The Perceptual Effect of Patients' First Name on the Clinical Judgment of Psychopathology by Psychotherapists

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Western Michigan University
THE PERCEPTUAL EFFECT OF PATIENTS' FIRST NAME ON THE CLINICAL JUDGMENT OF PSYCHOPATHOLOGY BY PSYCHOTHERAPISTS

by

Dennis G. Cowan

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The purpose of this study was to explore the relationship between a patient's first name (desirable versus undesirable) and the clinical judgment of psychopathology by mental health professionals. Specifically, this study examined how a patient's first name affected the diagnosis of maladjustment.

A total of 266 mental health professionals viewed a standardized video taped interview with a patient. Through the analysis of two surveys, the following first names were randomly presented with the viewed patient: Christopher, David, Mortimer and Junior. It was found, at the .00001 level of probability, that when the patient possessed the less desirable first name of Mortimer or Junior, the patient was diagnosed more psychopathologically disturbed than when the patient possessed the more desirable first name of David or Christopher. Additional analyses were performed comparing the patient's first name and the mental health professionals' highest academic degree, program of study, years of experience and gender on the rating of psychopathology. These findings were discussed in terms of the process of formulating inaccurate perceptions based upon stereotypes and trait attributions.
In light of the results obtained from this study, recommendations were made in regards to the training and preparation of future mental health professionals. In addition, the need for currently practicing mental health professionals to become more aware of the implicit perceptual theory which governs their perceptual formulations and the variables which may lead to perceptual errors were also discussed.
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Western Michigan University

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The purpose of this study was to explore the effect of patients' first name (desirable versus undesirable) on the clinical judgments by mental health practitioners. Specifically, this study examined the effect of the patients' first name on the diagnosis of maladjustment of psychopathology.

The literature has validated the relationship between a person's given first name and the development of self-concept. The literature has also suggested that a relationship exists between an individual's name and personality characteristics. In addition, the literature noted the existence of a relationship between an individual possessing an undesirable first name and the emergence of the development of psychopathology. The literature also suggested that a relationship exists between names and stereotyping. However, no previous research has been conducted to assess the effect of a patient's first name on the clinical judgment or diagnosis of psychopathology by mental health practitioners.

The sample for this study consisted of 266 mental health practitioners who were currently employed at community mental health centers, Veterans Administration Medical Centers, state
mental health hospitals and other mental health agencies and facilities. The subjects were doctoral and masters level psychologists, psychiatrists and social workers. These subjects possessed various graduate academic degrees, were from various programs of study, were of varying years of experience and were of both sexual genders. The agencies from which these subjects were solicited were located in Missouri and Kansas.

Three video tapes were developed which presented a white male role-playing a patient in an initial therapeutic session. In these sessions, the patient elaborated on his concerns. These three tapes were then shown to a panel of nine fully licensed doctoral level psychologists and four pre-doctoral interns. A name or other biographical data for the patient was not presented. This validation procedure was to assess if, without any biographical data presented on this patient, a consensus could be reached that in one of the three interviews, the patient should be perceived as normal. A consensus was achieved and one tape was selected for use in the research.

In an attempt to find the most desirable and undesirable names to be used in this study, two surveys were conducted asking individuals to evaluate a list of names on a 10 point scale from most desirable to least desirable. In the first survey, 185 graduate students enrolled at Western Michigan University during the 1982 Summer Session were asked to evaluate a list of 57 names on the forementioned variables. Based upon the results of this
survey, a second list of names was formulated. This second list consisted of the seven names evaluated previously as least desirable, three names of neutral ranking, and the five most desirable names as perceived by the graduate students. This second list of names was mailed to 200 randomly selected psychologists in the states of Michigan and Missouri. A total of 107 surveys were returned. These two surveys thus provided the desirable and undesirable names to be used in this study.

The null hypothesis was that there would be no significant difference between the ratings of psychopathology for the patient possessing a desirable first name and the patient possessing an undesirable first name, as based upon the rating scale for psychopathology. Statistical significance was found, at the .00001 level of probability, between the patient's first name and the rating of psychopathology with an undesirable first name being rated as more psychopathologically disturbed than when the same patient was presented with a desirable first name. Thus the results indicated that the null hypothesis should be rejected.

In addition, it was found that subjects who possessed a doctoral degree in psychology were less influenced in their perceptions of psychopathology, by the patient's first name, than were those subjects who possessed a masters degree. It was also found that the subject's number of years of experience affected their perceptions of psychopathology, as influenced by the patient's first name. No significance was found between the
subject's gender or program of study and the perception of psychopathology as influenced by the patient's first name.

It was concluded that the patient's first name (desirable versus undesirable) affected the mental health practitioners' perception of the patient's level of psychopathology. Moreover, this finding suggested the need for mental health practitioners to become more aware of their interpersonal perceptual inaccuracies when formulating diagnostic impressions.
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Dennis G. Cowan
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INTRODUCTION

The process of stereotyping individuals with undesirable first names has lead to research in the area of diagnosis of maladjustment by psychologists, psychiatrists, and other clinicians. Slovenko (1980) reported that, "Some researchers, looking at the records of large numbers of psychiatric patients, found that those with unusual first names were more likely to be diagnosed as severely disturbed or psychotic" (p. 209). Similarly, Ellis and Beechly (1954) found that, among boys already receiving treatment at a mental hygiene clinic, those boys with more "peculiar" names were rated as significantly more disturbed by their therapists than were boys with more desirable names.

The question which arises are, on what basis are these individuals with undesirable names being diagnosed as more pathological? To what extent do practitioners' attitudes, beliefs, values, and stereotypes of a name effect their clinical judgments of psychopathology? These issues should be addressed to assure more accurate diagnosis of psychopathology.

The Problem and Its Background

For over the past 50 years, research has attempted to understand the effects which names play in daily living. Flugel...
(1930) has stated that, "Most people tend to think that beyond their obvious purpose of indicating or symbolizing persons, names can have at most only a historical or philosophical interest" (p. 208). In an attempt to relate personal name usage to general sociological theory, Harris (1950, p. 191) noted that in primitive societies a relationship exists between names and special occasions and trivial functions. For example, Jahoda (1954) found that a name that a child is given in Ashanti and other Akan areas refers to the day on which the person is born. Jahoda (1954) stated, "The name thus derived is called kradin or soul name; it refers to the day in which the soul is washed or purified" (p. 193).

Research has also attempted to describe the psychological effects which names play upon an individual. Flugel (1930) has stated that, "Indeed, once this is pointed out, it immediately becomes apparent that names play a role of some importance in our mental life, and may even influence our conduct in subtle ways which we often fail to recognize" (p. 208). Shakespeare once wrote that a rose by any other name may smell as sweet. However, Slovenko (1980) has proposed that there is more to a rose than merely just the smell. Slovenko (1980) stated, "A rose by another name may smell as sweet, but according to a number of recent studies, one's name can make one a winner or a loser" (p. 209). These studies suggest that one's health, longevity, business, and personal success are determined by one's name. In similar light, Strunk (1958) has stated that an individual's name may determine
one's fate or destiny. This raises the notion that an individual's name may have greater impact on the person's life than appears on the surface. Indeed, a rose by another name might not smell as sweet.

The question which arises is, how does an individual's name affect that person and how does the individual's name affect others perception of that person? Numerous studies have been conducted to investigate the effects to which a desirable versus an undesirable name may interact on the individual. The results of these studies indicate that an individual's name has a direct correlation with social and personal adjustment abilities. Montemayor and Erson (1977) point to the notion that an individual's name has a direct influence on the development of self-concept. The researchers also concluded that problems tend to arise in terms of psychological development and adjustment for many individuals who do not like their name. Weber (1970) has stated, "The name of a person or an object or place, may in some way alter another's judgment of a person and so in turn affect the person himself" (p. 43). In other words, the self-perception or the perception of the person by others is influenced by the individual's name and thus affects the person's psychological development and self-concept.

Bullmer (1970) stated:

The directing force behind the perceptual operations of attention and organization is one kind of perceptual-cognitive structure within the perceiver; a structure which is a unique combination of previous learnings and thought processes and which is influenced by the perceiver's beliefs, attitudes, and values. The
perceptual-cognitive structures of the perceiver determines which cues shall be emphasized and which shall be inhibited and dictates what dimensions shall be utilized in ordering the selected cues into a configuration which is useful and meaningful to the perceiver. (pp. 9-10)

Dambach (1978) concludes from this that the perceptual process is such a highly dynamic and cognitive process that the psychological characterists of the perceiver can so greatly determine the resulting percepts, it is easy to understand how a relationship between perception and psychological adjustment exists. This concept thus brings to light the notion that an individual's name can directly affect not only the person but others' perception of the person through the perceiver's perceptual-cognitive structure.

In similar light, Evans (1976) has noted that, "One of the most consistent finding in the psychological study of given names and their effects has been that names are subject to stereotyping" (p. 1). Chaplin (1975) defines a stereotype as "A rigid, biased perception of an object, animal, individual, or group" (p. 514). Bullmer (1975) defines a stereotype as "[An attribution of] . . . identifiable characteristics to any member of a class or group, regardless of the actual degree of variation within the class" (p. 27). In studying the effects of stereotyping on sixth grade male students, Garwood (1977) found that Bernard, Curtis, Carrell, Donald, Gerald, Horace, Jerome, Maurice and Samuel were rated as "undesirable names." While on the other hand, Craig, Gregory, James, John, Jonathan, Patrick, Thomas and Richard enjoy more popularity and a better chance of achieving higher academic grades.
due to the positive image evoked by their names. Garwood (1977) stated that, "A name is one of the things most frequently and intimately connected with a person. From the minute a child has a name, people make associations and assumptions about him on the basis of the name" (p. 28). McDavid and Harari (1966) found that such stereotypes may influence approach to another bearing a certain name.

Purpose of the Study

The purpose of this study is to explore the relationship between a patient's first name (desirable versus undesirable) and practitioners' clinical judgments of psychopathology. This study will investigate specifically the effect of a patient's name on the diagnosis of maladjustment. In turn, this study then may bring to light underlying variables which practitioners are unaware of and which may interact with the process of diagnosis.

Research Question

The central research question of this study is: Is there a relationship between a patient's first name and practitioners clinical judgment of psychopathology? Review of previous research leads to the general hypothesis that there is a difference in the diagnosis of psychopathology as a result of a patient possessing a desirable versus an undesirable first name.
Definition of Terms

Perception is defined as the inferential cognitive process that intervenes between the measured stimuli and the measurable overt response.

For the purpose of this study, practitioners are defined as masters and doctoral level psychologists, psychiatrists and social workers who are engaged in the treatment of psychopathology and the promotion of mental health.
CHAPTER II

REVIEW OF RELATED RESEARCH AND LITERATURE

Research and literature pertinent to this study are concerned primarily with four areas: names related to the development of self-concept, names related to personality, names related to psychopathology, and names related to perception and stereotyping. These four areas will be considered separately.

Names Related to Development of Self-Concept

The issue of how undesirable names affect the development of adequate self-concept will be addressed in this section.

Walton (1937) has stated that, "It is commonly assumed that odd sounding names, those which have been attached to ludicrous figures in literature, and those of ambiguous meanings may definitely handicap the child" (p. 396). Wober (1937) further notes that the name which is given at birth may in fact determine the individual's development of personality characteristics, acquisition of friends and perhaps, even the individual's level of success or failure in life. Seeman (1972) has noted a similar position, "Given names are a product of prevailing customs, family tradition and the personal significance which the name or its component sounds have for the namer. Once given, the name is formative and acts as a template for the development of self-image" (p. 150).
Seeman (1972), in a recent experiment investigating the effects of names on psycho-cultural and intrapersonal dimensions, has concluded that,

The most obvious function of a name is to identify the bearer's sex, and the distinction between girls' names and boys' names is made in all cultures. The practice of giving sexually ambiguous names seems to be an accompaniment of the unisex fashion in dress and hair style, and is often rationalized by parents as the ultimate of 'unlabeling' and free choice. It can also be understood as the product of the parent's own current sexual confusion. (p. 150)

However, Albott and Bruning (1970) concluded that the use of such names can also affect the manner in which the individuals perceive themselves and may play significant roles in both inter and intrapersonal behavior.

Lawson (1971) found that, "Names are important to the student of personality because they become part of the individual's self-concept" (p. 229). To investigate this point of view, Lawson (1971) performed two studies, using a total of 180 subjects. The subjects were asked to evaluate a list of 176 male names on a number of dimensional concepts (Good, Bad, Strong, Weak, Active, and Passive) for each name. The significant findings of these studies revealed that a relationship between names and self-concept exists. Plottke (1950) emphasized a concept of Adlerian theory which states that an individual can develop feelings of inferiority (or superiority) over a name. These feelings, in turn, influence the self-image. Plottke has stated:
The writer has endeavored by means of this study to emphasize an important aim in Adler's Individual Psychology, which is to study, not elements or isolated and static facts of the mind, but the concrete, real individual - one and indivisible - in movement from inferiority towards superiority, according to the life pattern formed during the first years of life, and in relation with the pattern of culture which surrounds him. Information concerning the life-pattern is to be found in the individual's attitude toward his name as well as in other details of his thinking and behavior. (p. 157)

Remington (1959) has further elaborated on this issue.

For most of us, our names carry great importance. They can be an asset or a handicap. Dr. W.E. Walton, former psychologist of the Phoenix Union High Schools and Phoenix College has said that a child's name may give him a life-long inferiority complex. Psychological investigations reveal that a child's name can affect his personality and his whole outlook on life. Names used for both sexes are frequently embarrassing to the males, particularly during childhood and adolescence. Named Shirley, one youngster developed into a tough kid by his 10th birthday. He smoked, drank, and gambled. To prove he wasn't a sissy, Shirley felt a compulsion to out-fight and out-steal his buddies. When a psychiatrist explained the reason for his behavior, Shirley's parents decided to change his name to Robert, shortened to Bob. Bob and his family moved to a new neighborhood where the children did not know his original name. A year later Bob had developed into an excellent student and was a popular class leader. (p. 51)

This example with Bob (or Shirley) dramatically demonstrates the effect that names have on an individual's development of self-concept. Flugel (1930) has noted that names often exert a quantitative and a qualitative effect on character. In addition, the names may influence the amount of 'drive' possessed by an individual, as well as determining the direction of the 'drive.'
The direction of 'drive' which Shirley took is clearly understood.

From a more clinical aspect, Hartman (1958) concluded that "The use of a particular spelling, initials in place of formal name, nicknames, etc., by the individual when he refers to himself actually reflects personality factors and self-perceptions" (p. 294).

In a more recent study, Seeman (1976) offered support for this position. She stated,

Understanding the determinants of the various names by which one recognizes oneself (pet-name, nicknames, imaginary companions) and by which one chooses to be called (full names, short forms, aliases, pen-names, change of names) at various times in one's life aids in clarifying the development of a personal identity. (p. 94)

In an investigation of the development of self-conceptions from childhood to adolescence, Montemayor and Ersen (1977) surveyed 262 students in regards to the question "Who am I?" These authors summarized that:

As a general statement about development, the orthogenetic principle suggests that an individual's increasing ability to think abstractly not only results in the greater use of psychological and abstract constructs to describe others but also a corresponding use of these constructs to describe the self. (p. 315)

These authors summarized that the construct of names affected an individual's ability to perceive others and describe oneself at the .001 level of statistical significance.

As has been previously alluded to, whether or not individuals like their names appears to have a dramatic affect on the individual's development of self-concept. In an attempt to
investigate this concept, Allen, Brown, Dickinson, and Pratt (1941) found that in a sample of college students, 40 percent of the men and 46 percent of the women were dissatisfied with their first names. Boshier (1968) also studied the degree to which intermediate school children with a mean age of 12 years old liked their first name. The results of this study indicated that a relationship existed between the degree to which the children liked their names and the children's self-concepts.

In a study investigating the relationship between self perceptions of self-concept and other perceptions of the individual's level of self-concept on the variable of desirable/undesirable first name, Garwood (1976) found significant results. The data supported the hypothesis that, "Male sixth graders with first names that elementary school teachers considered desirable score higher on measures of self-concept and achievement than do male sixth graders with first names that teachers rate as undesirable" (p. 486). Garwood (1976) noted that these findings suggest the possibility that children bearing desirable first names may possess better self-concepts and be higher achievers than their counterparts.

Strunk (1958) examined the relationship between attitudes towards one's name and one's self. On the Brownfain Inventory, a measure of self-satisfaction, the 81 undergraduate students who liked their first names obtained a mean score of 6.3 as compared to a mean score of 5.78 for the 26 students who disliked
their first name. The lower score represented a lower self-rating and the difference was significant. The author noted that, "In summary, there appears to be a persistent tendency for individuals who dislike their first name to have less affirmative attitudes towards themselves than do those who like their first name" (p. 66).

As Remington (1969) noted, a name can be either an asset or a handicap. Wober (1970) attempted to explore this point by examining the relationship between names, happiness, and age of schoolgirls. She found that there was no relationship between the rarity of names on happiness for younger girls. However, with the seniors, those with rare names were more likely to be happy. Wober (1970) concluded that, "Perhaps this is because they now begin to prize individuality more and a girl feels more readily if she has a unique name" (p. 42). This finding suggests that there is a relationship between how individuals perceive themselves as they mature in age, in relation to their name. Later in life, an individual may use a unique name to set themselves off from others, to affirm individuality. However, as has been previously demonstrated, in younger years, a unique name may have an adverse effect upon an individual.

Seeman (1976) noted that an individual's sense of personal identity appears to take the form of cyclical waves. These waves of personal identification are followed by immersions into the larger community of one's family, peers, and colleagues. Therefore, the age at which the effects of 'name oddity' are measured may
significantly affect the results. "To be meaningful, such enquiries would need to be integrated into prospective studies of the on-going development of self-other differentiation" (Seeman, 1976, p. 90).

The preceding review of literature strongly supports the existence of a relationship between an individual's first name and the development of an adequate self-concept. This relationship appears to have a greater effect on an individual of a younger age. As the individual matures, the individual may use the unique name to further enhance a sense of individuality and facilitate a more acceptable self-concept.

Names Related to Personality

In this section, the relationship between individual's possessing desirable versus undesirable names and personality differences will be explored.

Slovenko (1980) noted that, "Certain names imply that their owners have specific characteristics, . . . A name, he suggested, provides an identity" (p. 208). This sense of identity has lead many researchers to explore the relationship between names and personality characteristics. In looking at the popular image of personal names, Wober (1970) found that specific personality differences appear in individuals with undesirable names, not only as perceived by those individuals but also as perceived by others. Albot and Bruning (1970) attempted to find a rationale for this finding. The result of their study led them to conclude that
"The name has molding influence on the personality because the child learns to identify himself with the name" (p. 530). The name thus serves as a cue for the individual's sense of identity.

Feldman (1959) has explored this relationship between a name facilitating a sense of identity. He suggested that the name given is an expression of hostility that the giver feels towards the person named. Thus the name has a molding influence on the personality because the child learns to identify with the name. The name becomes an ever-present cue for identify that is closely tied to the value held by the parent.

Jahoda (1954) reported that the Ashanti believe that the day of the week when a child is born determines the character of the child, thus each child is given a name associated with the day. Jahoda found that boys whose day-names had connotations of quick temperedness, aggressiveness and trouble making were guilty of more offenses against persons (i.e., personal assaults) than were other day-name boys. Jahoda concluded that "The results support the hypothesis that Ashanti beliefs about a connection between personality characteristics and the day of birth may be effective in selectively enhancing certain personality traits which otherwise may remain latent" (p. 195).

To study social cognition, Kuethe (1975) used a survey technique in which people were asked what they believed other people would do or think in a particular situation. One of the results of this study demonstrated that names were associated with
personality descriptions. In other words, a correlation was found between the perceived behavior of individuals with particular names and their actual behavior. Individuals who possess the same names are likely to be very similar in their thoughts and behaviors.

Savage and Wellis (1948) conducted a study in which a distribution was made of the first names of the Harvard classes of '41, '42, '43, and '44, with a total of 3,320 cases. The distribution of first-name frequency in the total number of cases was compared on three variables: (a) dropped for unsatisfactory performance (N=288); (b) classified in the Hygiene Department as 'psychopathic personality' (N=119); and (c) similarly classified as 'psychoneurotic' (N=116). The results of the data suggest a high correlation between those of more unusual names and a higher percentage of being classified in one of the three variables. The authors concluded that those with a singular or infrequent name may have had less favorable adjustments.

In a similar study, Schonberg and Murphy (1974) conducted a study to determine whether or not personality differences in college age students, as measured by the Edwards Personal Preference Schedule, exist between people with common first names as compared to those with uncommon first names. These authors noted the following:

Surprisingly, it was males with common names who indicated more guilt, inferiority, and timidity than those with uncommon first names. Perhaps this is so because those in the latter group maintain a feeling of uniqueness apart from the
general population, since their name stands out. Furthermore, it has been demonstrated that unusual names may be learned faster than common names and this too may provide bearers of such names with a feeling of superiority. (p 148)

The authors further noted that such a tendency may have been present only in males and not females for this age group. The findings of this investigation lend support to the conclusions of Seeman (1976) that the age of the subjects may affect the results of the study. At an older age, the results of names on individuals may have less impact.

Albott and Bruning (1970) have noted that one of the major problems in attempting to determine the actual effect of a name on the bearer is that the namer (usually the parents) not only ascribes the name but also behavioral expectancies of the child. These authors state that, "Thus it cannot be determined whether a particular name causes the emergence of certain behavioral or personality types or if the name is merely a reflection of the behavioral and personality expectancies which the namers have" (p. 530). In either case, whether it is the name affecting directly the personality or the expectations of the parents who gave the child a particular name, the name appears to affect the child's behavior in some manner thus leading to personality characteristics.

The preceding review of literature strongly supports the existence of a relationship between an individual's first name and the development of personality characteristics. The literature
suggests that an individual's name serves as a cue for the individual's sense of identity. This sense of identity thus facilitates the development of specific personality traits by which the individual may fulfill the behavioral expectations and stereotypes associated with that particular name.

Names Related to Psychopathology

In this section, the relationship between the effects of unusual first names and the development of psychopathology will be addressed.

Ellis and Beechley (1954) in looking at records of patients in psychiatric hospitals found a tendency towards those patients with unusual names being diagnosed as severely disturbed or psychotic. More recently, Hartman, Nicolay and Hurley (1968) examined the records of 88 white males in America with unique names (such as Oder, Lethal and Vere). Matching these individuals for age, race and place of birth with 88 records of individuals with common names, it was found that those with unique names significantly included more individuals diagnosed as psychotic. The data on higher frequency of psychosis in uniquely named individuals are, therefore, consistent with other findings pointing to the possible pathogenic influence of peculiar names. The most plausible hypothesis, as offered by the authors, is that unique names interfere with social interaction and that this produced disturbed adjustment.
Interestingly, the two preceding studies point to a correlation between the frequency of patients diagnosed as possessing some degree of pathology and an undesirable first name. The significance of these findings suggest that the name may have been, in some way, an intervening variable in the development of the psychopathology. Also interestingly, this may relate to the influence of the name upon the diagnosis of psychopathology.

Similarly, Murphy (1957) found that those of his patients whose surnames were "Small, Little, Short or Bent" were more likely to suffer from feeling of inferiority. Murphy has stated that "The degree of pathological disturbance varies from exaggerated pride or exaggerated shame over one's name, commonly encountered around adolescence, to extremes of psychotic proportions" (p. 91).

Autry and Barker (1970) investigated the relationship between alphabetical position of the surname and academic achievement. While the results of this study were inconclusive, the authors noted that the data revealed a tendency towards higher achievement and better personal adjustment by those students whose name begins near the beginning of the alphabet. In a similar study, Weston (1967) found that the incidence of diagnosed neurosis was 50 percent higher among persons whose last names began with the letters 'S' through 'Z' than among those names which begin with the letters 'A' through 'R.' Weston stated that he attributed "... the adverse effects of a name beginning near the end of the alphabet to the constant strain of waiting for one's name to be reached in
the classroom and other situations" (p. 5). Regardless of Weston's conclusion, it could indicate a relationship between names contributing to the presence of anxiety.

Although a number of studies have indicated that having an unusual first name has a deleterious effect on the individual, Zweigenhaft (1977) hypothesized that under certain conditions this would not be the case. Zweigenhaft stated, "Some individuals with unusual first names may come to look upon themselves as rare in a good way rather than a bad one - a rare gem as opposed to a rare disease - and thus, as both special and privileged" (p. 293). Zweigenhaft thus concluded that for individuals of various socio-economic classes, the effects of a name may have evoked different responses. A unique name serves as a means to set the individual apart from others and may serve as a facilitator for greater achievements for those individuals of a higher economic class. Implicit in this finding is the notion that the effects of unusual first names on those of lower socio-economic class may be more detrimental and perhaps pathological in nature than for those of higher socio-economic class.

The literature reviewed in this section thus appears to support the hypothesis that for some individuals having an unusual name may lead to the development of psychopathology but, the variables of race, sex, and social class must be explored to assess a direct correlation. Also, the question of the name leading to disturbance or the disturbance being diagnosed because of the name remains a possibility.
Names Related to Perception and Stereotyping

Literature investigating the relationship between interpersonal perception and psychological adjustment will be explored in this section. In addition, theories of perceptual organization which deal with stereotyping of attributes of those individuals with unusual names will be reviewed.

In order to understand the perceptual process, it is necessary to define what perception is. Chaplin (1975), in describing the perceptual process has stated:

> In contemporary psychology, perception is commonly treated as an intervening variable dependent upon stimulus factors, learning, sets, moods and emotional and motivational factors. Thus the meaning of an object or objective event is determined by both stimulus conditions and by organism factors. The perceptual process begins with attention, which is the process of selectively observing. The important stimulus factors in attending are change, intensity, repetition, contrast and movement. Important organism factors are interests and learned habits of attention. (p. 376)

In other words, the process of perception involves two interacting but distinct components. The individual who is perceiving an event or another person becomes aware of external or environmental conditions. In addition, the perceiver also experiences internal processes. These internal processes have been accurately described by Bullmer (1970) as follows:

> The directing force behind the perceptual operations of attention and organization is some kind of perceptual-cognitive structure within the perceiver; a structure which is a unique combination of previous learnings and thought processes and which is
influenced by the perceiver's beliefs, attitudes and values. The perceptual-cognitive structure determines which cues shall be emphasized and which shall be inhibited and dictates what dimensions shall be utilized in ordering the selected cues into a configuration which is useful and meaningful to the perceiver. (p. 9-10)

Livingston (1978) has stated that the perceptual process is both a learned response and at the same time a genetic response shaped by evolutionary selection. Livingston noted that inherited within the human brain are the basic mechanisms through which a person perceives an event. However, "Sensory processing and perceptual mechanisms are readily conditionable and develop within the individual according to the outcomes of successful and unsuccessful experiences" (p. 18). Perception, thus according to Livingston, involves inherited sensory processing and perceptual mechanisms which are conditioned to form the percept in a particular manner based upon previous experiences.

In similar light, Bolster and Bolster (1973) noted, "The gestalt psychologists investigated the dynamics of the act of perceiving. They theorized that the perceiver was not merely a passive target for the sensory bombardment coming from his environment; rather, he structures and imposes order on his own perceptions" (p. 29).

Garwood (1977) has pointed out that "A name is one of those things most frequently and intimately connected with a person. From the minute a child has a name, people make associations and assumptions about him on the basis of it" (p. 28). Similarly,
Wober (1970) has stated that "People often allow their thoughts and feelings about a person to be signposted by the name he bears. This can apply not only to people, but to their intrinsic qualities, to things, processes and ideas" (0.39).

Therefore, it is indicated that the process of perception is a complex and integrated function. When perceiving an individual through our perceptual-cognitive structure, we make assumptions. These assumptions are based upon cues which are received through the sense modalities and processed through previous learning and associations and is therefore highly prone to error. As Klein and Schlesinger (1950) have suggested, "The perceptual system, which provides for detection, selection and control area stimulation, is instrumental for the never-ending task of equilibration" (p.36). In other words, the perceiver organizes the perceptions in such a manner as to make sense of the world as congruent with the perceiver's internal world of beliefs, values and previous learning. It is therefore likely that an individual's reaction to or perception of another with an unusual name would be affected. This point is reflected upon by Mayer (1983) who has stated that, "Giving a child an unusual name tends to do more harm than good. This is because names naturally create a certain image in our minds. There are active-sounding names and passive-sounding names, winner's and loser's names" (p. 63).

Buchanan and Bruning (1971) have pointed out that, It would be of interest to determine how early in life the different connotative meanings began to
manifest themselves. Since it is a general television practice to use low preference names for absurd cartoon characters, children may learn connotative meanings for such names at a very early age. If this occurs, then peers may have considerable influence in shaping the behavioral expectancies and self-perceptions of children possessing such names. (p. 144)

Numerous experiments have been conducted to investigate this notion. Schoenfeld (1942), investigating the relationship between names and stereotyping, found that subjects consistently associated some specific traits with specific names. In a similar study, Wober (1970) asked females from three different schools to choose up to six (out of 20 available) adjectives which they thought might characterize what individuals with certain names might be like. In all, 20 adjectives could be voted upon for each of the 13 names, giving a total of 260 'cells.' It was found that a statistically significant number of cells received a disproportionate of the votes. The results of this study suggest that names convey character impressions in a systematic manner.

Hartman (1938) has alluded to this notion by suggesting that the use of a particular spelling, the use of initials in place of a proper name, and the use of a nickname by an individual actually reflect personality factors and self-perceptions. However, Hartman offers no data to support his hypothesis.

Lawson (1971) conducted an experiment to see if stereotypes of women's names exists. And, if so, do men and women agree on these stereotypes? A total of 100 subjects evaluated 20 female names on ten bipolar scales such as valuable-worthless, fast-slow,
large-small. Lawson concluded that, "Results of this investigation confirm the existence of stereotypes for common women's names. All names were rated closer to Good than Bad, to Strong than Weak, to Active than Passive" (p. 58). In addition, the stereotypes of men and women were significantly correlated.

Similarly, Bruning and Husa (1972) investigated whether behavioral stereotypes are associated with active versus passive names and also, the age when these stereotypes begin to appear. A total of 60 elementary pupils were utilized as subjects. These subjects were from kindergarten, third and sixth grades. The authors concluded that, "While the origins of the behavioral expectancies cannot be determined from the present data, parents, older children, and possibly, the relative harshness of the phonetic sounds making up a name may all contribute to the formulation of stereotypes and behavioral expectancies" (p. 91).

Thus it can be seen that names are subject to stereotyping. This stereotyping is formulated from the perceptions of the perceiver. And, there are numerous variables which may interact on the perceiver's percept. As English (1916) stated:

We conclude that the psychological response to unknown proper names is extremely variable. It depends not only upon imaginal type, but also upon associations and additional factors which differ widely in individual observers. At the one extreme, the proper name is merely a word among words; at the other it is, as a proper name, richly suggestive. On the affective side, too, there is a wide variation of response, from complete indifference to strongly emotional empathy. (p. 434)
All of this variation may be attributed to the perceiver's cognitive-structural perceiving mechanism.

Summary

The review of literature pertinent to this study strongly supports the relationship between the development of an adequate self-concept and an individual's name. The literature suggests that a unique or unusual name may have an adverse affect on the individual's self-concept, especially at a younger age. As the individual matures, the unique name may enhance a sense of individuality and facilitate a more acceptable self-concept.

The literature reviewed also examined the relationship between personality characteristics and names. The literature suggests that individuals with the same name tend to have like personality characteristics. This leads to the hypothesis that an individual's name serves as a template for the development of personality characteristics. The name serves as a cue for a sense of identity, which the individual uses as a means to develop personality characteristics.

The review of literature pertinent to this study also supported the negative effect of undesirable first names on the development of psychopathology. The references cited supported this conclusion by noting that individuals who possess undesirable names tend to develop psychopathological tendencies, as measured by standardized personality inventories, when matched with
individuals having more desirable first names. In addition, numerous studies point to an interesting correlation between the frequency of patients being diagnosed as psychopathological and possession of an undesirable first name. The significance of these findings suggest that the undesirable first name may be an intervening variable in the development of psychopathology or again, the diagnosis of psychopathology may be associated with the undesirable first name.

The literature suggests that the process of formulating such interpersonal perceptions is a highly complex and integrated function and is highly prone to error. One such type of error is the development of stereotypes, in which specific traits are inaccurately associated with another person, based upon the perceiver’s previous learning experiences. The literature supports the contention that names are highly prone to stereotyping due to a name being so closely connected with the individual’s identity and are an intricate part of percept formulation.
CHAPTER III

DESIGN AND METHODOLOGY

Population

The population used in this study consisted of currently practicing mental health professionals in the fields of psychology and psychiatry. Additional data were collected on individuals in the field of social work for comparative analysis.

Selection of Sample

Subjects who were currently practicing in community mental health centers, university counseling centers, Veterans Administration hospitals, state mental hospitals and other mental health agencies and facilities were solicited on a volunteer basis from the forementioned fields of mental health. The subjects were doctoral and masters level psychologists, psychiatrists and social workers. The agencies from which these subjects were solicited were located in Missouri and Kansas.

A total of 266 subjects were used in this experiment. All subjects were currently practicing in the mental health profession, possessed various graduate academic degrees, were from various programs of study, were of varying years of experience, and were located in the states of Missouri and Kansas. These data are summarized in Tables 1 through 3.
Table 1

Distribution of Subjects By
Highest Academic Degree

<table>
<thead>
<tr>
<th>Degree</th>
<th>N=266</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D.</td>
<td>113</td>
</tr>
<tr>
<td>M.S.W.</td>
<td>55</td>
</tr>
<tr>
<td>M.S.</td>
<td>34</td>
</tr>
<tr>
<td>M.A.</td>
<td>33</td>
</tr>
<tr>
<td>M.D.</td>
<td>25</td>
</tr>
<tr>
<td>Ed.D.</td>
<td>6</td>
</tr>
</tbody>
</table>

As indicated in Table 1, there was a disproportionate number of subjects in the various categories of highest academic degree, with the highest frequency of subjects possessing a Ph.D. and the lowest frequency of subjects possessing the doctoral degree of Doctor of Education (Ed.D).

The frequency of the subject's various programs of study is summarized in Table 2.

Table 2 reveals that more of the subjects were from a Clinical Psychology program than from any other program of study.

The data in Table 3 summarize the subjects' years of experience in the mental health profession.

Of the 266 subjects, 129 were male and 137 were female.
Table 2
Distribution of Subjects By Program of Study

<table>
<thead>
<tr>
<th>Program of Study</th>
<th>N=266</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychology</td>
<td>97</td>
</tr>
<tr>
<td>Counseling Psychology</td>
<td>79</td>
</tr>
<tr>
<td>Social Work</td>
<td>62</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 3
Distribution of Subjects By Professional Years of Experience

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>N=266</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2 years</td>
<td>18</td>
</tr>
<tr>
<td>3 - 5 years</td>
<td>49</td>
</tr>
<tr>
<td>6 - 9 years</td>
<td>57</td>
</tr>
<tr>
<td>10 - 12 years</td>
<td>38</td>
</tr>
<tr>
<td>13 - 15 years</td>
<td>44</td>
</tr>
<tr>
<td>16 - 19 years</td>
<td>30</td>
</tr>
<tr>
<td>20 + years</td>
<td>30</td>
</tr>
</tbody>
</table>
Development of a Video Tape

Three video tapes of a white male role-playing an initial interview of a therapeutic session were developed. A paid actor served as the interviewed patient. From a written script, the patient elaborated on his presenting concern. For the purpose of this investigation, the written script was prepared in such a manner that the patient should be perceived as being normal but could be perceived as possessing some degree of pathology depending upon the perceptual set of the practitioners (Appendix A).

Validation of the Video Tape

These video tapes were then shown to a panel of nine staff psychologists and four pre-doctoral psychology interns at the Kansas City Veterans Administration Medical Center. Of the staff psychologists, all possessed a doctoral degree, four in Clinical Psychology and five in Counseling Psychology. All staff were fully licensed as psychologists in the state of Missouri and had an average of 14.1 years of clinical experience.

Following the presentation of each video tape interview, each member of the panel was asked to evaluate the patient's level of psychopathology on a number of variables (Appendix B). The purpose of this validation process was to assess if, without any biographical data presented on the patient, a consensus could be reached that in one of the three interviews the patient would be perceived as normal. The data obtained from this validation process are summarized in Table 4.
Using a scale from 1 to 6 with 1 being described as normal and 6 described as abnormal, various ratings were found for the three tapes. On Interview 1, the patient obtained a mean global rating of psychopathology of 1.22. On Interview 2, a mean global rating of 3.22 and on Interview 3, a mean global rating of 3.66. A T-test for statistical significance was performed. A statistical difference, at the .01 level of probability, was found between Interview 1 versus Interview 2 or Interview 3. No statistical difference was found between the global ratings of psychopathology between Interview 2 and Interview 3.

These results thus indicate that without any biographical data the patient on Interview 1 was perceived by these mental health professionals as being highly well adjusted and lacking evidence of psychopathology. Therefore, Interview 1 was selected to be...
shown to the subjects along with the biographical data which would include a name. Therefore, any assessments made by subjects that differed from those of the validating panel, could be attributed to the variable of name.

Selection of Names

Careful consideration was used in the selection of the desirable and undesirable names used in this study. It was crucial that the names used in this study possessed a significant level of desirability and undesirability to the practitioners if the names were to affect the diagnosis of psychopathology.

In an attempt to find the most desirable and undesirable names, two surveys were conducted asking the subjects to evaluate a list of names on a 10 point scale from least desirable to most desirable with 1 being a highly undesirable first name and 10 being the most desirable first name (Appendix C). This list of 57 names was developed from several books on baby's names.

In the first survey, 185 graduate students, enrolled in Western Michigan University during the 1982 Summer Session were asked to evaluate the list of 57 names on the aforementioned variables. Of the 185 graduate students, 92 were males and 93 were females. The mean age of this population was 30.29 years. Of these 57 names, "Mortimer" was found to be the least desirable with a mean rating of 1.51 and "Christopher" was found to be the most desirable name, with a mean rating of 7.38. These data are summarized in Table 5.
<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
<th>Name</th>
<th>M</th>
<th>Name</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortimer</td>
<td>1.51*</td>
<td>Cecil</td>
<td>2.38</td>
<td>Bruce</td>
<td>5.12</td>
</tr>
<tr>
<td>Homer</td>
<td>1.64</td>
<td>Uriah</td>
<td>2.44</td>
<td>Dennis</td>
<td>5.18</td>
</tr>
<tr>
<td>Junior</td>
<td>1.72</td>
<td>Arnold</td>
<td>2.52</td>
<td>Luke</td>
<td>5.30</td>
</tr>
<tr>
<td>Elmer</td>
<td>1.79</td>
<td>Maurice</td>
<td>2.58</td>
<td>Kenneth</td>
<td>5.36</td>
</tr>
<tr>
<td>Rufus</td>
<td>1.82</td>
<td>Alvin</td>
<td>2.59</td>
<td>John</td>
<td>5.68</td>
</tr>
<tr>
<td>Horace</td>
<td>1.87</td>
<td>Reginald</td>
<td>2.61</td>
<td>Timothy</td>
<td>5.92</td>
</tr>
<tr>
<td>Felix</td>
<td>1.92</td>
<td>Bernard</td>
<td>2.68</td>
<td>Thomas</td>
<td>6.06</td>
</tr>
<tr>
<td>Rollo</td>
<td>1.94</td>
<td>Darcy</td>
<td>2.68</td>
<td>Alan</td>
<td>6.06</td>
</tr>
<tr>
<td>Kermit</td>
<td>1.94</td>
<td>Meridith</td>
<td>2.70</td>
<td>Eric</td>
<td>6.19</td>
</tr>
<tr>
<td>Seymour</td>
<td>2.01</td>
<td>Ernest</td>
<td>2.78</td>
<td>Scott</td>
<td>6.21</td>
</tr>
<tr>
<td>Abner</td>
<td>2.05</td>
<td>Oliver</td>
<td>2.84</td>
<td>Richard</td>
<td>6.23</td>
</tr>
<tr>
<td>Roscoe</td>
<td>2.16</td>
<td>Harold</td>
<td>2.85</td>
<td>William</td>
<td>6.28</td>
</tr>
<tr>
<td>Dexter</td>
<td>2.23</td>
<td>Willie</td>
<td>2.96</td>
<td>Robert</td>
<td>6.31</td>
</tr>
<tr>
<td>Sigmund</td>
<td>2.23</td>
<td>Eugene</td>
<td>2.97</td>
<td>Steve</td>
<td>6.35</td>
</tr>
<tr>
<td>Percy</td>
<td>2.25</td>
<td>Tyrone</td>
<td>3.00</td>
<td>Nicholas</td>
<td>6.37</td>
</tr>
<tr>
<td>Oscar</td>
<td>2.30</td>
<td>Leslie</td>
<td>3.15</td>
<td>Brian</td>
<td>6.59</td>
</tr>
<tr>
<td>Dudley</td>
<td>2.32</td>
<td>Noah</td>
<td>3.86</td>
<td>James</td>
<td>6.70</td>
</tr>
<tr>
<td>Oakley</td>
<td>2.32</td>
<td>Zachary</td>
<td>4.65</td>
<td>David</td>
<td>7.22</td>
</tr>
<tr>
<td>Claude</td>
<td>2.34</td>
<td>Russell</td>
<td>4.72</td>
<td>Christopher</td>
<td>7.38*</td>
</tr>
</tbody>
</table>

Note. N=185
p < .01
As may be summarized from Table 5, it was found, at the .01 level of probability that Mortimer was perceived as being a very undesirable first name and Christopher was perceived as being the most desirable first name.

Based upon the results of this survey, a second list of names was formulated. This second list consisted of the first seven names evaluated as least desirable, three names of neutral ranking, and five names evaluated as most desirable.

A list of the members of the Michigan Psychological Association was then obtained. A total of 200 licensed psychologists were randomly selected from these two organizations to evaluate this list of 15 names on a 10 point scale from least desirable to most desirable with 1 being a highly undesirable first name and 10 being the most desirable first name (Appendix D).

Of the 200 surveys mailed to these licensed psychologists, a total of 107 were returned. This sample consisted of 46 females, 54 males, and 7 who failed to note sexual gender. The subjects evaluated "Junior" as the least desirable first name with a mean rating of 1.65 and "David" as the most desirable first name with a mean rating of 8.30 (See Table 6). A T-test for statistical significance was performed on the data. A statistical difference at the .01 level of probability was found to exist between these names. In other words, the names of David and Junior were perceived as significantly more desirable and undesirable first names.
Table 6
Mean Rating of Names by Licensed Psychologists in the States of Michigan and Missouri from Least Desirable to Most Desirable

<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior</td>
<td>1.65*</td>
</tr>
<tr>
<td>Mortimer</td>
<td>1.69</td>
</tr>
<tr>
<td>Rufus</td>
<td>1.73</td>
</tr>
<tr>
<td>Horace</td>
<td>1.99</td>
</tr>
<tr>
<td>Elmer</td>
<td>2.02</td>
</tr>
<tr>
<td>Felix</td>
<td>2.36</td>
</tr>
<tr>
<td>Homer</td>
<td>2.44</td>
</tr>
<tr>
<td>Leslie</td>
<td>3.38</td>
</tr>
<tr>
<td>Zachary</td>
<td>3.81</td>
</tr>
<tr>
<td>Noah</td>
<td>4.34</td>
</tr>
<tr>
<td>Russell</td>
<td>5.36</td>
</tr>
<tr>
<td>Steve</td>
<td>6.68</td>
</tr>
<tr>
<td>James</td>
<td>7.00</td>
</tr>
<tr>
<td>Christopher</td>
<td>7.10</td>
</tr>
<tr>
<td>David</td>
<td>8.30*</td>
</tr>
</tbody>
</table>

Note. N=107
p < .01
The graduate students rated "Mortimer" as their least desirable first name, whereas the psychologists rated "Junior" as the least desirable. In similar light, the graduate students rated "Christopher" as the most desirable name versus the psychologists who rated "David" as the most desirable first name. Consequently, these four names were used in this study as part of the biographical data presented on the patient viewed on the video tape. These four names were randomly assigned to the subjects who viewed the video tape.

Procedure

Prior to the subjects viewing the video tape, they were asked to complete a biographical data sheet on themselves which consisted of the following: (1) highest academic degree earned; (2) program of study, (3) number of years of experience, (4) sexual gender; and (5) license/certification status (Appendix E).

Upon completion of this, a prepared statement (Appendix F) was read to the subjects noting that they are going to view a portion of an initial interview with a patient. The subjects were instructed that upon completion of their viewing the video tape, they would be asked to assess the patient on a number of variables. A biographical data sheet on the patient was then presented to the subjects. This sheet contained the following information on the interviewed patient: name, age, sex, race, education, and marital status. The only manipulated variable was the patient's first name with half of the
subjects receiving the patient's name of Mortimer or Junior and the other half receiving the patient's name of Christopher or David (Appendices G through J). The video tape was then shown to the subjects.

Following the viewing of the video tape, the subjects were asked to complete a measurement of psychopathology on the patient. This measurement consisted of a continuum rating of psychopathology from 1 to 6, with 1 being considered normal and 6 as abnormal. The major variables on which this rating of psychopathology consisted of were as follows: Global Psychopathology Rating, Feelings, Thoughts, Social Behavior and Actions. Additional space was provided for optional comments and/or rationale for diagnosis (Appendix B). This scale for the measurement of psychopathology was developed from the "Personal and Individual Problem Index." This index is a 59 item scale that employs a five point continuum, on which the respondent rates the severity of problems related to thought processes, emotions, interpersonal relations and actions. Keyser (1980) found this index to be an accurate self-report of psychopathology at the .05 level of statistical significance.

Random Assignment

It is considered that the conditions for randomness have been met in this study. Whereas the only manipulated variable was the patient's name (desirable versus undesirable), it was arranged that approximately every other subject would receive the biographical
data sheet containing one of these names. This was done to assure that an equal proportion of subjects received a biographical sheet containing a desirable or an undesirable name on the interviewed patient.

Null Hypothesis

The original research question postulated that there is a significant difference in the diagnosis of psychopathology as a result of the patient possessing a desirable versus an undesirable first name. The following hypothesis is formulated from this basic question and presented here in the null form: There will be no significant difference between the ratings of psychopathology for the patients possessing a desirable first name and the patients possessing an undesirable first name, as based upon the rating scale for psychopathology.

Informed Consent

All subjects were asked to sign a consent form allowing the use of these data for the purpose of this research project (Appendix K).

Data Analysis

The data obtained in this study may be classified as score data. Linton and Gallo (1970) have outlined conditions to be met of data to be classified as score data. These authors noted that the intervals between the scores must be equal. In addition, the scores are assumed to be normally distributed within the population and
that the populations are assumed to be homogenous. Since these conditions were met in this study, a $F$ test of a one-way analysis of variance was used to assess the level of significance between the rating of psychopathology as based upon the patient's first name. Probability level of significance of .05 was used to determine statistical significance.
CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The purpose of this study was to explore the relationship between patients' first names (desirable versus undesirable) and the clinical judgment of psychopathology by practitioners. It was hypothesized that there would be a difference in a mental health professional's perception of the patients' level of psychopathology as influenced by the patients' first name. Data were gathered for the purposes of testing this hypothesis and their analyses are presented in this chapter.

The Data and Their Analyses

Null Hypothesis

The original research question postulated that there is a significant difference in the diagnosis of psychopathology as a result of the patient possessing a desirable versus an undesirable first name. The following hypothesis is formulated from this basic question and presented here in the null form:

There will be no significant difference between the ratings of psychopathology for the patients possessing a desirable first name and the patients possessing an undesirable first name, as based upon the scale for psychopathology.
In order to test this hypothesis, a one-way analysis of variance was computed on the data. These data are summarized in Tables 7 and 8.

### Table 7

**Means and Standard Deviations for the Ratings of Psychopathology for the Patient According to First Name**

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher</td>
<td>66</td>
<td>2.44</td>
<td>1.08</td>
</tr>
<tr>
<td>David</td>
<td>68</td>
<td>2.57</td>
<td>.97</td>
</tr>
<tr>
<td>Mortimer</td>
<td>66</td>
<td>4.30</td>
<td>1.21</td>
</tr>
<tr>
<td>Junior</td>
<td>66</td>
<td>4.20</td>
<td>1.21</td>
</tr>
</tbody>
</table>

### Table 8

**One-Way Analysis of Variance Comparing the Patients' Rating of Psychopathology and the Patients' First Name**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>EST. Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>202.89</td>
<td>3</td>
<td>67.63</td>
<td>53.81*</td>
</tr>
<tr>
<td>Within</td>
<td>329.27</td>
<td>262</td>
<td>1.26</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>532.15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. N=266

*p < .00001
Statistical significance at the .00001 probability level was found between patients' first name and the rating of psychopathology. Patients with less desirable first names (Mortimer and Junior) were rated as more psychopathologically disturbed than were the patients with the desirable first names (Christopher and David). Thus the results indicated that the null hypothesis should be rejected. It should also be noted that no differences were found between the two desirable first names and no differences were found between the two undesirable first names.

Additional Data Analyses

Additional analysis was performed to ascertain if the subject's highest academic degree affected their perception of the patient's level of psychopathology within the first names. Table 9 summarizes these data.

As may be interpreted by this analysis of variance on the interactional effect of highest academic degree and the name of the patient versus the perceived rating of psychopathology by the mental health professions was statistically significant at the .01 level of probability.

A more careful analysis of cell means revealed that individuals who possessed the academic degree of Doctor of Education (Ed.D.) had the lowest overall mean rating of psychopathology on all four first names. Individuals possessing the degree of Master of Arts (M.A.) evaluated all four first names as most psychopathological.
### Table 9

**Two-Way Analysis of Variance of the Effects of Subjects' Highest Academic Degree and First Name on the Rating of Psychopathology**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>EST. Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>246.09</td>
<td>238</td>
<td>1.03</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>17.77</td>
<td>5</td>
<td>1.55</td>
<td>3.44*</td>
</tr>
<tr>
<td>Name</td>
<td>214.52</td>
<td>3</td>
<td>71.51</td>
<td>69.16**</td>
</tr>
<tr>
<td>Interactional Effect</td>
<td>45.45</td>
<td>15</td>
<td>3.03</td>
<td>2.93*</td>
</tr>
<tr>
<td>Total</td>
<td>523.83</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. N=266
  *p < .01
  **p < .00001

### Table 10

**Cell Means of the Analysis of Variance of the Effects of Highest Academic Degree and First Name on the Rating of Psychopathology**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Christopher</th>
<th>David</th>
<th>Mortimer</th>
<th>Junior</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D.</td>
<td>1.93</td>
<td>2.24</td>
<td>4.52</td>
<td>4.78</td>
<td>3.31</td>
</tr>
<tr>
<td></td>
<td>(30)</td>
<td>(29)</td>
<td>(27)</td>
<td>(27)</td>
<td>(113)</td>
</tr>
<tr>
<td>Ed.D.</td>
<td>2.00</td>
<td>1.50</td>
<td>5.00</td>
<td>5.00</td>
<td>2.83</td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td>(2)</td>
<td>(1)</td>
<td>(1)</td>
<td>(6)</td>
</tr>
<tr>
<td>M.D.</td>
<td>3.00</td>
<td>3.00</td>
<td>3.83</td>
<td>4.20</td>
<td>3.44</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
<td>(6)</td>
<td>(6)</td>
<td>(5)</td>
<td>(25)</td>
</tr>
<tr>
<td>M.S.</td>
<td>2.75</td>
<td>2.40</td>
<td>3.38</td>
<td>3.83</td>
<td>3.18</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
<td>(10)</td>
<td>(8)</td>
<td>(12)</td>
<td>(34)</td>
</tr>
<tr>
<td>M.S.W.</td>
<td>2.43</td>
<td>3.00</td>
<td>4.38</td>
<td>3.62</td>
<td>3.33</td>
</tr>
<tr>
<td></td>
<td>(14)</td>
<td>(15)</td>
<td>(13)</td>
<td>(13)</td>
<td>(55)</td>
</tr>
<tr>
<td>M.A.</td>
<td>3.75</td>
<td>3.00</td>
<td>4.80</td>
<td>4.00</td>
<td>4.07</td>
</tr>
<tr>
<td></td>
<td>(9)</td>
<td>(5)</td>
<td>(11)</td>
<td>(8)</td>
<td>(33)</td>
</tr>
</tbody>
</table>

*Note. N=266*
Table 10 summarizes the data of mean rating per academic degree on the four names used by the patient.

As noted in Table 9, statistical significance was found at the .01 level of probability for the differences between the ratings of psychopathology within the subject's various first name groupings (desirable and undesirable) as based upon academic degree. In addition, as summarized in Table 10, statistical significance was also found at the .01 level of probability between the various cell sizes of academic degree. These findings suggest that the subject's highest academic degree did affect the rating of psychopathology. In other words, the higher the academic degree, the more the patient was perceived as psychopathological. In addition, the significant interactional effect suggests that the relationship between subject's academic degree and the patient's first name affects subject's perception of psychopathology.

An attempt was also made to explore the effect of subject's program of study and the first name of the patient on the perceived level of psychopathology. These data are summarized in Table 11.

As may be interpreted from Table 11, statistical significance was found between the first name and the rating of psychopathology. However, no significance was found between a subject's program of study and the rating of psychopathology. In addition, the interactional effect of a subject's program of study and first name group (desirable versus undesirable) on the rating of psychopathology was not found to be statistically significant. In other words,
Subjects' programs of study did not affect their perception of the patient's level of psychopathology. The subject mean ratings of psychopathology as based upon their program of study is summarized in Table 12.

As may be interpreted from Table 12, there is no statistical significant difference between the mean ratings of the patient's level of psychopathology as based upon a subject's program of study. In other words, the subjects' program of study which provided their training did not affect their perceptions of the patient's level of psychopathology.

An additional analysis was performed to evaluate the effect of subjects' years of professional experience in the mental health...
Mean Ratings and Standard Deviation for Groups by Program of Study on the Rating of Psychopathology

<table>
<thead>
<tr>
<th>Program of Study</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychology</td>
<td>97</td>
<td>3.43</td>
<td>1.51</td>
</tr>
<tr>
<td>Counseling Psychology</td>
<td>79</td>
<td>3.29</td>
<td>1.52</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>25</td>
<td>3.44</td>
<td>1.12</td>
</tr>
<tr>
<td>Social Work</td>
<td>62</td>
<td>3.35</td>
<td>1.28</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3.33</td>
<td>1.15</td>
</tr>
</tbody>
</table>

Note. N=266

profession on the evaluation of the level of psychopathology. These data are summarized in Table 13.

Table 13

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>EST. Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>267.81</td>
<td>238</td>
<td>1.13</td>
<td></td>
</tr>
<tr>
<td>Years of Experience</td>
<td>14.28</td>
<td>6</td>
<td>2.38</td>
<td>2.12*</td>
</tr>
<tr>
<td>Name</td>
<td>202.89</td>
<td>3</td>
<td>67.63</td>
<td>60.10**</td>
</tr>
<tr>
<td>Interactional Effect</td>
<td>47.17</td>
<td>18</td>
<td>2.62</td>
<td>2.33*</td>
</tr>
<tr>
<td>Total</td>
<td>532.15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N=266
* p < .05
** p < .00001

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Significance was found, at the .00001 level of probability for the main effect of first name on the rating of psychopathology. Statistical significance at the .05 level of probability was found on the variance between the cell categories of years of experience. In addition, an interactional effect between the years of professional experience and first name grouping (desirable versus undesirable) on the rating of psychopathology was found to be statistically significant at the .05 level of probability.

Upon careful analysis of cell means of years of professional experience on first name group, it was found that the more the years of experience, the more psychopathological the rating. In other words, as a subject's years of experience increased, the patient was perceived as possessing a higher level of psychopathology and thus received a rating as being more disturbed. The cell mean ratings of each name as based upon the categories of years of experience are summarized in Table 14.

As may be summarized from Table 14, subjects who had worked as mental health professionals for a period of one to two years had a mean rating across all four names of 2.89. Subjects who had been employed in their profession for twenty years or more had a mean rating across all four names of 3.90. The implication, based upon this analysis of variance, is that mental health professionals with twenty or more years of experience are more likely to perceive a greater degree of psychopathology in a patient with an undesirable first name, than those practitioners having only one to two years of professional experience.
Table 14

Cell Means of the Analysis of Variance of the Effects of Years of Professional Experience and First Name on the Rating of Psychopathology

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Christopher</th>
<th>David</th>
<th>Mortimer</th>
<th>Junior</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td>3.40</td>
<td>2.75</td>
<td>2.80</td>
<td>2.50</td>
<td>2.89</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>(4)</td>
<td>(5)</td>
<td>(4)</td>
<td>(18)</td>
</tr>
<tr>
<td>3-5 years</td>
<td>2.33</td>
<td>2.64</td>
<td>4.23</td>
<td>4.15</td>
<td>3.39</td>
</tr>
<tr>
<td></td>
<td>(12)</td>
<td>(11)</td>
<td>(13)</td>
<td>(13)</td>
<td>(49)</td>
</tr>
<tr>
<td>6-9 years</td>
<td>2.59</td>
<td>2.08</td>
<td>4.27</td>
<td>4.58</td>
<td>3.33</td>
</tr>
<tr>
<td></td>
<td>(17)</td>
<td>(13)</td>
<td>(15)</td>
<td>(12)</td>
<td>(57)</td>
</tr>
<tr>
<td>10-12 years</td>
<td>1.88</td>
<td>2.82</td>
<td>4.83</td>
<td>3.69</td>
<td>3.24</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
<td>(11)</td>
<td>(6)</td>
<td>(13)</td>
<td>(38)</td>
</tr>
<tr>
<td>13-15 years</td>
<td>2.21</td>
<td>2.86</td>
<td>4.00</td>
<td>5.29</td>
<td>3.27</td>
</tr>
<tr>
<td></td>
<td>(14)</td>
<td>(14)</td>
<td>(9)</td>
<td>(7)</td>
<td>(44)</td>
</tr>
<tr>
<td>16-19 years</td>
<td>2.60</td>
<td>2.27</td>
<td>5.33</td>
<td>4.38</td>
<td>3.50</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>(11)</td>
<td>(6)</td>
<td>(8)</td>
<td>(30)</td>
</tr>
<tr>
<td>20 + years</td>
<td>2.60</td>
<td>3.00</td>
<td>4.50</td>
<td>4.22</td>
<td>3.90</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>(4)</td>
<td>(12)</td>
<td>(9)</td>
<td>(30)</td>
</tr>
</tbody>
</table>

Grand Mean = 3.37

Note. N=266

Additional analysis was also conducted on the possible effect that the gender and the patient's first name may have had on the rating of psychopathology. These data are summarized in Table 15.
Two-Way Analysis of Variance of the Effects of Gender and First Names on the Rating of Psychopathology

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>319.60</td>
<td>258</td>
<td>1.24</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>6.64</td>
<td>1</td>
<td>6.64</td>
<td>5.36*</td>
</tr>
<tr>
<td>Name</td>
<td>202.89</td>
<td>3</td>
<td>54.59**</td>
<td></td>
</tr>
<tr>
<td>Interactional Effect</td>
<td>3.02</td>
<td>3</td>
<td>1.01</td>
<td>.81</td>
</tr>
<tr>
<td>Total</td>
<td>532.15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N=266  
*p < .05  
**p < .00001

As may be interpreted from Table 15, the main effect of the patient's first name on the rating of psychopathology was statistically significant. The main effect of gender on the rating of psychopathology was also found to be statistically significant. However, the combination of interactional effect of gender of subjects and the patient's first name on the rating of psychopathology was not found to be statistically significant. This suggests that female subjects tended to perceive a significantly greater degree of psychopathology in the patient than did male subjects. However, the patient's first name (desirable and undesirable) affected equally both males and females. Distribution of cell size and mean rating for each name is summarized in Table 16.
Table 16
Cell Means of the Analysis of Variance of the Effects of Gender and First Name on the Rating of Psychopathology

<table>
<thead>
<tr>
<th></th>
<th>Christopher</th>
<th>David</th>
<th>Mortimer</th>
<th>Junior</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>2.70</td>
<td>2.80</td>
<td>4.38</td>
<td>4.03</td>
<td>3.53</td>
</tr>
<tr>
<td></td>
<td>(30)</td>
<td>(35)</td>
<td>(32)</td>
<td>(32)</td>
<td>(137)</td>
</tr>
<tr>
<td>Male</td>
<td>2.22</td>
<td>2.33</td>
<td>4.19</td>
<td>4.35</td>
<td>3.21</td>
</tr>
<tr>
<td></td>
<td>(36)</td>
<td>(33)</td>
<td>(26)</td>
<td>(34)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

Note. N=266

As may be interpreted from Table 16, females tended to perceive a significantly higher degree of psychopathology on all names except for the name "Junior" than did their male counterparts. In summary, with all of the variables being equal, females were found to perceive more psychopathology than males and to diagnose the patient as possessing a greater level of psychopathological disturbance. However, by noting that no significant interactional effect was found, this indicates that females' and males' diagnoses were equally affected by the patient's first name (desirable versus undesirable).

Whereas a significant main effect was found upon the gender of the subjects on the rating of psychopathology, three additional two-way analyses of variances were performed. As was found in Table 9, a significant main effect of academic degree on the rating of psychopathology was found at the .01 level of probability.
Based upon this, a two-way analysis of variance of the effects of gender and academic degree on the rating of psychopathology was performed. The results of this analysis are found in Table 17.

Table 17
Two-Way Analysis of Variance of the Effects of Gender and Academic Degree on the Rating of Psychopathology

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>491.87</td>
<td>.250</td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>7.55</td>
<td>1</td>
<td>7.55</td>
<td>3.84*</td>
</tr>
<tr>
<td>Academic Degree</td>
<td>17.77</td>
<td>5</td>
<td>3.55</td>
<td>1.81</td>
</tr>
<tr>
<td>Interactional Effect</td>
<td>6.64</td>
<td>5</td>
<td>1.33</td>
<td>.68</td>
</tr>
<tr>
<td>Total</td>
<td>523.83</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N=266
*p < .05

As indicated in Table 17, the main effect of gender was found to be statistically significant at the .05 level of probability. This supports the findings of Table 15 that females tended to perceive a significantly higher degree of psychopathology than did the male subjects. However, no significant effect was found for the academic degree of the subjects nor an interactional effect of gender and academic degree on the rating of psychopathology. The cell means of the analysis of variance of the gender and the academic degree of the subjects on the rating of psychopathology is summarized in Table 18.
Since it has been previously demonstrated in this study a difference in the perception of psychopathology by males and females exists, a two-way analysis of variance was performed. This test was to assess if there was a significant difference in the ratings of psychopathology by males and females from various programs of study (i.e., Clinical Psychology, Counseling Psychology, Psychiatry, and Social Work). While males and females may perceive a patient's level of psychopathology differently, has their training program affected their perceptions in any manner? These data are summarized in Table 19.

Significant difference was not found for either main effect (Gender or Program of Study) on the rating of psychopathology. The interactional effect was also not found to be statistically significant. It may then be interpreted that the subject's program of study as compared between males and females, did not affect their perception of the patient's level of psychopathology.

<table>
<thead>
<tr>
<th></th>
<th>Ph.D.</th>
<th>Ed.D.</th>
<th>M.D.</th>
<th>M.S.</th>
<th>M.S.W.</th>
<th>M.A.</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>3.58</td>
<td>2.00</td>
<td>3.83</td>
<td>3.36</td>
<td>3.44</td>
<td>4.00</td>
<td>3.55</td>
</tr>
<tr>
<td>Male</td>
<td>3.10</td>
<td>3.25</td>
<td>3.32</td>
<td>2.67</td>
<td>3.17</td>
<td>4.18</td>
<td>3.21</td>
</tr>
</tbody>
</table>

Note. N=266
Two-Way Analysis of Variance of the Effects of Gender and Program of Study on the Rating of Psychopathology

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>EST Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>517.06</td>
<td>255</td>
<td>2.03</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>7.16</td>
<td>1</td>
<td>7.16</td>
<td>3.53</td>
</tr>
<tr>
<td>Program of Study</td>
<td>1.01</td>
<td>3</td>
<td>.34</td>
<td>.17</td>
</tr>
<tr>
<td>Interactional Effect</td>
<td>4.24</td>
<td>3</td>
<td>1.41</td>
<td>.70</td>
</tr>
<tr>
<td>Total</td>
<td>529.48</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N=266

As was found in Table 13, the main effect of years of experience was statistically significant when viewed in relationship to the rating of psychopathology. It was found that there was an increase in the perception of psychopathology as a subject's years of experience increased. Based upon this finding, a two-way analysis of variance was performed to assess the relationship between a subject's years of experience and gender on the perception of psychopathology. These data are summarized in Table 20.

The main effect and interaction effect were not found to be statistically significant. The implication of this result is that while the subject's perception of psychopathology may indeed change as one accumulates years of experience, this change in perception of psychopathology is equal between genders. More simplistically
stated, there is no significant difference between genders, in the perception of psychopathology, with varying years of experience.

Table 20

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>EST Variance</th>
<th>F</th>
</tr>
</thead>
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Note. N=266

Summary

The purpose of this study was to investigate the perceptual effect of the patient's first name on the clinical judgment of psychopathology by individuals who are currently practicing in the field of mental health. It was hypothesized that there would be a significant difference in these individual's perception of a patient's level of psychopathology as influenced by his first name.

A one-way analysis of variance was conducted on the patient's first name versus the rating of psychopathology. Statistical significance was found at the .00001 level of probability, which
indicated that the null hypothesis should be rejected. In other words, the patient's first name (desirable versus undesirable) significantly affected the mental health professionals' perception of the level of psychopathology. It was found that when the patient was presented with a more desirable first name (Christopher or David) the level of psychopathology was perceived at a significantly lesser level than when the patient was presented who possessed an undesirable first name (Mortimer or Junior). Statistical significance was not found in the ratings of psychopathology between the two desirable first names (Christopher and David) and between the two undesirable first names (Mortimer and Junior).

Based upon the results of the analysis of the data concerned with the original null hypothesis, additional analyses were performed to explore other subject characteristics which might have affected their perceptions of psychopathology in the patient. Questions addressed were: did subjects' highest academic degree affect their perceptions of psychopathology; did subjects' program of study affect their perceptions of psychopathology; did subjects' years of professional experience affect their perception of psychopathology, and did subjects' gender affect their perception of psychopathology? Various significant findings resulted from these analyses.
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to explore the relationship between a patient's first name (desirable versus undesirable) and the clinical judgment of psychopathology by mental health professionals. More specifically, this study examined how a patient's first name affected the diagnosis of maladjustment. The null hypothesis stated that there would be no significant difference in the mental health professional's perception of the patient's level of psychopathology as influenced by the patient's first name.

Throughout the years, research has attempted to explore how an individual's name can influence the person. It has been found that an individual's name has a direct relationship to personal and social adjustment abilities. For example, it was found that individuals who do not like their first names tend to have a distorted view of themselves and consequently are likely to have a lower sense of self-esteem and self-worth and this in turn affects how they present themselves and interact with others.

Similarly, research studies have attempted to demonstrate that an individual's name may influence nearly every aspect of the individual's human existence, including health, longevity, and
business and personal success. It is easy to comprehend that if a person possesses an undesirable first name, the individual may be rather self-conscious of the name and thus may project these feelings into other areas. This individual may feel inadequate or inferior to others who have more desirable first names. As Seeman (1972) has stated, "Once given, the name is formative and acts as a template for the development of self-image" (p. 150). In other worlds, a name projects an image. For example, a first name of Dennis is often associated with the cartoon character of Dennis the Menace. There is a certain image of the character, Dennis the Menace, which is internally perceived by the possessor of the name Dennis and which is also externally perceived by others with whom the name possessor interacts. This image which develops as a stereotype, according to the research, then formulates a template which the possessor of the name must live up to in order to meet the expectations of others. Consequently, an individual's name not only contributes to the development of self-image but also to the percepts of others.

Garwood (1977) has stated that, "A name is one of the things most frequently and intimately connected with a person. From the minute a child has a name, people make associations and assumptions about him on the basis of it" (p. 28). These associations and assumptions about the individual are commonly referred to as stereotypes which are based upon previous learning experiences and are highly prone to error.
The process of formulating stereotypes is highly complex and integrated. These stereotypes are based upon stimuli which are received through the sense modalities and cognitively processed by previous learning experiences and thinking. From the earlier noted example, we may meet someone with the name of Dennis and perceive this individual's behavior as being very similar to that of the cartoon character Dennis the Menace. Therefore, when we meet another individual with the name of Dennis, our assumption may be that this individual will also fulfill our expectations. It is therefore likely that an individual's reaction to a percept of another with a highly undesirable name would be affected negatively.

An additional area of related research, which has received considerable attention, is that of the relationship between undesirable first names and the development of mental illness or psychopathology. Numerous studies have been conducted in which the records of psychiatric hospitals were examined. Interestingly, there appears to be a relationship between individuals possessing an undesirable first name and the diagnosis of being severely disturbed or psychotic. Other studies have found that a relationship exists between neurotic tendencies and individuals possessing uncommon and nondesirable first names. In other words, research has shown that personality characteristics of individuals possessing an uncommon first name may be considered psychopathological in nature.

Questions which arise are concerned with the relationship between individuals possessing an undesirable first name and the
development of psychopathology, and with individuals who have an undesirable first name automatically becoming neurotic or psychotic. According to the research, this is most assuredly not true. However, the literature does appear to support the hypothesis that for some individuals, possessing an undesirable first name may lead to the development of psychopathology. The variables of race, gender, and socioeconomic level must also be considered as potential contributors to the development of psychopathology. For some individuals, of a higher socioeconomic level, an undesirable first name is a means of setting this individual apart from the average group. This undesirable first name conveys the desired image that the person is uniquely different and is more valued or prized. Thus, the individual's personal response to an undesirable name may have a more positive reaction. However, it is important to note, that a person's response to an undesirable name is an individual reaction. It may not necessarily lead to the development of psychopathology. Much of the response to an undesirable first name interacts upon the individual's coping mechanisms and already developed view and perception of self-worth. The research supports the notion that if an individual's coping mechanisms and self-perception were already distorted, the undesirable first name would likely contribute to the development of some degree of psychopathology.

As was previously noted, people tend to make assumptions and develop implicit stereotypes about other people based upon previous
experiences with individuals who may have had the same name, similar personality characteristics or personal appearances. These previous experiences are likely to influence implicitly their perceptions of other individuals. One area of research which has not been explored previously was that of mental health practitioners' responses to individuals possessing undesirable first names. These mental health practitioners are routinely required to evaluate patients and formulate a diagnostic impression of their level of psychopathology. If it is assumed that all humans are subject to stereotyping, it is likely that the perceptions of patients' level of psychopathology are also influenced by the same stereotypical/perceptual processes. Stated more directly, mental health practitioners may be influenced by their stereotypical/perceptual processes when formulating diagnostic impressions of patients' level of psychopathology. As was previously noted, no previous research has ever been conducted in the area. This study was an attempt to explore this issue and assess the effects of a patient's first name (desirable versus undesirable) on the diagnosis and perception of psychopathology.

A total of 266 subjects were included in this study. All of the subjects participated voluntarily and were currently practicing in the mental health profession, possessed various graduate academic degrees, were from various programs of study, and were located in the states of Missouri and Kansas.

A video tape that presents a white male role-playing an initial interview of a therapeutic session was shown to the subjects. For
the purpose of this investigation, the written script was prepared in such a manner so that the patient should be perceived as normal but could be perceived as possessing some degree of psychopathology depending upon the practitioner's perceptual sets.

A one-way analysis of variance was computed on the variance between the patient's first name (desirable versus undesirable) and the subsequent rating of psychopathology by the mental health professionals. The correlation between these two main effects was found to be statistically significant at the .00001 level of probability. In other words, it was found that patients who possessed the less desirable first names of Mortimer and Junior were diagnosed as more psychopathologically disturbed than patients who possessed the more desirable first names of Christopher and David. Thus the results indicated that the null hypothesis should be rejected. It should be noted that no differences were found between the two undesirable first names and the two desirable first names in the ratings of psychopathology.

A two-way analysis of variance was performed on the effects of the subject's highest academic degree and first name grouping (desirable versus undesirable) on the ratings of psychopathology. Statistical significance was found at the .01 level of probability for the differences between the ratings of psychopathology with the subjects various name groupings as based upon the subject's highest academic degrees. These findings thereby suggested that the patient's name (desirable versus undesirable) and the subject's
highest academic degree did affect the perceived level of psychopathology in the viewed patient. It was found that the higher the academic degree, the lower the perceived level of psychopathology in the patient. The implication of this finding suggested that doctoral mental health professionals are less likely to be influenced by a patient's name and possibly other variables in their diagnosis of a patient in terms of the level of psychopathology than masters level mental health professionals.

A two-way analysis of variance was performed to test the effects of the subject's program of study (Clinical Psychology, Counseling Psychology, Psychiatry, and Social Work) and the patient's first name grouping (desirable versus undesirable) on the rating of psychopathology. Significant differences were not found. The implication of this finding was that there are no differences in terms of training mental health professionals to accurately perceive psychopathology in patients.

It is often assumed that programs of Clinical Psychology educate and train clinicians to perceive and work with individuals possessing a higher level of disturbance in the area of psychopathology. Chaplin (1975) defines Clinical Psychology and the clinical method as "The branch of Psychology which specializes in the application of clinical methods to persons suffering from behavior disorders. The purpose of the clinical method is the practical one of diagnosing the cause of the disorder and prescribing for its treatment" (p. 92). Programs in Counseling...
Psychology and Social Work have been viewed as being more oriented towards working with a more "normal" population of clientele.

Chaplin (1975) defines Counseling Psychology as, "A broad name for a variety of procedures for helping individuals achieve adjustment" (p. 120). Similarly, Social Work is defined as "The field of social service which attempts to improve social conditions in a given community" (Chaplin, 1975, p. 500). Psychiatry is defined by Chaplin (1975) as, "A medical doctor with a specialty in abnormal psychology, who is engaged in the diagnosis, treatment, and prevention of mental disorders" (p. 415).

The purpose for including the forementioned definitions is to note the differences in training and emphasis of orientation in training. Interestingly, though the orientations of these various programs of study are different, there was essentially no differences in the mean ratings of these various programs of study on the rating of psychopathology. The names used by the patient, in this study, equally affected all of the subjects regardless of program of study.

A two-way analysis of variance was performed to evaluate the effect of subjects' years of professional experience in the mental health profession on the perceived level of psychopathology in the patient possessing either a desirable or undesirable first name. It was found to be statistically significant at the .05 level of probability that the more years or experience, the higher the rating of psychopathology. As a subject's years of experience
increased, the more the patient's first name influenced the perception of psychopathology and thus the higher the rating of the level of psychopathology.

A two-way analysis of variance was also completed to assess the effect of gender and the patient's name grouping (desirable versus undesirable) on the rating of psychopathology. While the interactional effect was not found to be statistically significant, significance was found at the .05 level of probability that females tended to perceive a greater degree of psychopathology in the patient than did the males. The implication of this finding is that males tend to perceive less psychopathology than do females. However, it was also found that males and females were both equally affected by the patient's first name in the diagnosis of the level of psychopathology. In other words, both genders were equally influenced by the patient's first name in their perceptions of the patient's level of psychopathology.

Additional analyses were performed which assessed the effects of gender and academic degree, program of study, and years of experience, on the rating of psychopathology. It was found that there were no differences between the genders as based upon their highest academic degrees, programs of study, or years of professional experience on the perception of psychopathology.

In conclusion, this study has attempted to explore the effects of a patient's first name on the clinical judgment of psychopathology by mental health practitioners. It was found that
whether the patient's first name was desirable or undesirable, it affected the practitioner's perception of psychopathology. In addition, it was found that those practitioners who possessed a doctoral degree and were of relatively few years of experience, were less influenced by the patient's first name in their perceptions of psychopathology than were those who possessed lesser degrees and more years of experience. The effects of gender and program of study were not found to be significant effects in the practitioner's clinical judgment of psychopathology, as influenced by the patient's first name.

Conclusions

This study attempted to facilitate a better understanding of the affects of first names on practitioners' clinical judgments. It was found that the patient's first name significantly influenced mental health practitioners' in their perception of psychopathology to the extent that a patient with an undesirable first name was perceived as being more disturbed than was the same patient when appearing with a more desirable first name.

Literature and research has demonstrated that all people are subject to formulating inaccurate perceptions based upon their use of implicit beliefs which lead to the use of stereotypes and the practice of attributing traits to other individuals. Since all humans are subject to the same cognitive processes which determine perceptions of other individuals, there is no basis to believe
that mental health professionals would be less prone to experience error in their perceptions due to stereotyping than would other human beings, unless training and experience has led to superior perceptual skills in some manner. This study appears to demonstrate conclusively that this is so.

Whereas this study demonstrated that the patient's first name significantly influenced practitioners' perceptions of psychopathology, one can only speculate the multitude of other variables which may also influence a mental health professional's clinical judgment. If a patient's name can facilitate such a significant affect on the perception of psychopathology, it follows that a patient's hair color, type of clothing, facial features, race, and even the tone of a patient's voice or many other stimuli may have a similar influence. The possibilities of various stimuli which influence the individual's perceptual process is endless and ever present. The results of this study lead to the conclusion that mental health practitioners formulate inaccurate diagnoses by not being aware of the implicit personality theory which governs their perceptual processes.

On what basis, then, are mental health practitioners to proceed in order to assure accuracy of their diagnoses? The process of formulating diagnostic impressions of a patient's level of psychopathology is a very subjective and complex process. The practitioner's position is that of gathering information so as to compile a clear picture of the patient's symptoms. The practi-
tioner then searches for a diagnostic classification which matches the patient's perceived symptoms. However, since it has been demonstrated that these practitioners are subject to perceptual errors, we can expect that their clinical judgments will likewise be subject to error which results in perceptual distortions.

Bullmer (1970) has stated that these subjective components which influence perceptual processing operate on a clearly unconscious level or totally out of an individual's awareness. Therefore, it should be concluded that mental health professionals who formulate inaccurate diagnoses are not conscious of their perceptual errors.

Previous research cited within this study concluded the existence of a relationship between an individual possessing an undesirable first name and the development of psychopathology. In light of the results obtained from this study, these conclusions should also be questioned. The central question is: were those individuals who possessed an undesirable first name actually more psychopathological in nature when they were initially diagnosed or were the mental health practitioners influenced by the patient's first name and thus perceived the patient as possessing a nonexistent degree of psychopathology? While the answer to this question may be very difficult to ascertain, the answer should be eagerly sought out if the mental health profession is to continue to develop credibility.

Since statistical significance was found in regards to the subject's highest academic degree and the patient's first name with
the perceived level of psychopathology, a conclusion which may be
drawn is that those subjects who have received doctoral level
training are less likely to formulate inaccurate diagnoses. One
possible reason for this finding may be that in order to achieve
such a degree, more extensive and indepth training was required.
Such training is received not only in theories which govern learning
and perception, but there is more availability and opportunity for
individuals to more fully explore the intrapersonal variables which
may affect their perceptual accuracy. However, it should be kept in
mind that while subjects with doctoral level degrees were more
accurate perceivers than were master level subjects, all classes of
subjects were significantly biased by the patient’s first name.
The only conclusion which can be reached from these data is that
training programs, as presently structured, do not develop superior
interpersonal perceptual skills.

As was previously noted, an implicit theory often governs the
formulation of percepts. This implicit theory is developed through
the perceiver’s learning and thought processes and is influenced by
the perceiver’s beliefs, attitudes, and values. This theory then
organizes and structures the available external and internal stimuli,
which is acting upon the perceiver, into a meaningful configuration.
The results of this study demonstrated that this underlying implicit
theory is very rigid and highly unlikely to change. As mental health
professionals’ years of experience increase, this theory becomes more
stabilized. For example, based upon the results of this study, it
was found that as the subjects' years of professional experience increased, their perceptions of the patient's level of psychopathology, as influenced by the patient's first name, also increased. This finding is in contrast to those subjects having relatively few years of experience who were less influenced by the patient's first name in their perceptions of the patient's degree of psychopathology. The conclusion which may be drawn from this finding is that as an individual has the opportunity to reinforce this aforementioned underlying theory through repeated use, the theory becomes more ingrained and rigid. Thus, if the theory is such that it leads to inaccurate perceptions, perceptual errors may become the general result of the process and clinical judgment will be affected. In other words, the individual will consistently make perceptual errors. This, as previously noted, is in contrast to those individuals who have had less years of professional experience in formulating inaccurate interpersonal perceptions. It appears that the theory which governs their perceptual formulations may be less indoctrinated into such a rigid belief system. The implication of this finding suggests the continual need for mental health practitioners to be more aware of the implicit basis for their perceptions and the formulation of their clinical judgments.

In summary, this study was an attempt to clarify a small portion of the extraneous variables which may be interfering with patients being accurately perceived and diagnosed. It is strongly believed that if the practitioners can become more aware of the
variables which affect their clinical judgments, such as the patient's first name, the accuracy of their perceptions and diagnoses can be greatly enhanced.

Recommendations

The main conclusion obtained from this study was that the patient's first name significantly affected mental health practitioners' clinical judgments of psychopathology. Interestingly, following completion of the subjects' evaluation of the viewed patient, the nature of the study was explained to interested subjects and a usual response from these subjects was that they never considered the patient's first name to be affecting them in any manner. The significance of this response reveals the need for mental health professionals to become more aware of the unconscious nature of the process involved with the formulation of their diagnostic impressions and the biases which may influence the accuracy of their clinical judgments.

In regard to the manner in which mental health professionals are to become more aware of these preceptual mechanisms, it is recommended that the training and preparation of future mental health practitioners be designed to facilitate a better understanding of the manner in which clinical judgments are formulated. Subsumed under this general recommendation is the need for these individuals to study theories which govern the process of learning, cognition, and person perception. This general knowledge may then provide a
basis to facilitate understanding of how perceptions are formulated. In addition, it is recommended that such prospective mental health practitioners receive training, as outlined by Bullmer (1975), in the concepts related to the process of interpersonal perception and to the possible sources of error in the perceptual process. Bullmer (1973) has outlined the only statistically proven didactic method which ameliorates perceptual accuracy. He has demonstrated that perceptual accuracy can be improved through knowledge of concepts related to the process of interpersonal perception, through knowledge of the sources of error in the perceptual process, and through identification of the perceiver’s internal feelings and beliefs. This knowledge and understanding thus provides a basis from which the individual can apply this information to specific examples and receive immediate feedback. As a result of this method of didactic training, the perceiver is better able to formulate more accurate clinical judgments.

It is also recommended that training programs for future mental health professionals develop a means whereby these individuals may discover their particular biases and/or unconscious beliefs which may impede the accuracy of their clinical judgments. In this light, the use of individual long-term training analysis, for the duration of the training program should be explored.

Once an individual understands how perceptions are formulated and is aware of the numerous variables which may interfere in the perceptual process, the individual is still not immune to making
future inaccurate clinical judgments. As has been noted, the process of formulating clinical judgments is very complex and multifactorial. Therefore, it is recommended that some type of post degree training be designed, within practitioners' work settings, so as to help them to monitor continually their own perceptual mechanisms and biases when formulating diagnostic impressions. The manner in which this may be accomplished may be through structured workshops, didactic training, participation in research projects, and individual self-analysis group psychoanalysis. It could be expected that these efforts would assist individual practitioners in knowing how to better serve patients and how to evaluate their own practiced behaviors. Without fully exploring how mental health professionals formulate diagnostic impressions, clinical judgments and the mechanisms involved in the perceptual process, mental health practitioners are running the risk of continually making perceptual errors, as well as the risk to the well being of patients. While it is impossible to disown or avoid formulating perceptions of a patient, mental health practitioners must become aware of the mechanisms which govern their perceptual formulations and the variables which lead to perceptual errors and thus ameliorate their clinical judgments.

This study demonstrated that the perceptual process of formulating diagnostic impressions was highly influenced by the patient's first name. In regards to recommendations for future research, it would be of interest to explore what other stimuli...
presented by patients may influence mental health professionals when they are formulating diagnostic impressions. Therefore, the variables of the patient's gender, race, manner of speech, presence of accents, weight, facial features, and even the style of clothing should be explored.

In addition, it is recommended that in future research, additional controls be instituted. For example, within this study, significant main effects were found in regards to the subject's highest academic degree, years of experience, and gender. It is recommended that these variables be further explored to assess their affect on the accuracy of the subject's clinical judgments.
REFERENCES


Evans, C.K. Two experiments in the psychology of names. Unpublished study, University of Michigan, 1976.


APPENDIX A

Written Script for Video Tape Role-Play
Therapist:
In your own words, tell me what brings you in today.

Patient:
Well, I really do not know where to begin. It seems like there is just so much going on.

Therapist:
Why don't you begin by telling me a little bit about yourself.

Patient:
I feel as if I have wasted most of my life. I am now 24 years old. By now I should be finished with college and into a good job, but instead I'm only a junior. I realize that I cannot do much with a B.S. in Psychology, so I hope to eventually get a master's degree in counseling and work as a counselor with kids who are in trouble. I feel that I was helped by someone who was a good counselor and I'd like to have a similar influence.

At this time, I live alone and have very few friends. I feel very scared and inferior with people my own age or older. I feel good when I'm with kids because at least they are honest. I worry a lot about whether I'm smart enough to get through all my studies that I'll need before I can become a counselor.

One of my problems is that I drink heavily and frequently get drunk. This happens mostly when I feel all alone and scared. I'm afraid that I'll always feel this isolated and alone as I do now. In the past, I've used a lot of drugs to help me get over this feeling. Even though I was once arrested for possession, I will still get loaded once in a while.

I'm scared of people in general, but especially of strong and attractive women. I feel all cold, sweaty and really uptight when I'm with a woman. Maybe I think they are judging me and I know they will find out that I'm not much of a man. I've never really had any dates or even any sexual experiences, except masturbation. I'm afraid that I just cannot measure up to what they expect of a man. You always have to be so strong, tough and perfect. I'm not this at all, so it's no wonder that I don't feel adequate as a man.
I feel a lot of anxiety most of the time, particularly at night. Sometimes I feel so terrified that I feel like running, but I just cannot move. I don't know where I'd run to, no one would want me around. It's awful because I often feel like I'm dying. I feel like I'm just going to wither up. I've fantasized about committing suicide and wonder who would care. Sometimes I visualize my family coming to my funeral feeling very sorry and guilty that they didn't treat me better. But then I turn around and feel guilty that I haven't measured up to my potential. I have wasted so much of my time and the efforts of others. I've really let a lot of people down. I can really get down on myself and wallow in my guilt. I then feel very depressed and hopeless. At times like this, I tell myself how rotten I am, how I'll never be able to change, and how I'd be better off dead and so would everyone else. Then I wouldn't have to hurt anymore and I wouldn't have to want anything either. It is very difficult for me to get close to anyone. I cannot say that I have never loved anyone but I surely know that I have never felt fully loved or wanted in return.

Everything isn't so bleak though. I did have enough guts to leave a lot of my past behind me. I did have enough guts to get out of home before I was kicked out. And I did struggle to get this far in college. I really like my determination. If I want something, I go after it. One way or another, I usually get what I want. I even sought out counseling because I need someone to help keep me honest. I think if I was to get a woman counselor, even though I'm more afraid of women than men, it might help me to get over this thing with women. Even though I may be scared, I'm willing to take risks.

Therapist: Tell me a little bit about your family.

Patient: I'm the only child. My parents have always fought. They never did get a divorce, though I wish they had. I really should say that my Mother did most of the fighting. She was very dominant and continually bitched at my Father. I always saw him as being so very weak, passive and mousey, next to her. My folks always compared me to my cousins and other neighborhood kids. They were always perfect children, successful, popular and honor students. I really do not know what happened to me to make me turn out so bad. I remember my Father telling me, "You are so dumb. Why can't you be like all the other kids? You'll never amount to a
hill of beans. Why can't you ever do anything right?" Then my Mother would say, "Why do you do so many things to hurt me? Why can't you grow up and be a man? You were a mistake and I wish I'd never have had you." I recall crying myself to sleep many nights, feeling so terribly alone, filled with guilt, anger and hate. There was no talk of religion in my house, nor was there any talk of sex. In fact, I find it hard to imagine my folks having sex.

I used to have a lot of nightmares during this time. The one that I remember best was when my Mother was yelling at me, as usual, and she then bit off one of my fingers. It was really strange. I can still recall how terrified I felt, just standing there as if I was suddenly powerless. It was almost as if she could just eat me up and spit me out.

In high school, I really got into the drug scene pretty heavy. I guess I just got involved with the wrong crowd. I got thrown into a youth rehabilitation facility for stealing. Later I was expelled from regular school for drugs and also for fighting. From there, I landed into a continuation school. I'd go to school in the mornings and have the afternoons for on-the-job training. I got into auto mechanics and was fairly good at it. I managed to keep myself employed for two years as a mechanic.

A major turning point, in my life, was the confidence my supervisor had in me at the summer youth camp, where I worked during these past two summers. He encouraged me to go to college and said he saw a lot of potential in me for becoming a fine counselor. That was real hard for me to believe, but his faith inspired me to really begin believing in myself. I know that I have a real inferiority complex and I really know how to put myself down. I hope that I can learn to love a few people and especially women. I want to lose my fear that women can destroy me. I'd like to feel equal with others and not always have to feel apologetic for my existence. I don't want to suffer from this anxiety and guilt. I know that I want to be free from my self-destructive tendencies and learn to trust people more. You do believe me, don't you? Well, maybe when I begin to like myself more, then I'll be able to trust that others might find something about me that's worth liking.

Therapist:

I see that our time is just about up. I want to thank-you for sharing this information with me.
APPENDIX B

Subject's Rating of Psychopathology Form
Please evaluate the patient, viewed on the video tape, on the following continuums of psychopathology. Circle the number which corresponds with your perception of the patient's level of psychopathology.

**GLOBAL**

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**FEELINGS**

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**THOUGHTS**

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*OPTIONAL*

Additional space is provided below for any additional comments you wish to make and/or rationale for your diagnosis.
APPENDIX C

Graduate Student's Name Survey

85

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Instructions:

I am interested in your reactions to names. Imagine that you are asked to choose, from the following list of names, the first name for your son or for a male child of a friend. Please evaluate your preference for these names by placing an X on the scale from least desirable to most desirable.

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For summary purposes, list your three MOST desirable first names, in order of preference:
1. ____________  2. ____________  3. ____________

For summary purposes, list your three LEAST desirable first names, in order of preference:
1. ____________  2. ____________  3. ____________

Please complete the following:
Program of Study: ________________  Age: ___  Sex: M F
APPENDIX D

Licensed Psychologists Name Survey

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August 18, 1982

Dear Colleague:

I am currently involved in a research project investigating names. In order to more effectively complete this project, I need your assistance. Would you please complete the following questionnaire and return it in the enclosed envelope as soon as possible. Thank-you for your cooperation.

Sincerely,

Dennis G. Cowan, M.S.
Doctoral Student

INSTRUCTIONS:

I am interested in your reactions to names. Imagine that you are asked to choose, from the following list of names, the first name for your son or for a male child of a friend. Please evaluate your preference for these names by placing an X on the scale from least desirable to most desirable.

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<th>Most Desirable</th>
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Age: _____  Sex: M _____ F _____

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APPENDIX E

Subject's Biographical Data Form
EVALUATOR'S BIOGRAPHICAL DATA

Please circle the following to which you apply:

1. Highest Academic Degree Earned:
   Ph.D. Ed.D. M.D. M.S. M.S.W. M.A. B.S.
   B.A. Other

2. Program of Study:
   Clinical Psychology Counseling Psychology Psychiatry
   Social Work Other

3. Years of Experience:
   1-2  3-5  6-9  10-12  13-15  16-19  20+

4. Gender:
   Female Male

5. License Certification Status:
   Doctoral Level Psychology Master Level Psychology
   Other
APPENDIX F

Prepared Statement to Subjects
PREPARED STATEMENT TO SUBJECTS:

You are about to view a video tape of an initial interview with a patient. Following the completion of the tape, you will be asked to evaluate this patient on a number of variables. In front of you, you will find a packet which consists of (1) a sheet requesting some information about you; (2) some biographical data on this patient; and (3) the form which you will use to evaluate this patient. I ask that you please evaluate this patient independently without discussing the case with any of your colleagues. I will individually answer any questions you might have. Your voluntary participation is greatly appreciated.
APPENDIX G

Patient's Biographical Data: Desirable Name
PATIENT'S BIOGRAPHICAL DATA

NAME: CHRISTOPHER S.

Age: 24 years old
Gender: Male
Race: White
Education: College Junior
Marital Status: Single
APPENDIX H

Patient's Biographical Data: Desirable Name
PATIENT'S BIOGRAPHICAL DATA

NAME: DAVID S.

Age: 24 years old
Gender: Male
Race: White
Education: College Junior
Marital Status: Single
APPENDIX I

Patient's Biographical Data: Undesirable Name
PATIENT'S BIOGRAPHICAL DATA

NAME: MORTIMER S.

Age: 24 years old
Gender: Male
Race: White
Education: College Junior
Marital Status: Single
APPENDIX J

Patient's Biographical Data: Undesirable Name
PATIENT'S BIOGRAPHICAL DATA

NAME:  JUNIOR S.

Age: 24 years old
Gender: Male
Race: White
Education: College Junior
Marital Status: Single
APPENDIX K

Subject's Consent Form
SUBJECTS' INFORMED CONSENT FORM

I, the undersigned, wish to voluntarily participate in the educational research project being conducted by Dennis G. Cowan. I understand that my identity will be completely confidential and in no way identifiable. At any time I may withdraw my information from this study without penalty or personal embarrassment.

........................................
Date

........................................
Signature

THANK YOU FOR YOUR ASSISTANCE IN THIS PROJECT
BIBLIOGRAPHY


Evans, C.K. Two experiments in the psychology of names. Unpublished study, University of Michigan, 1976.


