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UPWARD MOBILITY POTENTIAL
ATTITUDES TOWARD MENTAL ILLNESS
AND WORKING-CLASS YOUTH

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ABSTRACT

The investigators were interested in assessing the relationship between upward mobility potential and attitudes toward mental illness. For the 147 male adolescents studied, it was hypothesized that those working-class youth who demonstrated a high predictability of future upward social mobility would score more liberally on the five factors of the Opinions about Mental Illness Scale than those working-class youth who demonstrated a low predictability of future upward social mobility. Through the use of the aforementioned scale, the Otis Quick Scoring Mental Ability Test and Zero Order Correlations, the hypothesized relationship was confirmed; i.e., the upwardly mobile group was significantly more liberal than the non-mobile group.

This study emerged from the confluence of two streams of interest: attitudes toward mental illness and the concept of anticipatory socialization.

There are a number of studies which have been concerned with attitudes toward mental illness. They agree that, in general, the public does not hold favorable attitudes toward mental illness.¹ In those studies in which social class was a factor there were clear class distinctions between lower and middle class attitudes, with the lower classes less favorable in their recognition of mental illness and less liberal in their outlook about mental illness, even though the lower class has a higher prevalence of mental illness.² When occupational groups and groups of students were studied the same findings held: those in lower class occupations were more conservative in their attitudes than those in middle or upper class occupations.³

The process of social mobility and its effects on atti-

tudes toward mental illness has not been studied explicitly. The investigators were interested in determining if upward mobility potential is related to attitudes toward mental illness and whether working-class adolescents with upward mobility potential would bear a greater resemblance to the middle class in their attitudes toward mental illness or to the outlook of their class origin. The literature on social mobility reports two conflicting trends regarding the liberalism-conservatism continuum. Curtis,⁴ Lenski,⁵ O'Kane⁶ and Tumin⁷ identify upward mobility with greater liberalism. Lipset and Zetterberg⁸ identify upward mobility with conservatism. Would those with upward mobility potential be liberal or conservative in their attitudes toward mental illness?

In attempting to answer this question the investigators utilized Merton's concept of anticipatory socialization which states that those in society with realistic upward mobility potential socialize themselves to the values and attitudes of the class to which they aspire to join.⁹ Thus, those with realistic upward mobility potential from the working class should be more like the middle class in their attitudes toward mental illness and the attitude formation should occur prior to attainment of middle-class status. O'Kane, in studying attitudes toward liberalism, offers some support for Merton's concept.¹⁰ He discovered that working-class youth with a high predictability of upward mobility potential reflected more liberal attitudes toward non-economic issues (characteristic of the middle class) than working-class youth with a low predictability of upward mobility potential.

Thus the problem emerges: What is the relationship between upward mobility potential and attitudes toward mental illness?

Hypothesis

To evaluate this question the following hypothesis was proposed:

Working-class youth demonstrating a high predictability of future upward social mobility will score more liberally on the five factors of The Opinions about Mental Illness Scale than those working-class youth who demonstrate a low predictability of future upward social mobility.

METHOD

The sample for the study was drawn from the senior class

of a high school in a major Eastern city. This high school was selected because of its location as the school mostly serving children from working-class families. While the total class of 406 was tested, the investigators only utilized males for the sample to be analyzed. This was done in order to eliminate sex as a variable because the literature reports that there is a difference between social mobility patterns in male and female adolescents.¹¹

Of the 406 members of the senior class, 220 were female and 186 were males. Thus, the potential sample number was 186. In order to exclude all non-working-class adolescents, the investigators utilized the Duncan Index of Socio-economic Status.¹² Each respondent was asked to indicate the usual occupation of the head of household.

Previous use of the Duncan Index established a cutting point of 35 between low and middle status occupations.¹³ Twenty-nine respondents were eliminated because they were not considered to be of working-class origin when the head of the household's occupation was compared with the Duncan Index. Of the remaining 157 respondents, 10 were eliminated because of incomplete questionnaires, leaving a final sample of 147 working-class adolescent males.

The investigators divided this sample into two groups - a potentially mobile group and a potentially non-mobile group.

The mobile group was composed of those subjects who had a high predictability of future upward social mobility. Two procedures were utilized to indicate future upward social mobility. (1) Occupational choice: Each respondent was asked to indicate three future occupational choices. These three choices were then ranked by comparison with the Duncan Scale; the mean score was compared with the score of the occupation of the head of household. If the mean score was above 35 and therefore above the score of the occupation of the head of household, this was used as one of the necessary criteria for indicating upward mobility potential. (2) Realistic college aspirations: The respondent was asked to indicate his desire for a college education and the steps he had taken to apply to a college or university. The respondent was considered to have upward mobility if he met the following criteria:

- a. had manifested a desire to go to college after being graduated from high school.
- b. had taken the Scholastic Aptitude Tests.
- c. had actually applied for admission to college or university as stated on the face sheet data and verified by school guidance records.
- d. had been accepted by at least one college or university. This was verified by school guidance records.

Those respondents who met all the above criteria were placed in the group considered to have upward mobility potential.

The investigators, through the above procedures, divided the sample into a group with upward mobility potential consisting of 77 members and a group with little or no upward mobility potential (non-mobile), consisting of 70 members.

To assess the effect of upward mobility potential on attitudes toward mental illness, prediction of upward social mobility was established as the independent variable, attitudes toward mental illness was established as the dependent variable and I.Q. scores was introduced and held constant as a test variable in additional treatment of the data. Prediction of mobility was based on the two indicators discussed earlier: future occupational choice and realistic college aspirations. Measurement of the respondents' attitudes toward mental illness was accomplished through the utilization of a five-factor scale developed by J. Cohen and E. Struening, called the Opinions about Mental Illness Scale. Finally, assessment of the respondents' intellectual activity was established through the Otis Quick Scoring Mental Ability test.

Due to the fact that the results must be considered in the light of the individual factors of the Opinions about Mental Illness Scale a brief description of each factor is in order.

Factor A, Authoritarianism, reveals a view of the mentally ill as an inferior class requiring coercive handling. A lower score on this factor would be considered a reflection of a liberal attitude toward mental illness.

Factor B, Benevolence, reflects a kindly paternalism whose origins lie in religion and humanism. A higher score on this factor indicates a liberal attitude toward mental illness.

Factor C, Mental Health Ideology, may be partially summarized by the view that mental illness is an illness like any other. Scoring higher on this factor reflects a liberal attitude toward mental illness.

Factor D, Social Restrictiveness, incorporates the idea that the mental patient constitutes a threat to society and must be restricted in his functioning during and after hospitalization. A lower score on this factor would indicate a liberal attitude toward mental illness.

Finally, Factor E, Interpersonal Etiology, reflects the belief that mental illness arises from interpersonal experience, especially deprivation of parental love during childhood. Scoring higher on this factor is indicative of a liberal attitude toward mental illness.

In sum, a generally liberal attitude toward mental illness as determined by the OMI Scale would consist of a lower score on Factor A (Authoritarianism); a higher score on Factor B (Benevolence); a higher score on Factor C (Mental Health Ideology Dimension); a lower score on Factor D (Social Restrictiveness) and a higher score on Factor E (Interpersonal Etiology).

Statistical Procedures

In determining the relationship among specific variables the investigators used zero order correlations and a correlation matrix - the Pearson r was used to measure the degree of relationship. The criterion of .05 level of significance was used. Additional statistical treatment of the data included a partial correlation¹⁵ to partial for the effect of I.Q.

This analysis is limited to theoretical analyses and not causal factors. It is hoped that the analyses will shed light on the relationship between upward mobility potential and attitudes toward mental illness.

FINDINGS

Table I below provides the matrix of the zero order inter-correlations of the specific variables for the 147 cases. For those correlations which were hypothesized a one tail probability test was used. For those which were not, a two tail probability test is reported.

TABLE I
Matrix of the Zero-Order Intercorrelations
of Specific Variables (N=147 Cases)

Variable	1	2	3	4	5	6	7	8
1) Mobility	1.00	.200 ^D	-.439 ^C	.430 ^C	.225 ^B	-.384 ^C	.217 ^A	.589 ^F
2) I. Q. Score		1.00	.158	-.154 ^F	-.024 ^D	-.058 ^F	-.021 ^E	.089 ^F
3) Factor A - OMI			1.00	-.422 ^F	-.174 ^D	-.422 ^F	-.259 ^E	.612 ^F
4) Factor B - OMI				1.00	.476 ^F	-.434 ^F	.137	.763 ^F
5) Factor C - OMI					1.00	-.357 ^F	.014	.693 ^F
6) Factor D - OMI						1.00	-.242 ^E	-.686 ^F
7) Factor E - OMI							1.00	.121
8) Sum Score of Factors ABCDE								1.000
A) Statistically significant beyond the .05 level of probability (.164 or greater for 100 D.F.)								
1 tail test								
B) Statistically significant beyond the .01 level of probability (.230 or greater for 100 D.F.)								
1 tail test								
C) Statistically significant beyond the .001 level of probability (.312 or greater for 100 D.F.)								
1 tail test								
D) Statistically significant beyond the .05 level of probability (.174 or greater for 125 D.F.)								
2 tail test								
E) Statistically significant beyond the .01 level of probability (.228 or greater for 125 D.F.)								
2 tail test								
F) Statistically significant beyond the .001 level of probability (.288 or greater for 125 D.F.)								
2 tail test								

Based on the information provided in this table the following results are reported:

The correlation between Factor A of the OMI Scale and Upward Mobility Potential is $-.439$, which is significant at the $.001$ level of probability. Thus, there is a significant relation between Authoritarianism and Upward Mobility Potential.

A correlation of $+.430$ between Factor B of the OMI Scale and Upward Mobility Potential which is significant at the $.001$ level of probability verifies that a significant relation exists between Benevolence and Upward Mobility Potential.

The significant correlation ($+.225$, $p < .05$) between Factor C of the OMI Scale and Upward Mobility Potential confirms the significance of the relationship between Mental Health Ideology and Upward Mobility Potential.

The correlation between Factor D of the OMI Scale and Upward Mobility Potential of $-.384$ ($p < .001$) verifies that a significant relationship exists between Social Restrictiveness and Upward Mobility Potential.

Finally, the reader will note that the obtained correlation coefficient between Factor E of the OMI Scale and Upward Mobility Potential is $+.217$ ($p < .05$), a correlation confirming the significance of the relationship between Interpersonal Etiology and Upward Mobility Potential

In sum, the investigators have confirmed the hypothesis that working-class youth demonstrating a high predictability of future upward social mobility will score more liberally on the five factors of the OMI Scale than working-class youth who demonstrate a low predictability of future upward social mobility, by establishing the following statistically significant relationships: Working-class youth with realistic Upward Mobility Potential score significantly lower on Authoritarianism, higher on Benevolence, higher on Mental Health Ideology, lower on Social Restrictiveness and higher on Interpersonal Etiology than non-mobile, working-class youth. Table 2 summarizes the findings relevant to each factor.

TABLE 2
Findings Related to Specific Variables

<u>Variables Involved</u>	<u>Correlation Coefficient</u>	<u>Level of Probability</u>
1) Factor A and Mobility	-.439	.001
2) Factor B and Mobility	.430	.001
3) Factor C and Mobility	.225	.05
4) Factor D and Mobility	-.384	.001
5) Factor E and Mobility	.217	.05
6) Sum Score of Factors ABCDE	.589	.001

Additional Statistical Treatment of Data

In this section of the research analysis, the investigators present an additional statistical procedure to investigate the relationship between mobility potential and attitudes toward mental illness. The statistical procedure utilized was: partial correlations.

Partial Correlations

The relationship between two variables may often be influenced by a third variable. Questions can be raised regarding the relationship between the stated variables if there was possible influence by a third variable. Since it was possible that I.Q. could be influencing attitudes toward mental illness, the investigators, through the use of the partial correlation coefficient, controlled or partialled-out the effects of I.Q.-the third variable.

TABLE 3

Partial Correlation Coefficients
Derived by Controlling for I. Q. Scores

<u>Variables Involved</u>	<u>Original Correlation Coefficient</u>	<u>Level of Proba- bility</u>	<u>Partial Correla- tion Co- efficient</u>	<u>Level of Proba- bility</u>
1) Factor A and Mobility	-.439	.001	-.421	.001
2) Factor B and Mobility	.430	.001	.412	.001
3) Factor C and Mobility	.225	.05	.224	.05
4) Factor D and Mobility	-.384	.001	-.404	.001
5) Factor E and Mobility	.217	.05	.225	.05

When I.Q. is partialled-out the changes in the correlations are small as compared to the original correlation coefficients. All of the partial correlations remain significant at the same level of probability in the original matrix before I.Q. has been controlled.

The correlations are slightly decreased on Factors A, B and C; the correlations are slightly increased on Factors D and E. Therefore, I.Q. as a variable does not significantly affect the responses of the two groups on the OMI Scale.

DISCUSSION

This study has been concerned with the theoretical relationship between upward mobility potential and attitudes toward mental illness in working-class adolescents. From a sample of 147 working-class adolescents who attended a high school in a major Eastern city, this relationship was investigated. The size of the sample and its special characteristics make the applicability of these findings to a larger universe tenuous.

The most important finding in this study is that a definite relationship does exist between upward mobility potential and attitudes toward mental illness. Those subjects with mobility potential were significantly more liberal in their attitudes toward mental illness than those subjects without mobility potential. Exactly what this conclusion means in relation to the OMI Scale is deserving of explanation in further detail.

Each of the five factors of the OMI Scale was significantly related to upward mobility potential. The combined scores of the five factors of the OMI Scale was more significantly related to upward mobility potential than was any other variable used in this study.

The relationship between Factor A, Authoritarianism, and upward mobility potential offers significant evidence that upwardly mobile working-class youth are, to a significant degree, less authoritarian in their attitudes toward the mentally ill than their non-mobile peers. Not only was this relationship statistically significant but, of the five factors comprising the OMI Scale, Factor A was the most strongly associated with upward mobility potential on the correlation matrix (Table 1). This finding supports the research of O'Kane, who found that upwardly mobile working-class adolescents are less authoritarian than those with little or no mobility potential.¹⁶ The findings concerning Authoritarianism also offer support to the work of Lieberman¹⁷ Cohen and Struening¹⁸ who found those people engaged in working-class occupations to be more authoritarian in their attitudes toward mental illness. The work of Lipset¹⁹ and Janowitz and Marvick²⁰ offer contradictory findings in that they found generalized authoritarianism in the working class. Since they did not look at the question of upward mobility potential, it is possible that the findings are not contradictory, but exist because they did not define their sample in a similar way.

The significance of the relationship between Factor B,

ranking second in its degree of association, and upward mobility potential offers verification that upwardly mobile working-class youth are more often benevolent in their view of mental illness than non-mobile working-class youth (Table 2). In addition, there was a high degree of relationship between Factors A and B (Authoritarianism and Benevolence), indicating that those who scored low on authoritarianism also scored high on benevolence (Table 1).

The discovered relationship between Factor C, Mental Health Ideology, and upward mobility potential offers statistical evidence that working-class adolescents possessing realistic mobility potential view mental illness as an illness like any other significantly more often than their non-mobile counterparts (Table 2). This finding also offers support for a similar conclusion reached by Cohen and Struening.²¹

Upwardly mobile working-class youth saw the mental patient as a threat to society requiring restrictions in functioning significantly less often than their non-mobile peers, as established by the statistically significant relationship between Factor D, Social Restrictiveness, and upward mobility potential (Table 2). Additionally, Factor D, ranking fourth on the correlation matrix, was highly correlated with Factor C, Mental Health Ideology, and Factor B, Benevolence (Table 1). Hence, those scoring low on Social Restrictiveness also scored high on Mental Health Ideology and high on Benevolence.

Finally, the relationship between Factor E, Interpersonal Etiology, and upward mobility potential offers statistical evidence that upwardly mobile working-class youth view mental illness as arising from interpersonal experience significantly more often than working-class adolescents with no such mobility potential (Table 2). This finding offers additional support to a similar discovery made by Cohen and Struening.²²

Based on the results provided in the correlation matrix the investigators were able to conclude that a relationship exists between upward mobility potential and attitudes toward mental illness and, furthermore, that upwardly mobile working-class adolescents possess more liberal attitudes toward mental illness than non-mobile working-class adolescents. Taking verification of this relationship one step further, a partial correlation was done to assess whether intelligence, as measured by I.Q., had any effect on the stated relations between the independent and dependent variables. As is evident, the effects of I.Q. as a variable are negligible (Table 3).

It not only did not affect the level of significance between the major factors in the study, the only variable it significantly correlated with in the correlation matrix was mobility potential ($p < .05$, Table 1). Hence, this finding further validates the confirmation that the results give to the hypothesis stated in the beginning of this paper. In addition, this finding offers support for the O'Kane finding of a weak association between I.Q. and mobility potential.²³

There is literature in the social sciences which is concerned with attitudes of each social class toward mental illness and with the effects of social mobility on rates of mental illness. There are studies which suggest a more conservative trend in attitudes during the process of upward mobility. However, to the authors' knowledge, there are no research studies which deal directly with mobility potential and attitudes toward mental illness. The results of this study therefore cast light on past and future theoretical issues, providing evidence for the former and questions for the latter. It is to this we now turn.

Firstly, this study offers further confirmation of Merton's concept of anticipatory socialization.²³ In past research O'Kane has offered some support for this concept by recognizing that attitude change occurs before the attainment of social mobility.²⁵ The present study has verified this observation by demonstrating that working-class adolescents with realistic mobility potential take on the more liberal attitudes toward mental illness characteristic of the middle class prior to attaining this higher social class.

While there have been contradictory reports on the literature with respect to the type of change in attitudes that occurs during the process of upward mobility, this study offers support for that group identifying upward mobility with a greater degree of liberalism. Hence, while the working class view mental illness more conservatively than the middle class, those adolescent members possessing upward mobility potential view mental illness in a liberal light significantly more often when compared with their non-mobile peers.

In addition, the results of this study complement the works of Cohen and Struening²⁶ and Lieberman²⁷ regarding occupational and class differences in attitudes toward mental illness. We discovered that working-class youth planning for working-class occupations regarded mental illness less favorably, as well as more conservatively, than working-class youth with upward mobility potential, hence confirming the difference that would be predicted by past research.

The conclusions reached in this study suggest evidence for a previously inexplicable phenomenon within the working class. Past research confirms the fact that the working class view mental illness and subsequently psychotherapy in an unfavorable light. However, there are those factions within the working-class realm that do not conform to this view; rather, they see mental illness and psychotherapy more favorably. This study has cast light on this apparent contradiction by providing a reasonable explanation. It is entirely likely that these past studies did not consider the variable of upward mobility potential within their samples. If they had, as our study suggests, perhaps they would have discovered that those members of the working class who regard both mental illness and psychotherapy more favorably would also be upwardly mobile, thereby explaining the more liberal attitudes.

Thus, this study supports the notion that upward mobility potential leads to a more liberal outlook with respect to attitudes toward mental illness. It may explain what Nunnally has reported as a liberalizing of attitudes in adolescents in mental health courses. The explanation he offered seemed more general than warranted by his data.²⁸ It is possible that if he re-examined the sample utilized in his study, upward mobility potential might be a significant factor in explaining the liberalizing of attitudes toward mental illness.

Finally, this analysis has raised other theoretical questions for further research: Will the attitudes of adolescents toward mental illness remain the same over time? Would subjects of different ages, sexes and racial backgrounds alter the findings of this study? What roles do psychological variables play in assessing mobility potential? What factors other than anticipatory socialization might explain the attitude change in upwardly mobile working-class adolescents? Does the liberalism of the potentially upwardly mobile adolescent apply to other areas such as religion, punishment of offenders, other areas of deviance, etc.? Do value shifts among the classes occur over time in regard to social issues? What is the relationship between attitudes toward mental illness and the continuum of liberalism with economic liberalism at one end and non-economic liberalism at the other?

SUMMARY AND CONCLUSIONS

In this study of 147 working-class adolescent males, the relationship between upward mobility potential and attitudes toward mental illness has been analyzed. The concept of anticipatory socialization has been utilized in suggesting that work-

ing-class adolescents who aspire to, and have realistic potential for middle-class status, would resemble in their attitudes toward mental illness the liberalism of the middle class, rather than the more conservative beliefs of their class of origin - the working class.

Through the use of the Opinions about Mental Illness Scale, the Otis-Quick Scoring Mental Ability Test and Zero Order Correlations, it was discovered that the group with upward mobility potential was, with respect to attitudes toward mental illness, significantly less authoritarian, more benevolent, had a significantly greater degree of mental health ideology, significantly less social restrictiveness and held an inaeerpersonal etiology regarding mental illness significantly more often than the non-mobile group. Hence, the results of this study confirmed the hypothesized relationship in this sample between upward mobility potential and more liberal attitudes toward mental illness.

The potential upwardly mobile adolescent may be of crucial assistance in mental health planning and in the delivery of services to the working class. Since this group closely resembles the mental health professionals in outlook, but are still members of the working class, they offer the possibility of becoming a significant community referral and education resource, if they could be identified and assisted in such tasks. At the very least, they represent a more liberal group regarding the mentally ill and some of the problems inherent in that social status.

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CALL FOR PAPERS

The scenario of social policy formulations may be summarized in two contradictions—"Do Something!" and "Do Something Good!" (Edward Banfield, The Unheavenly City). The decisions to develop and put into operation plethora of social programs have largely been guided by 'need' to do 'something' rather than clearly stated goals and objectives. In instances, ideological demands have been the harbinger of social needs. The commitment to "post-industrial society" to the contrary involves professional demands in the equalization of social conditions. This Special issue—"Perspectives on Social Policy" will be directed to examining the above stated formulation. Critical articles (no more than fifteen double-spaced pages) stating basis structural assumptions in examining the professional consequences of the varieties of social programs (welfare, crime, mental health, drug, education, and others) may be submitted to Professor Asoke Basu, Editor, Department of Sociology, California State University, Hayward, California 94542, and Associate Editor, Professor Martin Lowenthal, Social Welfare Regional Research Institute, Boston College, Chestnut Hill, Massachusetts, 02167.