocial PD	108	-12	-3	-9.29	2.77
Woman with Depression	121	-4	10	5.37	3.55
Man with Substance Dependence	131	-12	7	-4.95	5.63
Woman with Agoraphobia	131	-7	12	4.70	5.69
Gender Deviant					
Man with Adjustment Disorder	128	-6	12	5.35	5.00
Man with Schizophrenia	128	-12	7	-3.92	6.04
Woman with Antisocial PD	121	-12	2	-7.63	4.04
Man with Depression	127	-8	10	3.36	4.98
Woman with Substance Dependence	126	-12	7	-5.32	5.87
Man with Agoraphobia	126	-9	12	3.16	5.89

Table 9a. Gender Compliant Character Correlations

		Woman with Adjustment Disorder	Woman with Schizophrenia	Man with Antisocial PD	Woman with Depression	Man with Substance Dependence
Woman with Schizophrenia	Pearson Correlation	.380**	-	-	-	-
	Sig. (2-tailed)	.000	-	-	-	-
Man with Antisocial PD	Pearson Correlation	.233*	.526**	-	-	-
	Sig. (2-tailed)	.022	.000	-	-	-
Woman with Depression	Pearson Correlation	.567**	.436**	.288**	-	-
	Sig. (2-tailed)	.000	.000	.004	-	-
Man with Substance Dependence	Pearson Correlation	.349**	.459**	.445**	.499**	-
	Sig. (2-tailed)	.000	.000	.000	.000	-
Woman with Agoraphobia	Pearson Correlation	.515**	.557**	.335**	.678**	.464**
	Sig. (2-tailed)	.000	.000	.000	.000	.000

** Correlation is significant at the 0.01 level (2-tailed).

*   Correlation is significant at the 0.05 level (2-tailed).

Table 9b. Gender Deviant Character Correlations

		Man with Adjustment Disorder	Man with Schizophrenia	Woman with Antisocial PD	Man with Depression	Woman with Substance Dependence
Man with Schizophrenia	Pearson Correlation	.533**	-	-	-	-
	Sig. (2-tailed)	.000	-	-	-	-
Woman with Antisocial PD	Pearson Correlation	.211*	.443**	-	-	-
	Sig. (2-tailed)	.020	.000	-	-	-
Man with Depression	Pearson Correlation	.505**	.556**	.329**	-	-
	Sig. (2-tailed)	.000	.000	.000	-	-
Woman with Substance Dependence	Pearson Correlation	.269**	.628**	.544**	.511**	-
	Sig. (2-tailed)	.002	.000	.000	.000	-
Man with Agoraphobia	Pearson Correlation	.538**	.605**	.375**	.749**	.464**
	Sig. (2-tailed)	.000	.000	.000	.000	.000

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

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The character vignettes were also highly correlated with one another. Female characters were more correlated with other female characters than with male characters, that is, the female character with depression was more correlated with the female character with agoraphobia (r = .763) than with the male character with substance dependence (r = .548). The same was true for male characters. The only characters who were not significantly correlated were the man with antisocial personality disorder and the woman with adjustment disorder. Descriptive information about the vignettes is shown in Tables 7-9b.

Hypothesis 1: Subjects who score high on a *feminist subscale* will be more tolerant of *both male and female* characters with *gender compliant* mental illnesses than subjects who score high on the conservative subscale.

This was found to be true. Overall, the feminist subscales were more positively correlated with social tolerance than the Conservative subscale. The Conservative scale was negatively correlated with social tolerance of nearly all the characters—both gender compliant and gender deviant (Tables 10 and 14). It was found to be a significant predictor of low social tolerance of the female character with adjustment disorder (p= .000), the female character with schizophrenia (p= .001), the female character with depression (p= .014), the male character with substance dependence (p= .016), the female character with agoraphobia (p= .000), the male character with adjustment disorder (r= -.338, p=.000), and the male character with depression (r= -.184, p=.042). Regression analyses are shown in Table 11.

On the other hand, Liberal feminism is significantly positively correlated with social tolerance of the female character with adjustment disorder (r = .282; p = .003). Liberal Feminism was also found to be a significant predictor of social tolerance for the female

character with adjustment disorder (p= .002). See Table 12. There are no significant correlations between the other feminist subscales and social tolerance, but they tend to be positively correlated (Table 13).

Hypothesis 2: Subjects who score high on a *feminist subscale* will be more tolerant of *women* with mental illnesses that *deviate* from traditional feminine gender roles, such as antisocial personality disorder and substance dependence, than subjects with lower scores.

This was proved false. There were no significant differences between the subscales for female characters.

Hypothesis 3: Subjects who score high on a *feminist subscale* will be more tolerant of *men* with mental illnesses that *deviate* from traditional masculine gender roles, such as depression and anxiety disorders, than more subjects who score lower.

This was found to be both true and false. Liberal Feminism was found to be a significant predictor of social tolerance for the male character with adjustment disorder (p=. 034), the male character with schizophrenia (p= .054), and the male character with depression (p= .026). Overall, the Conservative, Radical, Cultural, and Socialist subscales were actually negatively correlated with social tolerance of male characters. For all the gender deviant characters, all FPS subscales, with the exception of Liberal Feminism, were mostly negatively correlated with social tolerance. The significant results are displayed in Table 14.

Radical feminism is significantly negatively correlated with social tolerance of the male character with depression (r = -0.183; p = 0.047) and the male character with agoraphobia (r = -.182; p = .050). Cultural feminism is significantly negatively correlated with social tolerance of the male character with depression (r = -.212; p = .021). Socialist feminism is significantly

Table 10. Correlations: Conservatism and Social Tolerance of Gender Compliant Characters

Vignette		Conservative
Woman with Adjustment Disorder	Pearson Correlation	-.442**
	Sig. (2-tailed)	.000
Woman with Schizophrenia	Pearson Correlation	-.303**
	Sig. (2-tailed)	.001
Man with Antisocial PD	Pearson Correlation	-.166
	Sig. (2-tailed)	.096
Woman with Depression	Pearson Correlation	-.230*
	Sig. (2-tailed)	.014
Man with Substance Dependence	Pearson Correlation	-.216*
	Sig. (2-tailed)	.016
Woman with Agoraphobia	Pearson Correlation	-.381
	Sig. (2-tailed)	.000

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

Table 11. Regression: Conservative Scores and Social Tolerance

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.565	.512		10.868	.000
Woman with Adjustment Disorder	-.221	.043	-.442	-5.125**	.000
(Constant)	-4.878	.711		-6.865	.000
Woman with Schizophrenia	-.215	.061	-.303	-3.512**	.001
(Constant)	4.061	.597		6.802	.000
Woman with Depression	-.126	.050	-.230	-2.505*	.014
(Constant)	-6.741	.881		-7.653	.000
Man with Substance Dependence	-.185	.076	-.216	-2.444*	.016
(Constant)	1.450	.843		1.720	.088
Woman with Agoraphobia	-.329	.072	-.381	-4.545**	.000
(Constant)	2.874	.777		3.701	.000
Man with Adjustment Disorder	-.257	.065	-.338	-3.956**	.000
(Constant)	1.986	.821		2.419	.017
Man with Depression	-.140	.068	-.184	-2.054*	.042

Table 12. Regression: Liberal Feminism and Social Tolerance

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	6.182	.593		10.433	.000
Woman with Adjustment Disorder	.183	.059	.334	3.108**	.002
(Constant)	3.396	.879		3.863	.000
Man with Adjustment Disorder	.186	.087	.217	2.144*	.034
(Constant)	-6.385	1.068		-5.980	.000
Man with Schizophrenia	.204	.105	.198	1.946*	.054
(Constant)	.960	.857		1.120	.265
Man with Depression	.191	.084	.224	2.262*	.026

Table 13. Correlations of FPS Scales with Social Tolerance of Gender Compliant Characters

		Radical Feminist	Woman of Color Feminist	Liberal Feminist	Cultural Feminist	Socialist Feminist
Woman with Adjustment Disorder	Pearson Correlation	-0.018	0.055	0.282	-0.070	-0.013
	Sig. (2-tailed)	0.854	0.586	0.003**	0.476	0.891
Woman with Schizophrenia	Pearson Correlation	0.033	0.031	0.064	-0.086	-0.054
	Sig. (2-tailed)	0.723	0.747	0.485	0.354	0.555
Man with Antisocial PD	Pearson Correlation	0.089	0.075	0.084	0.027	0.048
	Sig. (2-tailed)	0.376	0.471	0.409	0.789	0.632
Woman with Depression	Pearson Correlation	0.100	0.019	0.141	0.094	0.081
	Sig. (2-tailed)	0.296	0.851	0.139	0.333	0.400
Man with Substance Dependence	Pearson Correlation	0.034	0.142	0.160	0.117	0.068
	Sig. (2-tailed)	0.712	0.136	0.082	0.209	0.464
Woman with Agoraphobia	Pearson Correlation	0.101	0.122	0.061	0.047	0.037
	Sig. (2-tailed)	0.273	0.198	0.510	0.617	0.686

negatively correlated with social tolerance of the male character with depression (r = -.232; p = .011) and the male character with agoraphobia (r = -.203; p = .029).

Hypothesis 4: *Conservative* subjects will be more tolerant of women with mental illnesses that adhere to traditional gender roles than they are of men with mental illnesses that adhere to traditional gender roles.

This was found to be false. Conservative subjects were actually slightly more tolerant of male characters, regardless of gender role deviance or compliance.

Influence of Gender

Overall, women were more tolerant than men. Independent samples t-tests were conducted to compare social tolerance scores for males and females. There was a significant difference between scores for males and females when assessing social tolerance of both gender deviant and gender compliant female characters. Women (M=8.27, SD=3.28) were more tolerant of the female character with adjustment disorder than were men (M=6.94, SD=2.77; t(115)=-2.202, p=.031). This was also true for the female character with depression (women: M=5.89, SD=3.34; men: M=4.14, SD=3.77; t(119)= -2.541; p=.012) and the female character with agoraphobia (women: M=5.78, SD=5.4; men: M=2.34, SD=5.67; t(129)= -3.134; p=.002). Women (M=8.08, SD=3.72) also seemed more open to interacting with the female character with antisocial PD than did men (M=-5.96, SD=4.78; t(119)=2.098; p=.043). There were no significant differences between men and women for social tolerance of male characters.

T-tests revealed significant gender differences on five out of six of the FPS subscales. More men (M= -6.32, SD=6.81) had a positive score on the Conservative subscale than did women (M= -11.04, SD=6.05; t(245)= 5.216, p=.000). Women (M=5.56, SD=7.17) tended to score higher on the Woman of Color subscale than men did (M= 2.66, SD=6.61; t(227)= -2.715,

Table 14. Correlations of FPS Scales with Social Tolerance of Gender Deviant Characters

		Liberal Feminist	Woman of Color Feminist	Radical Feminist	Cultural Feminist	Socialist Feminist	Conservative
Man with Adjustment Disorder	Pearson Correlation	.157	.008	-.070	-.173	-.086	-.338**
	Sig. (2-tailed)	.083	.931	.449	.059	.353	.000
Man with Schizophrenia	Pearson Correlation	.147	.035	-.120	-.124	-.073	-.165
	Sig. (2-tailed)	.104	.709	.193	.179	.430	.068
Woman with Antisocial PD	Pearson Correlation	-.116	-.080	-.111	-.048	-.093	-.039
	Sig. (2-tailed)	.214	.404	.245	.613	.328	.679
Man with Depression	Pearson Correlation	.124	-.022	-.183*	-.212*	-.232*	-.184*
	Sig. (2-tailed)	.174	.813	.047	.021	.011	.042
Woman with Substance Dependence	Pearson Correlation	.052	-.045	-.095	.003	-.128	.034
	Sig. (2-tailed)	.574	.634	.309	.974	.169	.709
Man with Agoraphobia	Pearson Correlation	.006	.031	-.182*	-.178	-.203*	-.162
	Sig. (2-tailed)	0.95	.741	.050	.055	.029	.076

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

p=.007). Women (M= -.0971, SD= 8.01) were more likely to have a positive score on the Radical subscale than were men (M= -4.67, SD= 8.08; t(237)= -3.902, p=.000). This was also true for the Cultural subscale (women: M= -.66, SD=6.89; men: M= -4.58, SD=5.92; t(235)= -3.949, p=.000) and the Socialist subscale (women: M= -0.54, SD=8.06; men: M= -3.14, SD=8.06; t(237)= -2.211, p=.028).

Influence of Race

White subjects were more tolerant that non-white subjects of gender deviant characters. Independent samples t-tests were also conducted to compare social tolerance scores for white and non-white subjects. No significant differences were found for the gender compliant characters. However, whites differed significantly from non-whites in their willingness to interact with gender deviant characters. White subjects (M=6.70, SD=4.43) were more tolerant of the male character with adjustment disorder than were non-white subjects (M=2.33, SD=4.92; t(125)= -4.993; p=.001). This was also true for the male character with schizophrenia (white: M=-2.90, SD=5.95; non-white: M=-6.43, SD=5.39; t(125)= -3.197; p=.002), the male character with depression (white: M=-4.38, SD=4.49; non-white: M=1.28, SD=5.44; t(124)= -3.299; p=.001), the female character with substance dependence (white: M=-4.38, SD=5.87; non-white: M=-7.29, SD=5.39; t(123)= -2.611; p=.010), and the male character with agoraphobia (white: M=5.55, SD=5.61; non-white: M=0.21, SD=4.48; t(123)= -3.931; p=.000).

The only FPS scale that showed a significant difference between white and non-white subjects was the Conservative subscale. Non-white subjects (M= -6.81, SD= 6.49) were significantly more conservative than whites were (M= -11.05, SD=6.24; t(244)= 4.809; p=.000).

Other Results

Interesting but not statistically significant results include the general unwillingness of all subjects to interact with both characters with antisocial personality disorder as opposed to the other characters. Cultural feminism was positively correlated with social tolerance of the woman with substance dependence. Finally, Woman of Color feminism was positively correlated with social tolerance of the man with agoraphobia (Table 15).

There was no significant correlation between feminist identity and age (Table 16). There were significant negative correlations between age and social tolerance of the male character with antisocial personality disorder ($r= -282$; $p=.003$), the male character with substance dependence ($r= -.216$, $p=.013$) and the female character with substance dependence ($r= -.185$; $p=.039$).

Table 15. Regression: Feminism and Social Tolerance of Man with Agoraphobia

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.372	1.038		1.322	.189
Radical Feminist	-9.210E-02	.105	-.129	-.877	.382
Woman of Color Feminist	.186	.098	.225	1.910*	.059
Liberal Feminist	5.693E-02	.102	.056	.557	.579
Cultural Feminist	-4.592E-02	.104	-.054	-.440	.661
Socialist Feminist	-.161	.110	-.222	-1.465	.146

Table 16. Correlations of Social Tolerance Scores with Age

		What is your age?
Man with Antisocial PD	Pearson Correlation	-.282**
	Sig. (2-tailed)	.003
Man with Substance Dependence	Pearson Correlation	-.216*
	Sig. (2-tailed)	.013
Woman with Substance Dependence	Pearson Correlation	-.185*
	Sig. (2-tailed)	.039

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Chapter 6: Discussion

This study enhanced previous research on the many factors contributing to the stigma surrounding mental illness. It has been found that gender, race, education, experience, and socioeconomic class affect how one thinks about mental illness (Schell, 2000; Shokoohi-Yekta & Retish,1991; Link & Cullen, 1986; Penny, Kasar & Sinay, 2001; Schnittker, 2000). It is those thoughts that often influence behavior. Research has shown that feminist identity has an effect on everything from self-esteem and marital satisfaction to gender role flexibility and willingness to discriminate (Tiggermann & Stevens, 1999; Vaughn, 1997; Royse & Clawson, 1988; Rickard, 1990). This research considered the possibility that feminist identity has an effect on social tolerance of mental illness, in particular, social tolerance of gender deviant mental illnesses. The study began with the hypothesis that subjects who scored high on a feminist subscale would have more social tolerance than conservative subjects. This theory was partially confirmed.

The first hypothesis posited that subjects who scored high on a feminist subscale will be more tolerant of characters with gender compliant mental illnesses than subjects who score high on the conservative subscale. This was found to be true. Conservatism was significantly negatively correlated with social tolerance of nearly all of the gender compliant characters. Liberal Feminism was significantly positively correlated with social tolerance of the woman with adjustment disorder. The other feminist subscales tended to be positively correlated with social tolerance of gender compliant characters, but there are no significant correlations. Since most scores on the FPS subscales were moderate, strong correlations were less common. More than sixty percent of subjects scored high on the liberal feminist subscale, compared with 11-35% scoring high on the Radical, Socialist, Cultural, and Women of Color subscales. In the same way, most subjects (66%) scored low on the Conservative subscale. It is possible that when

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viewpoints are stronger, as evidenced by distinctly high or low scores, social tolerance is also more pronounced.

Next, it was hypothesized that subjects who score high on a feminist subscale will be more tolerant of women with mental illnesses that deviate from traditional feminine gender roles, such as antisocial personality disorder and substance dependence, than will conservative subjects. This hypothesis was proved false. There were no significant differences between the subscales for female characters. Overall, the gender compliant characters were more tolerated by all subjects than were the gender deviant characters. If all subjects were less tolerant of the gender deviant characters, then it is less likely that differences will emerge between the scales of the FPS. For example, few subjects were willing to interact at all with the female character with antisocial personality disorder, regardless of their scores on the FPS.

The third hypothesis assumed that subjects who score high on a feminist subscale will be more tolerant of men with mental illnesses that deviate from traditional masculine gender roles, such as depression and anxiety disorders, than were conservative subjects. This was partially supported by the data. While the Liberal Feminist subscale was positively correlated with social tolerance for one gender deviant male character, overall the Conservative, Radical, Cultural, and Socialist subscales were actually negatively correlated with social tolerance of male characters. There are two possible explanations for this. First, subjects' level of feminist identity development could have played a part. Rickard (1990) found that women in middle stages of feminist identity development, Revelation and Embeddedness-Emanation, rated artwork more negatively when they thought the artist was male than when they thought the artist was female. Women in the Revelation stage have recently realized their oppression and have become disillusioned and angry. Women in the next stage, Embeddedness-Emanation, engage in cautious interactions with men. Vaughn, Lansky, and Rawlings (1996) found that women in

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later stages of feminist development were more likely to feel negatively toward the male

dominant scenario than were women in a the first stage of feminist development—Passive

Acceptance. Second, the items that make up the FPS could have contaminated responses. The

FPS contains several statements about men in general and their power over women that subjects

perceived as negative. This was evidenced by written comments on the surveys. The Socialist

and Radical subscales in particular have statements like "The workplace is organized around

men's physical, economic, and sexual oppression of women" and "Men use abortion law and

reproductive technology to control women's lives." The ideals of Cultural feminism are

somewhat similar to Conservative viewpoints in that they both value traditional feminine roles.

In addition, Radical feminists and Conservatives agree that prostitution and pornography are

abhorrent, but for different reasons. Since subjects were asked to complete the FPS prior to the

vignettes, these statements may have influenced their willingness to interact with male

characters.

Finally, it was hypothesized that Conservative subjects would be more tolerant of women

with mental illnesses that adhere to traditional gender roles than they are of men with mental

illnesses that adhere to traditional gender roles. This was not found to be true. Conservative

subjects were actually slightly more tolerant of male characters, regardless of gender deviance or

compliance. This supports labeling theory, which argues that psychological problems add

another stigma to an already inferior position (Schnittker, 2000). Some studies have found that

mentally ill men are treated better than their female counterparts (Chesler, 1972; Schur, 1983;

Roades, 2000).

Other interesting results included the effect of the respondent's gender, race, and age on

social tolerance. Women were more tolerant overall than men. This is supported by previous

studies (Angermeyer, Matschinger & Holzinger, 1998; Leaper, 1995; Schnittker, 2000; Farina,

1981). White subjects were more tolerant that non-white subjects of gender deviant characters. This was also found to be true in previous studies (Shokoohi-Yekta & Retish,1991; Whaley, 1997). Given the emphasis of traditional gender roles in many non-white cultures, it is possible that non-whites are more uncomfortable with gender ambiguity. This is supported by the data, since non-white subjects were also found to be much more conservative than white subjects.

Limitations and Directions for Further Research

This study had several limitations. A major one was the sample population. In order to generalize the results, the sample would have had to be more broad and representative of the general population. While the age range of this sample was wide, it was centered around age 24. It would have been better to have a wider age range, as well as a higher percentage of faculty and staff participants. Also, it would have been best to have an equal number of subjects in each of the six subscales of the FPS. To achieve this, the sample could be made up of subjects from a feminist organization and a politically conservative women's group. The next involves the order in which the measures were administered. Giving subjects the FPS before the vignettes may have contaminated responses. In order to test this theory, one would have to give half of the sample the FPS before the vignettes and the other half the FPS after the vignettes. In addition, two of the vignettes (antisocial personality disorder and panic disorder with agoraphobia) were not standardized or tested prior to being used in this study. Finally, the high correlations between the scales of the FPS suggested that, although the scale was meant to accurately capture the diversity within feminist identity and the subscales should be related, they may be too similar to really be measuring different constructs. It would have been useful to collect other evidence of reliability and validity, such as self-reported degree of feminism and political conservatism.

Further research should address the implications of respondents' assessment of seriousness and dangerousness of vignette characters. For example, are the characters with

antisocial personality disorder and schizophrenia seen as more dangerous to others, and does this affect their social acceptance? One might investigate how radical, cultural, and socialist feminists are similar to conservatives. Another idea would be to see if subjects are more tolerant of certain mental illnesses, regardless of the gender of the character. Examining the effects of gender symmetry between the character vignettes and the subjects would also be interesting.

Implications

This study provided evidence of the omnipresent stigma surrounding mental illness, as well as valuable insight into the connection between feminist identity and social tolerance. Conservative subjects tended to be intolerant of people with psychological problems, especially female characters. The social stigma of mental illness is apparently stronger among those who favor tradition over diversity. These results were expected.

What was surprising was the relationship between feminism and the stigma of mental illness. During the past century, feminist thought and activism has influenced positive, progressive social change. Feminists often think of themselves as open-minded, tolerant, and embracing of difference. Many of them are, as evidenced by this study and several others (Royse & Clawson, 1988, Dell, 1999; Cameron & LaLonde, 2001). Yet, this study has also shown that feminists do not differ significantly from conservatives in their willingness to interact with gender deviant characters. In addition to this, some feminists have negative biases toward mentally ill men. Perhaps the stigma of mental illness is more pervasive than many of us think. It creeps into our thoughts and manifests itself in our behavior. We may think we are immune to it, but fear and ignorance affects all of us—feminist or not. Some theorists have suggested that since we were raised in a racially supremacist society, everyone is racist unless they actively resist it (Frankenberg, 1993). In the same way, being raised in a society that discriminates against the mentally ill may cause one to become intolerant of those with psychological problems. It is

important that we come to terms with this instead of denying it. This leaves us open to educate ourselves and examine our biases.

This stigma is extremely damaging, and it affects all of us. We may not all have a mental illness, but we all have mental health. We cannot break ourselves up into physical and mental parts, placing importance on only the physical aspect of our health. Stigma can keep people from examining their mental health, viewing it as important and worthy of evaluation. It holds people back from admitting there is a problem and from getting the help they need (Dubin & Fink, 1992). It can tear apart families, contributes to social isolation, and exacerbate symptoms (Stern et al., 1993; Markowitz, 1998). While people will continue to be afraid of what is different, education and experience can be important tools of change (Roth, Antony, Kerr & Downie, 2000; Link & Cullen, 1986). Feminist thinking can be a part of this. Just opening your mind to alternative ways of thinking can help fight stigma, at its most basic level—the individual. Many open-minded individuals can make a world where difference is tolerated, and even embraced.

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Appendices

Appendix A: Definitions

Gender compliant mental illness: A mental illness that adheres to traditional gender role norms, such as depression in women and antisocial personality disorder in men.

Gender deviant mental illness: A mental illness that breaks with traditional gender role norms, such as substance dependence problems in women and panic disorder with agoraphobia in men.

Social tolerance: Refers to an individual's willingness to interact with someone on varying levels—from living in the same neighborhood to working together to becoming friends.

Appendix B: General Social Survey vignettes (Davis & Smith, 1996)

Adjustment Disorder

Up until a year ago, life was okay for Dave/Kate. While nothing much was going wrong in Dave/Kate's life he/she sometimes feels worried, a little sad, or has trouble sleeping at night. Dave/Kate feels that at times things bother him/her more than they bother other people and that when things go wrong, he/she sometimes gets nervous or annoyed. Otherwise Dave/Kate is getting along rather well. He/she enjoys being with other people and although he/she sometimes argues with his/her family, Dave/Kate has been getting along well with them.

Schizophrenia

About a year ago, life started to change for Tom/Elizabeth. He/she thought that people around him/her were making disapproving comments, and talking behind his/her back. Tom/Elizabeth was convinced that people were spying on him/her and that they could hear what he/she was thinking. Tom/Elizabeth lost his/her drive to participate in his/her usual work

and family activities and retreated to his/her home, eventually spending most of his/her day in his/her room. Tom/Elizabeth was hearing voices even though no one else was around. These voices told his/her what do and what to think. He/she has been living this way for six months.

Antisocial Personality Disorder

For the last four or five years, John/Jen has been in and out of trouble with the law. The problems started when John/Jen was about 14 and he/she was caught stealing a neighbor's car. Since then, he/she has been arrested for underage substance use and assault. He/she spent about six months in jail on the assault charge. For almost a year, he/she terrorized and stalked a girl/boy from school. John/Jen doesn't seem to have any remorse about the things he/she's done or the people he/she's hurt. He/she can be very charming in order to get what he/she wants, and doesn't hesitate to use people for his/her personal gain.

Depression

For the past two weeks Alex/Kim has been feeling really down. He/she wakes up in the morning with a flat heavy feeling that sticks with his/her all day long. He/she isn't enjoying things the way he/she normally would. In fact nothing gives his/her pleasure. Even when good things happen, they don't seem to make Alex/Kim happy. He/she pushes on through his/her days, but it is really hard. The smallest tasks are difficult to accomplish. He/she finds it hard to concentrate on anything. He/she feels out of energy and out of steam. And even though Alex/Kim feels tired, when night comes he/she can't go to sleep. Alex/Kim feels pretty worthless, and very discouraged. Alex/Kim's family has noticed that he/she hasn't been himself/herself for about the last month and that he/she has pulled away from them. Alex/Kim just doesn't feel like talking.

Substance Dependence

A year ago Mike/Michele sniffed cocaine for the first time with friends at a party. During the last few months he/she has been snorting it in binges that last several days at a time. He/she has lost weight and often experiences chills when bingeing. Mike/Michele has spent his/her savings to buy cocaine. When Mike/Michele's friends try to talk about the changes they see, he/she becomes angry and storms out. Friends and family have also noticed missing possessions and suspect Mike/Michele has stolen them. He/she has tried to stop snorting cocaine, but can't. Each time he/she tries to stop he/she feels very tired, depressed and unable to sleep. He/she lost his/her job a month ago, after not showing up for work.

Panic Disorder with Agoraphobia

About two months ago, Steve/Sarah had a very strange episode at a mall. He/she became nauseous, dizzy, and short of breath. His/her heart pounded and he/she felt like he/she was going to die. He/she has become afraid of having another panic attack in public. Most of the time, he/she stays at home with the curtains closed and never leaves without his/her wife/husband. He/she was forced to quit his/her job and stop going to school because he/she is afraid to leave the house alone.

Appendix C: General Social Survey Questions (Davis & Smith, 1996)

These questions were asked after every vignette describing a mentally ill individual. Gender pronoun and disorder name changes were made when appropriate.

1. How serious would you consider X's problem to be?

   very serious   *somewhat serious*   *not very serious*   *not at all serious*

2. How willing would you be…

a. To move next door to X?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

b. To spend an evening socializing with X?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

c. To make friends with X?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

d. To have X start working closely with you on a job?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

e. To have a group home for people like X opened in your neighborhood?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

f. To have X marry into your family?

   definitely willing   *probably willing*   *probably unwilling*   *definitely unwilling*

3. In your opinion, how likely is it X would do something violent toward other people?

   very likely   *somewhat likely*   *somewhat unlikely*   *not likely at all*

4. In your opinion, how likely is it X would do something violent to himself/herself?

   very likely   *somewhat likely*   *somewhat unlikely*   *not likely at all*

ALLOWED DEFINITION: violent toward self: suicide, not eating, wandering in traffic, self-mutilation

Appendix D: Feminist Perspectives Scale (Henely et al, 1998)

The items are based on six different philosophical viewpoints-conservatism, liberal feminism, radical feminism, socialist feminism, cultural feminism, and woman of color feminism.

Conservative Items

1. Given the way men are, women have a responsibility not to arouse them by their dress and actions.

4. Women should not be direct participants in government because they are too emotional.

13. A man's first responsibility is to obtain economic success, while his wife should care for the family's needs.

17. Homosexuals need to be rehabilitated into normal members of society.

23. The breakdown of the traditional family structure is responsible for the evils in our society.

36. It is a man's right and duty to maintain order in his family by whatever means necessary.

38. The world is a more attractive place because women smile and pay attention to their appearance.

47. Women should not be assertive like men because men are the natural leaders on earth.

53. Using "he" for "he or she" is convenient and harmless to men and women.

59. Heterosexuality is the only natural sexual preference.

Radical Feminist Items

2. Pornography exploits female sexuality and degrades all women.

8. Racism and sexism make double the oppression for women of color in the work environment.

15. Using "man" to mean both men and women is one of the many ways sexist language destroys women's existence.

16. Sex role stereotypes are only one symptom of the larger system of patriarchal power, which is the true source of women's subordination.

18. The workplace is organized around men's physical, economic, and sexual oppression of women.

19. Men's control over women forces women to be the primary caretakers of children.

29. Men use abortion law and reproductive technology to control women's lives.

34. Men prevent women from becoming political leaders through their control of economic and political institutions.

46. Marriage is a perfect example of men's physical, economic and sexual oppression of women.

48. Romantic love brainwashes women and forms the basis for their subordination.

55. Rape is ultimately a powerful tool that keeps women in their place, subservient to and terrorized by men.

Woman of Color Feminism Items

3. In education and legislation to stop rape, ethnicity and race must be treated sensitively to ensure that women of color are protected equally.

12. Women of color have less legal and social service protection from being battered than white women have.

21. Women of color are oppressed by White standards of beauty.

26. Being put on a pedestal, which White women have protested, is a luxury that women of color have not had.

40. Antigay and racist prejudice act together to make it more difficult for gay male and lesbian people of color to maintain relationships.

43. In rape programs and workshops, not enough attention has been given to the special needs of women of color.

49. Discrimination in the workplace is worse for women of color than for all men and White women.

51. Much of the talk about power for women overlooks the need to empower people of all races and colors first.

57. The tradition of African-American women who are strong family leaders has strengthened the African-American community as a whole.

Liberal Feminist Items

5. Whether one chooses a traditional or alternative family form should be a matter of personal choice.

6. People should define their marriage and family roles in ways that make them feel most comfortable.

7. The government is responsible for making sure that all women receive an equal chance at education and employment.

22. The availability of adequate childcare is central to a woman's right to work outside the home.

24. Homosexuality is not a moral issue, but rather a question of liberty and freedom of expression.

27. Social change for sexual equality will best come about by acting through federal, state, and local government.

33. Legislation is the best means to ensure a woman's choice of whether or not to have an abortion.

42. Women should try to influence legislation in order to gain the right to make their own decisions and choices.

52. Women should have the freedom to sell their sexual services.

60. Men need to be liberated from oppressive sex role stereotypes as much as women do.

Cultural Feminist Items

9. Prostitution grows out of the male culture of violence and male values of social control.

11. Replacing the word "God" with "Goddess" will remind people that the deity is not male.

14. Men should follow women's lead in religious matters, because women have a higher regard for love and peace than men do.

28. Putting women in positions of political power would bring about new systems of government that promote peace.

30. Traditional notions of romantic love should be replaced with ideas based on feminine values of kindness and concern for all people.

32. By not using sexist and violent language, we can encourage peaceful social change.

35. Beauty is feeling one's womanhood through peace, caring, and nonviolence.

37. Women's experience in life's realities of cleaning, feeding people, caring for babies, etc., makes their vision of reality clearer than men's.

44. Rape is best stopped by replacing the current male-oriented culture of violence with an alternative culture based on more gentle, womanly qualities.

50. Bringing more women into male-dominated professions would make the professional less cutthroat and competitive.

Socialist Feminist Items

10. Capitalism and sexism are primarily responsible for the increased divorce rate and general breakdown of families.

20. Making women economically dependent on men is capitalism's subtle way of encouraging heterosexual relationships.

25. A socialist restructuring of businesses and institutions is necessary for women and people of color to assume equal leadership with White men.

31. Romantic love supports capitalism by influencing women to place men's emotional and economic needs first.

39. The way to eliminate prostitution is to make women economically equal to men.

41. Capitalism hinders a poor woman's chance to obtain adequate prenatal medical care or an abortion.

45. It is the capitalist system that forces women to be responsible for childcare.

54. All religion is like a drug to people and is used to pacify women and other oppressed groups.

56. Capitalism forces most women to wear feminine clothes to keep a job.

58. The personalities and behaviors of "women" and "men" in our society have developed to fit the needs of advanced capitalism.