The Effect of the Presence of an Authority Figure on Audience Participation in a Publicly Displayed Alcoholism Education Exhibit

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THE EFFECT OF THE PRESENCE OF AN AUTHORITY FIGURE ON AUDIENCE PARTICIPATION IN A PUBLICLY DISPLAYED ALCOHOLISM EDUCATION EXHIBIT

BY

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B.S., St. Joseph's College, 1964

THESIS

Submitted in partial fulfillment of the requirements for the degree of Master of Communication in the Graduate Studies Program of Florida Technological University

Orlando, Florida
1974
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I. CLARIFYING STATEMENT

This study was designed to meet a twofold purpose. The first purpose was to determine what effect the presence of a field representative (authority figure) has on public involvement in an exhibit which deals with alcoholism, a subject carrying a social stigma for those known to be so afflicted. The second purpose was to probe the feelings of the audience regarding their decision to either participate or not participate in the exhibit and whether the presence of a field representative influenced their decision.
II. THE PROBLEM

Certain sociological problems, such as alcoholism, drug addiction, homosexuality, and prostitution, carry negative social stigma. ¹ The State of Florida Bureau of Alcoholic Rehabilitation uses a widely diversified media mix to educate the public regarding problems related to alcoholism. Some of these media reach the public in a private way through media such as radio, television, and print, but others force the viewer to publicly stop, read the panel copy, perhaps participate in exhibit activity to answer a questionnaire or play an exhibit game, and then move on. By virtue of stopping, reading, and participating, the viewer has expressed an overt interest in a socially undesirable affliction. Because of this requirement, certain questions have arisen regarding the expenditure of tax dollars on the exhibit medium.

1. How do people feel about participating in such exhibits?

2. Do people tend to avoid public exhibits attempting to educate on these socially negative problems because they feel they might be thought of by others passing by as being so afflicted?

3. Does the presence of a field representative make such exhibits more or less attractive or does their presence provide any influence at all?

The Bureau of Alcoholic Rehabilitation is interested in answers to these questions to aid them in future media mix problems and in designing exhibits of greatest benefit to the public welfare and representing the most efficient use of taxpayer dollars. The present study makes no hypotheses, but merely provides a methodological approach to solutions in areas where no empirical evidence exists.
III. SIGNIFICANCE OF THE STUDY

Alcoholism has been defined by the State of Florida as a treatable illness. In support of this, the State has passed and funded the Myers Act which establishes treatment centers and contains provisions for treatment rather than imprisonment of the alcoholic. A continuing program by the State of Florida Bureau of Alcoholic Rehabilitation (BAR), even prior to the Myers Act, has been to educate the general public regarding the warning signals and dangers of alcoholism as well as to provide information defining where professional help can be obtained.

In pursuit of this public education program, the BAR has made wide use of all available media, including exhibits which have undergone a wide range of changes for reasons other than communication effectiveness. The State alcoholism agency, originally known as the Florida Alcoholic Rehabilitation Program, was created in 1953 by the State legislature and funded for operation in 1954. The first patients arrived at the Avon Park Rehabilitation Center in 1956 and in 1957 the first alcoholism exhibit was made available for display at fairs, conventions, and other large meetings. A BAR house organ described the exhibit as follows:  

Composed of four panels, the exhibit features (1) the thirteen steps to alcoholism, (2) a state map indicating the location of ARP facilities, (3) a cartoon story of the case history of

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an alcoholic, and (4) a push-button quiz on alcoholism, complete with bell, buzzer, and flashing lights.

The exhibit is sometimes accompanied by an ARP staff member who answers the questions of onlookers and hands out selected pamphlets about alcoholism.

This exhibit was in use for seven years through 1964. No record of exhibit use in 1965 is indicated in the Bureau's records, but in 1966 a table top display was made available at the request of field representatives who were accustomed to the heavy display formerly used and objected to having to handle it. The table top displays were replaced by a large cubistic display in 1970. In 1972, the large display was replaced by a revised table top display. In 1973, a return was made to the conventional display form, but in this case a commercially available display was purchased and completed with graphics supplied by the BAR.

Several factors have caused the BAR to question the continued use of exhibits as part of the media mix. These include the following:

1. Relatively high initial expense
2. High involvement time of field representatives
3. Reluctance of field representatives to man the exhibits as opposed to performing their normal social service roles
4. Commercial transportation requirements and set-up of cumbersome exhibits
5. Relatively low exposure per investment dollar in time and materials.

For these reasons, the BAR has expressed a willingness to support a series of research programs to investigate the use of exhibits in their media mix and how they can make their exhibit activity more effective in
terms of population reached and message received.

This study is concerned with one aspect of exhibit use in a sociological problem situation: does the presence of a field representative manning an exhibit attract or detract the general public from viewing, visiting, or otherwise participating in the display? Since alcoholism is a controversial issue bearing negative social stigma, it is quite possible observers might avoid an exhibit for fear of possibly being associated in the minds of others with alcoholism either as being themselves afflicted or having some member of their family suffering from the "condition." If the exhibit is manned by a BAR field representative it is also possible that observers might avoid participating in the exhibit for fear of being identified, rightfully or not, by an authority figure as an alcoholic. Consequently, the BAR questions whether manned exhibits might be less effective than those unmanned. The results of this study provide empirical data leading to answers to that question. In addition, data were obtained which indicated the reluctance visitors to the exhibit may have had to overcome in making a decision to participate and whether or not the presence of a field representative tended to attract or detract from total attendance.

Although this study does not provide totally definitive guidelines for manning social communication exhibits, some empirical evidence is provided to indicate trends where such data were not previously available. The purpose of this study, therefore, was to obtain results of significance leading to answers to the following:

1. Of a total population passing the exhibit, what percentage
participated when the exhibit was manned? Unmanned?

2. Of those passing by the exhibit, but not participating, what percentage would have participated if the exhibit had been manned?

3. Of those participating, did they experience any reluctance to enter due to the presence/absence of a field representative?

4. Of those passing by, why did they not participate?

The main significance of this study is to assist the Bureau of Alcoholic Rehabilitation in answering the question "What value do exhibits have in the social communication role?"
IV. VARIABLES

The independent variables in this study are the exhibit, the alcoholism knowledge test, the treatment center map, and the experimenter posing as a BAR field representative. According to the BAR, field representatives manning their exhibits are between the ages of 35 and 50. Typical dress is a business suit. The person manning the booth during the experiment met these criteria.

The dependent variable is audience response to the exhibit.
V. BACKGROUND

A. History of Exhibits

The history of exhibits descends from the great market places of pre-Biblical times which have ultimately emerged into trade fairs and shows so prominent today. In Ezekiel XXVII a report is given of the goods offered by suppliers from twelve different countries at the international fair regularly held at Tyre:

Silver, iron, bright iron, tin, lead, brass vessels.
Coral, agate, precious stones, ivory, ebony.
Wheat, honey, wine, cassia, calamus, spices.
Fine linen, white wool, purple, embroidery.
Blue clothes, precious clothes for chariots, chests of apparel.
Slaves, horses, mules, lambs, rams, goats.

Merchants from all of Europe during the Middle Ages attended the great fairs which were held in towns usually once or twice a year. The intermingling of so many international bodies caused special courts to implement market laws dealing with fairs and markets in the ninth century and to impose heavy penalties for transgressions.

A resurgence of trade was evidenced in the eleventh and twelfth centuries. By the thirteenth century trade fairs had proliferated to such an extent that legal restrictions were once again imposed on their activities. The Leipzig Fair, which is claimed to have originated in 1165, developed from a market place to a samples fair and finally to a general and industrial exhibition. Its growth and organization served as a model for many followers. Under a royal decree of 1240, Frankfurt was enfranchised to become a center of trade fairs.
Industrial exhibitions originated in the sixteenth century, when an exhibition which is regarded as the first of this kind, was held in the town hall of Nuremberg in 1569. Exhibitions of industrial arts were held in Paris in 1683 and 1763. In Britain in 1761, the Society of Arts exhibited prize winning designs, models and machines.

In France, following the Revolution and during the period of rebuilding, commissioners of the formerly royal factories of Sevres porcelain, Gobelin tapestries, and Savonneries carpets, conducted an exhibition of these products in 1797 to stimulate sales of excess inventory and to ease unemployment. A series of industrial exhibitions followed during the next fifty years of the Napoleonic regime and the restoration. Most of these were aimed directly at competition against British industry. During this same period similar industrial exhibitions were held in other parts of Europe and in America.

The Great Exhibition of 1851 held at the Crystal Palace in Hyde Park initiated the era of great international exhibitions and world fairs, an era which still exists and will continue with its next event in Seattle in 1976. The displays of engineering achievements seen at industrial exhibitions have contributed, as much as the engineers who created them, to changes in our environment; have brought about direct changes in urban developments; and have influenced styles and fashions of buildings, of furniture and of articles of everyday use.

Japanese design elements made their appearance in interior house decorations and furniture following the display of Japanese buildings.

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at the Philadelphia 1876 and San Francisco 1894 fairs. According to Alles, the classic style facades of the Chicago Columbian exposition in 1893 is responsible for generating in America the propensity for pseudo-classical architecture and columned buildings.

Exhibition buildings transformed town centres and stimulated the creation of new districts. The Crystal Palace, first erected in Hyde Park and then moved to Sydenham, the 1862 exhibition buildings erected in South Kensington were then moved and re-erected at Alexandra Palace. The Paris Tracadéro of the 1878 exhibition, the Grand Palais, Petit Palais and the Alexander III bridge of the 1900 exhibitions are still in use. In Brussels permanent buildings erected for the 1953 exhibition were later used for the annual Brussels Trade Fair.

In 1951 the Festival of Britain and the Brussels 1958, Montreal 1967 and Osaka 1970 world fairs all made their mark and left behind some of their buildings and their influences. The speedways serving the Hanover Fair and its complex of exhibition buildings and those of Dusseldorf, Frankfurt, Paris, Turin, and many others, are all witness to the exhibition activities which continue unabated all over the world.4

The dynamism of the exhibit medium is probably a strong influence on social welfare agencies to participate in fairs and industrial shows with social communication exhibits. The history of the Florida Bureau of Alcoholic Rehabilitation activity in this area was presented in Section III and is summarized in Appendix A.

B. Attitudes Toward Alcoholism and the Alcoholic

A major premise of this study is that a negative social stigma is attached to the problems of alcoholics and alcoholism. As Mulford and Miller state: "...At the common sense level subjects might be expected more readily to discuss a sickness, and to seek help for it, than to reveal a problem which is defined in moral terms or as a

4 Ibid.
matter of will power." The purpose of this section is to report the findings of investigations into attitudes toward the problem.

Mulford and Miller, in a study of the public's attitude toward the alcoholic in Iowa, stated it was reasonable to suppose that prevailing public definitions of the alcoholic influence the individual's perception of his own drinking as a problem, his recognition of the need for help, the nature of the help which he seeks and even the nature and effectiveness of the assistance which may be available to him.

The Mulford-Miller study investigated the pattern of relationships between what Iowans thought about alcoholics and what they said they were prepared to do about a drinking problem of their own or of a family member. The study theorized that a person's thoughts and actions are patterned--where one pattern is found, certain others are likely to appear in regular fashion.

The study sought, first, to learn whether the Iowa population and certain of its social segments define the alcoholic in medical, moral, criminalistic or some other terms, and second, to examine the pattern of relationships which may exist among these factors: (a) how the alcoholic is defined, (b) personal acquaintance with an alcoholic, (c) readiness to reveal a personal or family drinking problem, (d) readiness to seek help for the problem, and (e) the source of help and advice which is chosen.

To test their general hypothesis that different definitions of the alcoholic in Iowa are related to different attitudes toward the alcoholic, the study investigated the pattern of relationships between what Iowans thought about alcoholics and what they said they were prepared to do about a drinking problem of their own or of a family member.

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6Ibid., p. 312.
alcoholic are elements of different patterns or plans of action to cope with a drinking problem, responses to a survey questionnaire were cross-tabulated. Chi-square tests were employed to assess the independence of the responses to two different questions.

Results of the study showed that approximately one-half (51 percent, n = 1121) of the Iowa sample view the alcoholic as sick. By comparison, McCarthy and Fain reported that over 90 percent of their Connecticut sample viewed alcoholism as an illness. In this same category, one percent of the Iowa sample viewed alcoholics as criminal, and 45 percent viewed the alcoholic as morally weak.

Approximately 50 percent of each of several social segments reported the medical view of the alcoholic. No significant sex or residence differences appeared, but age, religious, and educational differences were indicated. For example, 45 percent of the youngest age group (21 - 25) and of the oldest age group (61 and above) defined the alcoholic as sick, 58 percent of the age group expressed that view (p .01).

Forty-nine percent of the Protestants compared to 58 percent of the Catholics surveyed thought of the alcoholic as sick (p .01); and 43 percent of the grade-school educated, but 53 percent of the high-school and 56 percent of the college educated reported the medical view (p .01)

Subjects who viewed the alcoholic as sick were more inclined to discuss a drinking problem than those who expressed a moral view (p .01)

and this held regardless of educational level.

In summary, the investigators reported that it is those persons who define the alcoholic as sick, and who would discuss the matter with friends, who are most likely to seek assistance outside the family and it is this latter category who are most inclined to turn to the physician as their first choice of help.

Respondents indicated that if further help is advised, Alcoholics Anonymous is by far the most popular choice compared with psychiatrists, private sanitariums, state mental hospitals, and local mental health centers.

Mulford and Miller caution the reader regarding the 51 percent of the sample which described the alcoholic as a sick person. A later unpublished study shows that when respondents were given an opportunity to choose more than one response, over one-fourth of the police chiefs, more than one-third of the physicians, and nearly one-half of the school principals defined the alcoholic as both sick and morally weak. This may help explain the reluctance of many subjects to discuss a drinking problem even though they express the sickness view.

The investigators conclude from the findings that many of those who expressed the sickness view are reluctant to discuss a drinking problem with friends or to seek help indicates that the educational task is not merely to promote the sickness view, but, even among those who accept this view, to reduce the moral stigma and other reservations which may cling to it. 8

8 Mulford and Miller, op. cit., p. 319.
Drinking in itself is statistically normal behavior in the United States. Cahalan reports that a 1964-1965 survey by George Washington University found that 68 percent of the population says they drink at least once a year and only 22 percent say they had never drunk alcoholic beverages.9 The extreme cases containing the problem drinkers and alcoholics cause the negative social stigma to be attached to alcohol and drinking. The number of 'alcoholics' in the United States has been estimated as totaling about 4.5 million.10

Goshen comments that "...The alcoholic exhibits a personality that distinguishes him from those people in a culture who behave in a consistently rational and responsible fashion, but not from those who typically exhibit other forms of less than responsible behavior."11

American society condemns the alcoholic with an all pervasive attitude that is not so common nor widespread in other cultures. As a result, Goshen says, "America's social system tends to draw a rather definite and rigid line between reasonable drinking and alcoholism."12

Historically, this reflects the strong prohibitionist sentiment that led as early as the 1850s to the adoption of a prohibition law in Maine and the Eighteenth Amendment.13

The acceptance of prohibition at that time is attributable to three factors, which today still exist with insufficient force to carry a prohibitionist victory, but with enough to impose severe social sanctions. The factors are (1) the recognition of widespread excesses in the use of


10Ibid. 11Goshen, op. cit., p. 80. 12Ibid., p. 92. 13Ibid., p. 90.
alcohol; (2) strong moral condemnation of these excesses; and (3) the political weaknesses of opponents of prohibition. 14

Goshen summarizes the negative characteristics of the alcoholic as follows:

In brief, we can say that the typical alcoholic exhibits characteristics that have some similarity to both the neurotic and the sociopath. The fact that both sets of characteristics exist in the alcoholic is largely responsible for the fact that he is regarded, by society, as sometimes "sick" and at other times as "bad." 15

Bacon states that the entire process from initial excessive drinking through the acute stages of alcoholism is socially obnoxious and carries negative social stigma. 16 Carman reports from his survey of a group of U.S. servicemen that low expectations of achievement were significantly related to problem drinking. 17 Curlee writes that she knows "...a psychiatrist who assumes that any alcoholic can be considered an 'infantile personality' with all that implies about dependency problems, other difficulties in object relationships, sexual immaturity, and general ego inadequacy." 18 She goes on to say:

Other well-trained and experienced people have stressed other sides of an alcoholic's personality. Some assume that all alcoholics are sociopaths, who experience no guilt except their remorse when they have to bear consequences of their behavior, and

14 Ibid. 15 Ibid., p. 99.


they feel no genuine responsibility toward anyone. Others insist
that the most common difficulty with alcoholics is their guilt--
that they are people who make exceptionally high demands upon
themselves and suffer agonies when they are unable to live up to
these demands. Some stress the self-indulgent, irresponsible
behavior of alcoholics and assume that alcoholics must be
confronted with the consequences of their behavior. Others,
especially Karl Meninger (1938) view alcoholism as basically
self-destructive, an attenuated suicide, reflecting aggression
and despair.19

Knox, discussing the results of a survey of Veterans Administration
psychiatrists and psychologists, indicates that both groups characterize
alcoholism as a behavior problem, symptom complex, or escape mechanism.20

Kish and Timmons, basing their comments on the results from 61 male
hospitalized alcoholics who were tested on a measure of alienation and
the California Psychological Inventory (CFI) to examine the relationship
between feelings of alienation and perceived social behavior, stated:

...Apparently the alienated alcoholic tends to lack poise,
ascendancy, and self-assurance. He tends to be poorly socialized,
immature, and irresponsible. He would tend to do poorly, both
in achievement situations requiring conformance and in those
requiring independence, and has a low intellectual efficiency. He
also tends to be relatively unaware of the inner needs, motives
and experiences of others.21

Based on the foregoing studies and reports, there is little doubt
that problem drinking and alcoholism carry a distinct negative connotation
and stigma in terms of normal United States behavior.

19 Ibid.

20 Welia J. Knox, "Attitudes of Psychiatrists and Psychologists

21 George B. Kish and Frank Timmons, "CFI Descriptions of Alcoholics
Differing in Alienation," Perceptual and Motor Skills, 33:570, October,
1971.
C. Communication and Psychological Factors Affecting Audience Participation in Exhibits

Martin distinguishes medium and setting and the distinction he makes is appropriate for this study:

A medium...is the vehicle by means of which ideas are borne to listeners or viewers....A setting, on the other hand, is the environment in which communication takes place--the physical and psychological surroundings of the listener or reader. In general, settings differ in the degree to which they suppress or emphasize parts of the total environment, and by doing so, affect the listener's willingness or ability to pay attention to, to understand and to accept what is said to him.22

An exhibit by its very nature combines the qualities and complexities of a mass media effort with the singularity and closeness provided only in a personal person-to-person relationship. For this reason the environmental setting cannot be categorized into any of four settings described by Martin and Andersen as follows:

The four settings...are private face-to-face communication involving two people who usually are friends and whose talk is not chiefly related to some assigned task; small group communication which could occur between two people who have to complete some job together, but which usually takes place in a group of three or four dozen people who have some understood common object in meeting together; speaker-audience communication where the audience expects to monopolize the talk in a face-to-face confrontation; and mass communication which involves an organized effort to reach a great many people with the assistance of some technology--radio, television, or print circulation. If we can first identify the important variables in any communication setting, we may then be able to distinguish between these several settings for communication.23

Martin identifies the variables in the setting as the following:

1. Opportunities for interaction between speaker and listener

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23 Ibid.
2. Opportunities for the listener or reader to gain information about the speaker

3. Opportunities for the speaker or writer to gain information about his audience

4. Opportunities for the speaker or writer to control the salience of group membership of readers or listeners

5. Opportunities for the speaker or writer to control the exposure of listeners and readers to his communications

6. Opportunities for the speaker to manipulate the physical environment

7. Presumed purposiveness of the communication

8. Personal characteristics of the listener

9. Numbers of people reached by the communication.24

Only in the exhibit setting do all nine variables interact. From the Martin and Andersen point of view this would designate exhibits as the most effective medium as depicted by their graphic suggestion of the influence potential of any particular setting. A high score on any factor is taken as a measure of potential effectiveness of the communication. The influence potential of the setting is indicated by the area to the left of the curves in Figure 1. The combined graph applicable to the exhibit environment is shown in Figure 2.

It would appear from Martin and Andersen's diagrams and the combined diagram presented in Figure 2 that manned exhibits should provide the most powerful tool for presenting alcoholism education. Such may not be the case, however, since another variable not considered by Martin and Andersen appears to come into play. This is alluded to in the Mulford-

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24 Ibid., pp. 59-67.
Figure 1. Potential Effectiveness of Four Communication Environment Settings

Low Some High
Private Face-to-Face

Interaction
Know Speaker
Know Hearers
Group Member
Exposure
Environment
Non-Purposive
Favorable Traits
Numbers

Low Some High
Small Group

Low Some High
Speaker-Audience

Interaction
Know Speaker
Know Hearer
Group Member
Exposure
Environment
Non-Purposive
Favorable Traits
Numbers

Low Some High
Mass Communication

25 Martin and Andersen, op. cit., p. 87.
Figure 2. Combined Influence Potential of Exhibit Environment
Miller study described earlier which showed that only 51 percent of the sample would seek outside assistance for alcoholism related problems. Mulford and Miller also point out that the moral implications of alcoholism also negatively affect the willingness of subjects to receive assistance.

Several researchers have presented models which bear upon the reluctance of individuals to seek aid which may be detrimental to their social well-being although very beneficial to their physical and overall mental well-being. These are the cognitive models of attitude change.

The principle of cognitive consistency is based on the notion that psychological structure is composed of an integrated, organized set of cognitions regarding some object or event. According to Cohen:

...The introduction of new information aimed at changing attitudes disrupts that organization and produces disequilibrium.

Cognition denotes the image or map of the world held by the individual person. His responses to persons, things, and events are shaped in part by the way they look to him. These cognitions are selectively organized and integrated into a system which provides meaning and stability for the individual person as he goes about his business in the everyday world. Thus, human cognitive reactions like perceiving, thinking, imagining, and reasoning all represent efforts after meaning. In terms of the person's cognitive system, therefore, there is a continual striving for consistency, a push toward congruous, harmonious, fitting relationship between the cognitive elements or between the thoughts, beliefs, values, and actions that make up a structure of cognitions about some object or set of events. Thus, when inconsistency occurs, some psychological tension is presumably set up in the individual, thereby motivating his behavior in the direction of reducing this inconsistency and reestablishing harmony. In effect, the cognitive process constantly strives toward cognitive balance.26

Based on the foregoing, the alcoholic would tend to avoid an alcoholism exhibit since participation in it would denote a positive

action toward possible attitude change. By participating, however, cognitive inconsistency is aroused which would tend to make the alcoholic avoid the inconsistency producing stimulus. This is supported by the concepts of balance, congruity, and dissonance, which are the components of the consistency theories presented by Heider, Osgood and Tannenbaum, and Festinger, respectively. 27,28,29,30

Clarification is needed here to point out that an alcoholism exhibit would have an attraction for persons interested in the subject from the viewpoint of being employed as a clergyperson, a social worker in alcoholism, or as a sociologist who teaches in the alcoholism field.

Attraction and avoidance are discussed by Ehrlich et al who offer an explanation in terms of dissonance theory why a person of either ilk would or would not participate.31

Given that positive and negative factors exist for the various audiences passing an exhibit, what additional influences bear upon an individual when making a decision either to visit or to pass a manned exhibit? One could quite possibly be the influence of the presence of an


attendant manning the exhibit.

Source credibility is also a factor, but this should be a positive influence since all State of Florida Alcoholism exhibits are manned by personnel who are typically between 35 and 50 years old, are dressed in neat business apparel, and are trained in alcoholism problems and rehabilitation both by virtue of education and field experience.

Another factor could possibly be public commitment. Since the exhibits are typically installed in public places, it would be reasonable to assume that rehabilitation workers would tend to associate with and visit the exhibit as a reinforcement of their chosen vocation. Alcoholics or family members of alcoholics, on the other hand, would be expected to avoid such an exhibit if, as Mulford and Miller indicate, nearly half of a population view alcoholism as a moral deficiency. The negative stigma poses for this group a clear case of cognitive inconsistency.

If an exhibit is unmanned, however, public commitment and inconsistency would be expected to be reduced especially if the subject selects an opportune moment to read the panels and gather literature while the exhibit area is virtually devoid of an audience. Similarly, one would expect to find decreased inconsistency when the exhibit area is being visited by several patrons at the same time. With the presence of an attendant, however, the safety in numbers is reduced or eliminated since the function of an attendant is to assist patrons by providing answers. In either case, anonymity is endangered.
VI. METHODOLOGY

The exhibit was assembled at 5 p.m. on a Tuesday in the first of three geographically separated shopping centers in the Orlando, Florida, metropolitan area. At 6 p.m. the following conditions existed:

1. The experimenter, posing as a Florida State Bureau of Alcoholic Rehabilitation field representative, was manning the exhibit. Two pieces of literature, "Test Your Knowledge About Alcohol" and a map of alcoholism rehabilitation centers, were available at the exhibit. The field representative was wearing a badge bearing his name and the statement "Representative, State of Florida Bureau of Alcoholic Rehabilitation." In addition to filling the role of representative he distributed questionnaires A and B to people visiting the exhibit. Questionnaire A was used when the exhibit was manned; B was used when the exhibit was unmanned.

2. One associate was posted to observe and count the total traffic passing the exhibit. A hand-held mechanical counter was used as the tally device.

3. A second associate was posted 150 feet to the left of the exhibit and a third was posted 150 feet to the right of the exhibit. Each associate had a supply of questionnaires C and D to distribute to and collect from people passing the exhibit and not stopping. Questionnaire C was used when the exhibit was
manned; D was used when the exhibit was unmanned.

At 6 p.m. counting and sampling began. At 7:30 p.m. the experimenter left the exhibit and posted himself away from the exhibit but in a position where he could observe and disseminate questionnaires to people who stopped and visited the unmanned exhibit. At 9 p.m. all activity ceased and the exhibit was secured for the night.

On Wednesday night, the procedure was repeated except the exhibit was unmanned the first 90 minutes and manned the second 90 minutes.

The procedure was replicated in a second shopping center on Thursday and Friday nights of the same week.

On Saturday the procedure was again replicated in a third shopping center, but for six hours, during which the exhibit was manned for the first three hours and then unmanned for the remaining three hours.

Samples of questionnaires A through D are displayed in Appendix B.

Question 1 was included as a correlation factor of the general public's attitude toward alcoholism. If alcoholism is regarded generally as an illness rather than a moral weakness, then the public awareness program must be totally different than if the public attitude is the same for both. In addition, the question replicates question 3 of the BAR questionnaire "Test Your Knowledge About Alcohol" which was distributed as part of the exhibit.

Question 2 establishes the general attitude of alcoholism as a controversial subject. If alcoholism is regarded as something to be ashamed of, there should be a correlated reluctance of problem drinkers and alcoholics to be associated in public with the subject.

Question 3 is a test to determine whether there is any correlation
between the general attitude of whether an alcoholic should be ashamed of his affliction and whether there is any reluctance on the part of a self-proclaimed non-problem drinker to be publicly associated with the subject.

Question 4 is a direct inquiry to learn why people did or did not visit the exhibit.

Question 5 probes the attitude of respondents regarding their feelings about other passersby who might in turn form opinions about the respondents. If the "Yes" answers are significant, then it can be inferred that stopping at a controversial issue public exhibit constitutes public commitment.

Question 6 probes the attitude of the public toward the presence of an exhibit attendant.

In question 7 a direct correlation should exist with question 6 if there is a positive correlation between questions 7 and 2 regarding the shame associated with alcoholism.

It is possible that the only people stopping are those who would stop regardless of the subject. Others might never stop. Question 8 was included to help define the probabilities.

Question 9 was included so that the responses may be compared for correlation with the responses to question 8. All answers to this question are regarded as controversial from the viewpoint that either public demonstrations have been held for or against them or public funds are being used to support one viewpoint regarding them. Alcoholism fits this category, but the various degrees of controversy between the subjects is unknown. A correlation should exist, however, between
the subjects is unknown. A correlation should exist, however, between those willing to participate in an alcoholism exhibit and the other subjects listed if, in fact, public commitment is not a factor in visiting an exhibit.

Question 10 contains demographic data useful in categorizing the results obtained in questions 1 through 9.
VII. PILOT STUDY

A pilot study was conducted to 1) ensure that the procedural processes would operate smoothly and 2) to ensure that the questionnaires were nonambiguous and would provide the desired data.

The pilot study was conducted for 45 minutes manned and 45 minutes unmanned in front of a supermarket in a busy shopping center. This environment closely simulated the shopping centers in which the experiment was conducted and served to demonstrate weaknesses in the experimental design.

As a result of the pilot study, the questionnaires were extensively revised. The original questionnaires are included as Appendix C. Changes of greatest significance include the standardization of questions throughout all four questionnaires, the addition of demographic data questions, and the addition of question 9 regarding the willingness of respondents to participate in other socially controversial exhibits. The results of the pilot study are included in the appendix.

Certain operational changes were suggested by the pilot study. First, the total traffic recorder recorded traffic during each phase of the manned and unmanned conditions. During the pilot study, only a total traffic count of 210 was recorded. Second, the associates distributing and collecting questionnaires were instructed to wear business dress and to request participation based on an experimental study being performed. No specific instructions for obtaining data were given in the pilot study.
VIII. DATA ANALYSIS

Since this was a field study conducted under realistic, non-laboratory, uncontrollable conditions, no rigorous statistical analysis was possible since a true random sample was impossible to obtain. Rather, the data were collected, compiled, cross-correlated, and subjected to a chi-square analysis to determine interactional effects. The raw data results are presented in Exhibits 1 through 4.

Population and response summaries at each shopping center are presented in Table 1. Total population is defined in terms of total potential exposures of the exhibit to the passing audience. This sum does not represent 8783 different people, but does represent the number of opportunities an unknown number of people had to view the exhibit.

Of the total opportunities during the overall research period, 173 people stopped to view the exhibit for its message content. This distinction is made because a considerable number of other people stopped to view the graphics at the sides of the exhibit, but were not attracted to the front of the exhibit where the only message content was displayed. The scenes at each side of the exhibit were intermittently flashing rear-illuminated transparencies showing two social interaction scenes and a blood-splattered bed in a highly disarrayed room. No copy was available to explain the scene nor to relate it in any way to alcoholism or to the Bureau of Alcoholic Rehabilitation.

Comments overheard by the exhibit attendant from persons who stopped at the sides were generally of an inquisitive, curious nature
Exhibit 1. Person Visiting a Manned Exhibit

1. Do you consider alcoholism to be: 74 (a) a treatable illness, 68 (b) a moral weakness, or 20 (c) a state of mind?  

2. Should people afflicted with alcoholism be ashamed of their condition? 40 Yes 62 No

3. Did you experience any reluctance in making your decision to visit this alcoholism exhibit? 7 Yes 96 No

4. Please check all answers indicating why you visited the exhibit. 79 Subject of interest, 10 To obtain literature, 12 To ask questions, 18 Waiting and had nothing to do

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersbys as an indication that you are an alcoholic? 17 Yes 86 No

6. How did the presence of the person manning the exhibit affect your decision to visit the exhibit? 51 Encouraged me to visit, 1 Discouraged my visit, 48 Had no effect

7. Did you consider it possible that your visit to the exhibit could be interpreted by the exhibit attendant as an indication that you are an alcoholic? 9 Yes 94 No

8. How frequently do you stop at public welfare exhibits? 13 Never, 27 Seldom, 30 Sometimes, 26 Usually, 5 Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

   YES  NO
   69 22 Abortion
   65 26 Birth Control Techniques
   61 18 Drug Abuse.

10. Please check the following which best describe you:

   a. 47 male 55 female

   b. Age in years

   0 less than 10
   10 10-14
   14 15-17
   44 18-24
   5 25-29
   6 30-39
   16 40-54
   4 55-64
   0 65 or over

   c. Alcohol Drinking Habits

   33 non-drinker
   44 light drinker
   19 moderate drinker
   2 heavy drinker
   2 problem drinker
   2 alcoholic
Exhibit 2. Person Visiting an Unmanned Exhibit

1. Do you consider alcoholism to be (a) a treatable illness, (b) a moral weakness, or (c) a state of mind?
   - (a) __9__, (b) __4__, (c) __9__

2. Should people afflicted with alcoholism be ashamed of their condition? __Yes__ __35__ __No__

3. Did you experience any reluctance in making your decision to visit this alcoholism exhibit? __Yes__ __45__ __No__

4. Please check all answers indicating why you visited the exhibit.
   - Subject of interest: __53__, To obtain literature: __4__, To ask questions: __6__, Waiting and had nothing else to do

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic? __Yes__ __53__ __No__

6. How would the presence of a person manning the exhibit affect your decision to visit the exhibit? __12__ Would encourage me to visit, __13__ Would discourage my visit, __37__ Would have no effect

7. Would you consider it possible that your visit to the exhibit could be interpreted by an exhibit attendant as an indication that you are an alcoholic? __3__ __Yes__ __58__ __No__

8. How frequently do you stop at public welfare exhibits? __3__ Never, __14__ Seldom, __21__ Sometimes, __19__ Usually, __4__ Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>17</td>
</tr>
<tr>
<td>41</td>
<td>15</td>
</tr>
<tr>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>21</td>
<td>32</td>
</tr>
<tr>
<td>27</td>
<td>26</td>
</tr>
</tbody>
</table>

10. Please check the following which best describe you:

   a. __37__ male, __23__ female

   b. Age in years
   - 0 less than 10
   - 0 10-14
   - 11 15-17
   - 31 18-24
   - 2 25-29
   - 5 30-39
   - 7 40-54
   - 3 55-64
   - 4 65 or over

   c. Alcohol Drinking Habits
   - __23__ non-drinker
   - __24__ light drinker
   - __11__ moderate drinker
   - __2__ heavy drinker
   - __0__ problem drinker
   - __6__ alcoholic

D.
Exhibit 3.  Person Passing by a Manned Exhibit

0. Did you notice the alcoholism exhibit you just passed? 83 Yes 39 No

1. Do you consider alcoholism to be: 82 (a) a treatable illness, 18 (b) a moral weakness, or 21 (c) a state of mind?

2. Should people afflicted with alcoholism be ashamed of their condition? 49 Yes 50 No

3. Did you experience any reluctance in making a decision whether to visit the alcoholism exhibit you just passed? 19 Yes 90 No

4. Why did you not visit the exhibit? 23 Subject of little or no interest, 50 Subject of interest, but time to visit was unavailable, 10 Did not desire to be publicly associated with alcoholism, 10 Presence of exhibit attendant

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic? 6 Yes 105 No

6. How did the presence of a person manning the exhibit affect your decision not to visit the exhibit? 11 Encouraged me to visit, 10 Discouraged my visit 88 No effect

7. Did you consider it possible that your visiting the exhibit could be interpreted by the exhibit attendant as an indication that you are an alcoholic? 12 Yes 99 No

8. How frequently do you stop at public welfare exhibits? 12 Never, 27 Seldom, 44 Sometimes, 27 Usually, 4 Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>29</td>
</tr>
<tr>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>85</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>53</td>
<td>44</td>
</tr>
<tr>
<td>62</td>
<td>38</td>
</tr>
</tbody>
</table>

10. Please check the following which best describe you:

a. 64 Male 50 Female

b. Age in years
   0 less than 10
   1 10-14
   15 15-17
   20 20-24
   28 25-29
   43 30-39
   23 40-54
   7 55-64
   1 65 or over

c. Alcohol Drinking Habits
   36 non-drinker
   56 light drinker
   23 moderate drinker
   14 heavy drinker
   4 problem drinker
   7 alcoholic
   1 65 or over
Exhibit 4. Person Passing by an Unmanned Exhibit

0. Did you notice the alcoholism exhibit you just passed? Yes58 No17

1. Do you consider alcoholism to be: 42 (a) a treatable illness, 15 (b) a moral weakness, or 13 (c) a state of mind?

2. Should people afflicted with alcoholism be ashamed of their condition? 27 Yes 49 No

3. Did you experience any reluctance in making a decision whether to visit the alcoholism exhibit you just passed? 5 Yes 67 No

4. Why did you not visit the exhibit? 13 Subject of little or no interest, 27 Subject of interest, but time to visit was unavailable, 4 Did not desire to be publicly associated with alcoholism

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic? 8 Yes 64 No

6. How would the presence of a person manning the exhibit affect your decision to visit the exhibit? 17 Would encourage me to visit, 8 Would discourage my visit, 46 Would have no effect

7. Would you consider it possible that your visit to the exhibit could be interpreted by an exhibit attendant as an indication that you are an alcoholic? 12 Yes 61 No

8. How frequently do you stop at public welfare exhibits? 8 Never, 18 Seldom, 27 Sometimes, 14 Usually, 7 Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>18</td>
</tr>
<tr>
<td>51</td>
<td>15</td>
</tr>
<tr>
<td>56</td>
<td>18</td>
</tr>
<tr>
<td>49</td>
<td>17</td>
</tr>
<tr>
<td>43</td>
<td>23</td>
</tr>
<tr>
<td>47</td>
<td>17</td>
</tr>
</tbody>
</table>

10. Please check the following which best describe you:

a. 45 male 28 female

b. Age in years
   - 0 less than 10
   - 2 10-14
   - 3 15-17
   - 32 18-24
   - 12 25-29
   - 7 30-39
   - 6 40-54

   11 55-64
   2 65 or over

c. Alcohol Drinking Habits
   - 23 non-drinker
   - 33 light drinker
   - 16 moderate drinker
   - 2 heavy drinker
   - 1 problem drinker
   - 0 alcoholic

D.
Table 1

Population and Response Summary

<table>
<thead>
<tr>
<th>Shopping Center</th>
<th>Day</th>
<th>Period</th>
<th>Exhibit Status</th>
<th>Total Exposures</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>6 - 7:30 p.m.</td>
<td>X</td>
<td>909</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>7:30 - 9 p.m.</td>
<td>X</td>
<td>952</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>6 - 7:30 p.m.</td>
<td>X</td>
<td>660</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>7:30 - 9 p.m.</td>
<td>X</td>
<td>759</td>
<td>8</td>
</tr>
<tr>
<td>II</td>
<td>3</td>
<td>6 - 7:30 p.m.</td>
<td>X</td>
<td>530</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>7:30 - 9 p.m.</td>
<td>X</td>
<td>681</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6 - 7:30 p.m.</td>
<td>X</td>
<td>592</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>7:30 - 9 p.m.</td>
<td>X</td>
<td>1010</td>
<td>15</td>
</tr>
<tr>
<td>III</td>
<td>5</td>
<td>Noon - 3 p.m.</td>
<td>X</td>
<td>1194</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3 - 6 p.m.</td>
<td>X</td>
<td>1466</td>
<td>3</td>
</tr>
</tbody>
</table>

Totals 8783 109 60
probing into what the scene represented, what movie it was from, or whether a companion had observed the scene. Whenever possible the booth attendant would introduce himself, offer an explanation in terms of alcoholism, and attempt to interest the party or parties in observing the front of the display. Only if he was successful in attracting a person to the front of the exhibit was that person counted in the total as a participant.

Of the total participants only five declined to complete a questionnaire. Three of these said they could not read without their glasses which they did not have with them, and two claimed language difficulties.

The 169 people who stopped represented 1.94 percent of the total potential exposure population. Of these, 109 or 1.24 percent of the total potential who stopped, did so when the exhibit was manned. When the exhibit was unmanned, only 60, or 0.684 percent, of the total potential exposure population stopped at the message side of the exhibit.

Personal attitudes toward alcoholism were measured by question 1. Table 2 summarizes the data from all four questionnaires.

Table 2

<table>
<thead>
<tr>
<th>Attitudes Toward Alcoholism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Table 3 provides the relationship between respondent’s attitudes toward alcoholism and whether the respondent believes an alcoholic should be ashamed of his alcoholism condition.

Table 3
Belief that Shame should be Associated with Alcoholism

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Treatable Illness Ashamed</th>
<th>Moral Weakness Ashamed</th>
<th>State of Mind Ashamed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td>A</td>
<td>35  45</td>
<td>8  3</td>
<td>6  10</td>
</tr>
<tr>
<td>B</td>
<td>12  30</td>
<td>7  2</td>
<td>5  1</td>
</tr>
<tr>
<td>C</td>
<td>22  46</td>
<td>7  7</td>
<td>8  10</td>
</tr>
<tr>
<td>D</td>
<td>9  37</td>
<td>10 2</td>
<td>5  6</td>
</tr>
<tr>
<td>Total</td>
<td>78 158</td>
<td>32 14</td>
<td>24 27</td>
</tr>
</tbody>
</table>

Of the 154 persons completing question 3 on questionnaires A and B, 141 or 91.5 percent indicated they experienced no reluctance to visit the exhibit. Of 162 answering question 2 of questionnaires A and B, however, 97 or 59.5 percent indicated that people afflicted with alcoholism should not be ashamed of their condition. The remaining 40.5 percent felt that persons so afflicted should be ashamed of their condition.

Of the 151 respondents who did not visit the exhibit but who completed questionnaires C and D, 157 or 86.8 percent indicated they experienced no reluctance to visit the exhibit. Clarification is required here since only 141 respondents indicated they saw the exhibit. Of these, 117 (83 percent) indicated they experienced no reluctance to visit the exhibit. A summary of the data relating questions 0 and 3 is
given in Table 4.

Table 4

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Noticed Exhibit</th>
<th>Experienced Reluctance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>Yes</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>D</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

Question 4 on Questionnaires A and B was answered by 160 people who gave 187 total answers. Of those answering, 132 or 82.5 percent indicated they stopped because the subject was of interest; 24 or 15 percent said they were waiting and had nothing else to do; 17 or 10.6 percent stopped to ask questions; and 14 or 8.75 percent stopped to obtain literature.

Persons passing the exhibit were asked in question 4 why they did not visit the exhibit. Those who saw the exhibit furnished the reasons summarized in Table 5 for not stopping.

Table 5

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>No Interest</th>
<th>Time</th>
<th>Public Association</th>
<th>Exhibit Attendant</th>
<th>No Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>20</td>
<td>39</td>
<td>1</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>D</td>
<td>10</td>
<td>23</td>
<td>4</td>
<td>N/A</td>
<td>28</td>
</tr>
</tbody>
</table>
All 164 respondents to questionnaires A and B answered question 5. Of these, 139 or 84.7 percent stated they did not consider it possible that their participation could be interpreted by other passersbys as an indication that they might be an alcoholic. This result correlated with 83.5 percent who stated that answer on questionnaire A and 88.4 percent of those answering questionnaire B.

Of the 116 total respondents to questionnaire C, 111 answered question 5. Of the 111, 105 or 94.7 percent did not consider it possible that their interest in the exhibit could be considered by other passersbys that they could be alcoholics. Results from questionnaire D were similar in that of the 72 answers received, 64 or 88.9 percent stated they did not feel their interest would be interpreted by the passing crowd as an indication of the respondent's possible alcoholism.

One hundred of the 104 persons who completed questionnaire A answered question 6 regarding the effect of the presence of the person manning the exhibit on the participant's decision to visit the exhibit. Only one person stated that the representative tended to discourage their visit while 51 were encouraged to visit and 48 were not affected by the presence of the representative. Of the 62 persons who visited the unmanned exhibit and answered questionnaire B, 12 (19.4 percent) said the presence of a representative would encourage them to visit, 13 (21 percent) would be discouraged from visiting, and 37 (59.6 percent) would be unaffected by his presence.

Only 11 of 109 persons (10.1 percent) who answered question 6 of questionnaire C stated that the presence of the exhibit attendant encouraged them to visit. Ten (9.2 percent) stated that his presence
discouraged their visit and 88 (80.6 percent) said his presence had no effect. Persons who passed the exhibit when it was unmanned stated that the presence of an attendant would provide a greater influence to visit the exhibit. As shown in Exhibit 12, 17 of 71 respondents (23.95 percent) believed an attendant would provide a greater influence, 11.9 percent said an attendant's presence would discourage their visit, and 46 or 64.9 percent said the presence of an attendant would have no effect.

The results obtained to question 7 tend to support the answers to question 6. Of 103 respondents to questionnaire A, 94 (91.2 percent) said they did not consider it possible that the exhibit attendant would interpret their visit as an indication they were alcoholics. Similarly, of 61 answering questionnaire B, 58 (95.2 percent) responded the same as those answering questionnaire A.

Again, the data from question 7 of questionnaires C and D support the answers to question 6. Ninety-nine of 111 respondents (90 percent) stated on questionnaire C that the exhibit attendant would probably not consider them an alcoholic if they stopped at the exhibit. Data from questionnaire D show that 83.5 percent share the same attitude.

Answers to question 8 on both questionnaires A and B produced results typical of a Gaussian distribution although questionnaire A results were slightly skewed to the left. In both cases nearly one-third (31.4 percent) on A and B combined; 29.7 on A alone; and 34.4 on B alone) indicated they stopped "sometimes." Nearly as many respondents to both questionnaires indicated they "usually" stop. Similar results occurred between A and B respondents indicating they "seldom"
stopped. Of the combined A and B respondents, 25.4 percent stated they seldom stopped; 26.8 percent A respondents alone stated this response; and 23 percent of the B respondents gave that answer.

Answers to question 8 of questionnaires C and D provided results very similar to that obtained from questionnaires A and B. The Gaussian distribution was apparent and the results of questionnaires A and C, the manned exhibit situation, provided results slightly skewed to the left. The combined results of questionnaires A through D, question 8, are given in Table 6.

Table 6
Frequency of Visiting Public Welfare Exhibits

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>13</td>
<td>27</td>
<td>30</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
<td>14</td>
<td>21</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>12</td>
<td>27</td>
<td>44</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td>D</td>
<td>8</td>
<td>18</td>
<td>27</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>86</td>
<td>122</td>
<td>86</td>
<td>20</td>
</tr>
</tbody>
</table>

Histograms of the results to question 9 are shown in Figure 3. A summary of the results is presented in Table 7. A histogram of the totals is presented in Figure 4 for comparison with the individual questionnaire histograms of Figure 3.

Summaries of demographic data are presented in Tables 8 and 9. Table 10 summarizes how respondents classified their own drinking habits.
Figure 3. Histograms of Willingness to Participate in Controversial Exhibits
Figure 3 (Cont.). Histograms of Willingness to Participate in Controversial Exhibits

Questionnaire C, Question 9

<table>
<thead>
<tr>
<th>Category</th>
<th>Will Participate</th>
<th>Will Not Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>72.4%</td>
<td>66%</td>
</tr>
<tr>
<td>Birth</td>
<td>75.5%</td>
<td>63%</td>
</tr>
<tr>
<td>Drug</td>
<td>54.6%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Questionnaire D, Question 9

<table>
<thead>
<tr>
<th>Category</th>
<th>Will Participate</th>
<th>Will Not Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>73.9%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Birth</td>
<td>75.5%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Drug</td>
<td>65.2%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Venereal Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homosexuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostitution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
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<tr>
<td>Abuse</td>
<td></td>
<td></td>
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<tr>
<td>Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Will Participate
- Will Not Participate
Figure 4. Composite Histogram of Willingness to Participate in Controversial Exhibits
Table 7
Willingness to Participate in Exhibits

<table>
<thead>
<tr>
<th>Exhibit Subject</th>
<th>Questionnaire</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tr>
<td></td>
<td></td>
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<td>No</td>
<td>Yes</td>
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<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Abortion</td>
<td></td>
<td>69</td>
<td>23</td>
<td>39</td>
<td>17</td>
<td>76</td>
<td>51</td>
</tr>
<tr>
<td>Birth Control</td>
<td></td>
<td>65</td>
<td>26</td>
<td>41</td>
<td>15</td>
<td>68</td>
<td>51</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td></td>
<td>81</td>
<td>18</td>
<td>40</td>
<td>17</td>
<td>85</td>
<td>56</td>
</tr>
<tr>
<td>Venereal Disease</td>
<td></td>
<td>69</td>
<td>22</td>
<td>39</td>
<td>15</td>
<td>63</td>
<td>49</td>
</tr>
<tr>
<td>Homosexuality</td>
<td></td>
<td>44</td>
<td>41</td>
<td>21</td>
<td>32</td>
<td>53</td>
<td>43</td>
</tr>
<tr>
<td>Prostitution</td>
<td></td>
<td>53</td>
<td>28</td>
<td>27</td>
<td>26</td>
<td>62</td>
<td>47</td>
</tr>
</tbody>
</table>

Table 8
Summary of Respondents by Sex

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>47</td>
<td>55</td>
</tr>
<tr>
<td>B</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>C</td>
<td>64</td>
<td>50</td>
</tr>
<tr>
<td>D</td>
<td>45</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>193</td>
<td>156</td>
</tr>
</tbody>
</table>
Table 9
Summary of Age Data

<table>
<thead>
<tr>
<th>Age</th>
<th>Questionnaire</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 - 14</td>
<td></td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>15 - 17</td>
<td></td>
<td>14</td>
<td>11</td>
<td>15</td>
<td>3</td>
<td>43</td>
</tr>
<tr>
<td>18 - 24</td>
<td></td>
<td>44</td>
<td>31</td>
<td>27</td>
<td>32</td>
<td>134</td>
</tr>
<tr>
<td>25 - 29</td>
<td></td>
<td>5</td>
<td>2</td>
<td>28</td>
<td>12</td>
<td>47</td>
</tr>
<tr>
<td>30 - 39</td>
<td></td>
<td>6</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>40 - 54</td>
<td></td>
<td>16</td>
<td>7</td>
<td>23</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>55 - 64</td>
<td></td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>65 - over</td>
<td></td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 10
Alcohol Drinking Habits

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Non-drinker</th>
<th>Light</th>
<th>Moderate</th>
<th>Heavy</th>
<th>Problem</th>
<th>Alcoholic</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>33</td>
<td>44</td>
<td>19</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>23</td>
<td>24</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C</td>
<td>30</td>
<td>54</td>
<td>23</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>23</td>
<td>33</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>155</td>
<td>69</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Tests of independence by the use of contingency tables and chi-square analysis are necessary to show what, if any, dependency relationships exist between the respondents' answers to the questions under the manned/unmanned exhibit conditions.

Null Hypothesis 1: There is no relationship between a personal attitude toward the cause of alcoholism and whether one holds a belief that an alcoholic should be ashamed of his condition.

Alcoholic Should be Ashamed

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatable Illness</td>
<td>64</td>
<td>156</td>
</tr>
<tr>
<td>Moral Weakness</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>State of Mind</td>
<td>24</td>
<td>27</td>
</tr>
</tbody>
</table>

\[
\begin{array}{c}
222/319 \times 120 = 83.5 \\
46/319 \times 120 = 17.3 \\
51/319 \times 120 = 19.2 \\
\end{array}
\]

\[
\begin{array}{c}
222/319 \times 199 = 138.6 \\
46/319 \times 199 = 28.6 \\
51/319 \times 199 = 31.8 \\
\end{array}
\]

\[
u = \frac{(64 - 83.5)^2}{83.5} + \frac{(158 - 138.6)^2}{138.6} + \frac{(32 - 17.3)^2}{17.3} + \frac{(14 - 28.6)^2}{28.6}
\]

\[
\begin{array}{c}
(24 - 19.2)^2 \\
+ \frac{27 - 31.8)^2}{31.8}
\end{array}
\]

\[
u = 29.15
\]

For two degrees of freedom and \( \alpha = 0.5 \) percent level of significance, we find

\[
P(10.60 < \chi^2 < \infty) = 0.005
\]
and the rejection region is \( X^2 \geq 10.60 \). Since \( u = 29.15 \), we reject the null hypothesis that there is no relationship between attitude toward alcoholism and whether one feels the alcoholic should be ashamed of his condition.

Null Hypothesis 2: There is no relationship between a person's attitude toward whether the alcoholic should view his condition as shameful and whether that person will visit a publicly displayed alcoholism exhibit.

<table>
<thead>
<tr>
<th>Alcoholic Should Be Ashamed</th>
<th>Reluctant to Visit Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>114</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>185</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>299</td>
</tr>
</tbody>
</table>

\[
\frac{128}{332} \times 33 = 12.7 \\
\frac{204}{332} \times 33 = 20.3 \\
\frac{128}{332} \times 299 = 115.1 \\
\frac{204}{332} \times 299 = 183.9
\]

The \( X^2 \) value is:

\[
u = \frac{(14 - 12.7)^2}{12.7} + \frac{(19 - 20.3)^2}{20.3} + \frac{(114 - 115.1)^2}{115.1} + \frac{(185 - 183.9)^2}{183.9}
\]

\[u = 0.969\]

For one degree of freedom and \( \alpha = 5 \) percent level of significance, we find

\[P(3.84 < X^2 < \infty ) = 0.05\]

and the rejection region is \( X^2 \geq 3.84 \). Since \( u = 0.969 \), we accept the null hypothesis.
Null Hypothesis 3: There is no relationship between a person's attitude toward whether the alcoholic should view his condition as shameful and whether that person considers it possible that his interest in the exhibit could be interpreted by other passersby that he is an alcoholic.

<table>
<thead>
<tr>
<th>Alcoholic Should Be Ashamed</th>
<th>Passerby Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

$$\frac{131}{335} \times 39 = 15.25$$  \hspace{1cm}  $$\frac{131}{335} \times 296 = 116$$

$$\frac{204}{335} \times 39 = 23.75$$  \hspace{1cm}  $$\frac{204}{335} \times 296 = 180$$

$$u = 0.912$$

The X² value is:

$$u = \frac{(13 - 15.25)^2}{15.25} + \frac{(26 - 23.75)^2}{23.75} + \frac{(118 - 116)^2}{116} + \frac{(178 - 180)^2}{180}$$

For one degree of freedom and $\alpha = 5$ percent level of significance, we find

$$P(3.84 < X^2 < \infty) = 0.05$$

and the rejection region is $X^2 \geq 3.84$. Since $u = 0.912$, we accept the null hypothesis.

Null Hypothesis 4: There is no relationship between a person's attitude toward whether the alcoholic should view his condition as shameful and whether that person considers it possible that his interest in the exhibit could be interpreted by an exhibit attendant that he is an alcoholic.
## Alcoholics Should Be Ashamed

<table>
<thead>
<tr>
<th>Sensitivity to Presence of Exhibit Attendant</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>120</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>181</td>
</tr>
<tr>
<td>---</td>
<td>32</td>
<td>301</td>
</tr>
</tbody>
</table>

\[
\begin{align*}
\frac{133}{333} \times 32 &= 12.79 \\
\frac{200}{333} \times 32 &= 19.21 \\
\frac{133}{333} \times 301 &= 120.4 \\
\frac{200}{333} \times 301 &= 180.6 \\
\end{align*}
\]

The \( X^2 \) value is:

\[
\frac{(13 - 12.79)^2}{12.79} + \frac{(19 - 19.21)^2}{19.21} + \frac{(120 - 120.4)^2}{120.4} + \frac{(181 - 180.6)^2}{180.6}
\]

\( u = 0.00907 \)

For one degree of freedom and \( \alpha = 5 \) percent level of significance, we find

\[
P(3.84 < X^2 < \infty) = 0.05
\]

and the rejection region is \( X^2 \geq 3.84 \). Since \( u = 0.00907 \), we accept the null hypothesis.
IX. DISCUSSION

The results of this study indicate there is little carryover from how one feels about what they consider to be another person's shameful condition and whether or not one will participate in a public display of some controversial, socially negative subjects.

Although this applies to alcoholism and possibly to subjects such as abortion, birth control techniques, drug abuses, and venereal disease, the results clearly indicate that the expenditure of funds for exhibits dealing with homosexuality and prostitution would probably be wasteful. The results do indicate, however, that the public is seeking additional information regarding drug abuse and that exhibits would be an effective medium by which to reach the general public.

Persons responding to the questionnaires indicated no influence on their action as a result of other passersby or any significant effect from the presence of an exhibit attendant. For this reason it is suggested that social welfare exhibits displayed in public gathering places can be as effective unmanned as manned.

One of the most significant results of this study is the poor response obtained by the exhibit in any of the three different locations. In the trade show industry where exhibits are the medium an exhibit is not considered effective unless it provides a draw of at least 20 percent of the target audience. If the general public is considered the target audience in this research, the exhibit fell far short of its objective.
From a cost viewpoint, this exhibit is the most ineffective of any medium for reaching the public. If we assume, for example, that a typical field representative's hourly rate is $6.25, the following costs would have accrued to the information program budget:

18 hours manning the exhibit @ $6.25  $112.50
6 hours set-up time for 3 locations @ $6.25  37.50
Transportation  40.00

$190.00

Since 169 people stopped at the exhibit, the cost per person is $1.12 or a cost per thousand of $1124.26. This compares with a delivery cost per thousand via public service radio, television, and newspaper of no capital outlay for delivery via the medium. The omitted factor, of course, is production cost. Exhibits can be used several years and by refurbishing and making copy panel modifications these same exhibits can realize an even greater extended life. The mass media require continual change and a resulting higher capital outlay in production costs.

The results from this study cannot be used to condemn exhibits as an ineffective medium for use by the Information and Education Division of the Bureau of Alcoholic Rehabilitation. The results can only be used to indicate that the particular exhibit used in the study is grossly ineffective.

From a communication viewpoint, the following weaknesses are apparent in the subject exhibit:

1. No communication objectives were set in planning the exhibit
2. No single message emerges from the exhibit
3. A visitor must stop and spend several minutes reading the copy panels.

4. The flashing end panels, although involving the pouring of drinks and social interaction scenes, relate in no direct way to alcoholism or its cures or prevention.

Based upon these findings and observations, additional study is recommended which would incorporate the following:

1. Establish a clearly defined measurable objective for an exhibit campaign.

2. Refurbish the display to incorporate only the essence of the objective.

3. Replicate the research conducted in this study.

4. Compare the results of the original study with those of the new research.

5. Conduct additional studies in different environments to establish which audiences are most easily reached through the exhibit medium. Caution must be exercised to ensure that a proper objective is established and integrated into the exhibit communication design.
APPENDIX A.

FBAR EXHIBITS HISTORY
<table>
<thead>
<tr>
<th>Month</th>
<th>FARP REPORTER</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>FARP REPORTER</td>
<td>An educational exhibit about alcoholism and the Florida program is available for displays at fairs, conventions, and other large meetings.</td>
</tr>
<tr>
<td>September</td>
<td>FARP REPORTER</td>
<td>Same as above.</td>
</tr>
<tr>
<td>October</td>
<td>FARP REPORTER</td>
<td>Same as above.</td>
</tr>
<tr>
<td>October</td>
<td>FARP REPORTER</td>
<td>Same as above.</td>
</tr>
<tr>
<td>October</td>
<td>FARP REPORTER</td>
<td>The FARPs eye-catching educational exhibit, has seen varied use at fairs, conventions, public meetings and other large gatherings. Composed of four panels, the exhibit features (1) the thirteen steps to alcoholism, (2) a state map indicating the location of FARPs facilities (3) a cartoon story of the case history of an alcoholic and (4) a push-button quiz on alcoholism, complete with bell buzzer and flashing lights. The exhibit is sometimes accompanied by an FARPs staff member who answers the questions of onlookers and hands out selected pamphlets about alcoholism.</td>
</tr>
<tr>
<td>February</td>
<td>FARP REPORTER</td>
<td>Exhibit on the fair circuit. FARPs alcoholism exhibit will be on display at the State Fair in Tampa, February 10-17. The exhibit attracted large crowds at the South Florida Fair January 26 - February 3 and an even larger audience is expected at the State Fair. The exhibit has also been scheduled for the Martin County Fair in Stuart May 12-17.</td>
</tr>
<tr>
<td>November</td>
<td>FARP REPORTER</td>
<td>Exhibit slated for fairs.</td>
</tr>
<tr>
<td>January</td>
<td>FARP REPORTER</td>
<td>Alcoholism exhibit available.</td>
</tr>
<tr>
<td>Year</td>
<td>Month</td>
<td>Source</td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
<td>--------------</td>
</tr>
<tr>
<td>1963</td>
<td>October</td>
<td>FARF REPORTER</td>
</tr>
<tr>
<td>1964</td>
<td>January</td>
<td>FARF REPORTER</td>
</tr>
<tr>
<td>1964</td>
<td>February</td>
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<tr>
<td>1966</td>
<td>February</td>
<td>FARF REPORTER</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-6-66</td>
<td></td>
<td>Kit with carrying case</td>
</tr>
<tr>
<td>3-29-66</td>
<td></td>
<td>Display easel</td>
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<tr>
<td>4-6-66</td>
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<td>Artwork and materials</td>
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<td>5-25-66</td>
<td></td>
<td>Color poster illustration, 11 x 14</td>
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<td>4-22-66</td>
<td></td>
<td>Cards for display</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td>March/ April</td>
<td>FARF REPORTER</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>October</td>
<td>INSIGHT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fiscal year 1970 to 1971  
Days, 111. Estimated audience - 89,572.

Fiscal year 1971 to 1972  
Days, 31. Estimated audience - 137,000.

Fiscal year 1972 to 1973  
Days, 42. Estimated audience - 40,000.

In 1971 4,500 resource maps and 10,000 quickie quizzes were distributed along with the cubistice exhibit.

Newly revised table top exhibit for professionals.

2-72 materials and labor to refurbish  
9 panels for table top exhibit  $500.00

Two dozen panelocks  21.50

Milling of panelocks  58.00

Total  $579.50

Fiscal year 1971 to 1972  
Days, 19. Estimated professionals - 1,725.

Fiscal year 1972 to 1973  
Days, 7. Estimated professionals - 580.

Professional exhibit features information panels and is self-illuminated with rear screen projector and film are now available.

System 70 professional  
12 frames & 24 panels  $847.00
Art work  800.00
Aerial shot of Institute  125.00
Extra pins  11.25

Total  $1683.25

System 70 mass media  $1743.60

<table>
<thead>
<tr>
<th>Summary of shipping costs</th>
<th>Budget Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>1969-1970</td>
</tr>
<tr>
<td>cube</td>
<td>1970-1971</td>
</tr>
<tr>
<td>table top</td>
<td>1971-1972</td>
</tr>
<tr>
<td>1972</td>
<td>1972-1973</td>
</tr>
<tr>
<td>table top</td>
<td>1973-1974</td>
</tr>
<tr>
<td>cube</td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td></td>
</tr>
<tr>
<td>table top</td>
<td></td>
</tr>
<tr>
<td>cube</td>
<td></td>
</tr>
<tr>
<td>new professional</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B.

QUESTIONNAIRES A THROUGH D
Person Visiting a Manned Exhibit

1. Do you consider alcoholism to be (a) a treatable illness, (b) a moral weakness, or (c) a state of mind?

2. Should people afflicted with alcoholism be ashamed of their condition? Yes No

3. Did you experience any reluctance in making your decision to visit this alcoholism exhibit? Yes No

4. Please check all answers indicating why you visited the exhibit. Subject of interest, To obtain literature, To ask questions, Waiting and had nothing to do

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersbys as an indication that you are an alcoholic? Yes No

6. How did the presence of the person manning the exhibit affect your decision to visit the exhibit? Encouraged me to visit, Discouraged my visit, Had no effect

7. Did you consider it possible that your visit to the exhibit could be interpreted by the exhibit attendant as an indication that you are an alcoholic? Yes No

8. How frequently do you stop at public welfare exhibits? Never, Seldom, Sometimes, Usually, Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

   YES NO
   Abortion
   Birth Control Techniques
   Drug Abuse
   YES NO
   Venereal Disease
   Homosexuality
   Prostitution

10. Please check the following which best describe you:

   a. male female
   b. Age in years
      less than 10
      10-14
      15-17
      18-24
      25-29
      30-39
      40-54
      55-64
      65 or over
   c. Alcohol Drinking Habits
      non-drinker
      light drinker
      moderate drinker
      heavy drinker
      problem drinker
      alcoholic

A.
Person Visiting an Unmanned Exhibit

1. Do you consider alcoholism to be: (a) a treatable illness, (b) a moral weakness, or (c) a state of mind?
   ___ Yes ___ No

2. Should people afflicted with alcoholism be ashamed of their condition? ___ Yes ___ No

3. Did you experience any reluctance in making your decision to visit this alcoholism exhibit? ___ Yes ___ No

4. Please check all answers indicating why you visited the exhibit.
   ___ Subject of interest, ___ To obtain literature, ___ To ask questions, ___ Waiting and had nothing else to do

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic? ___ Yes ___ No

6. How would the presence of a person manning the exhibit affect your decision to visit the exhibit? ___ Would encourage me to visit, ___ Would discourage my visit, ___ Would have no effect

7. Would you consider it possible that your visit to the exhibit could be interpreted by an exhibit attendant as an indication that you are an alcoholic? ___ Yes ___ No

8. How frequently do you stop at public welfare exhibits?
   ___ Never, ___ Seldom, ___ Sometimes, ___ Usually, ___ Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

   YES NO
   ___ ___ Abortion
   ___ ___ Birth Control Techniques
   ___ ___ Drug Abuse

   YES NO
   ___ ___ Venereal Disease
   ___ ___ Homosexuality
   ___ ___ Prostitution

10. Please check the following which best describe you:

   a. ___ male ___ female

   b. Age in years
      ___ less than 10
      ___ 10-14
      ___ 15-17
      ___ 18-24
      ___ 25-29
      ___ 30-39
      ___ 40-54
      ___ 55-64
      ___ 65 or over

   c. Alcohol Drinking Habits
      ___ non-drinker
      ___ light drinker
      ___ moderate drinker
      ___ heavy drinker
      ___ problem drinker
      ___ alcoholic
Person Passing by a Manned Exhibit

0. Did you notice the alcoholism exhibit you just passed?  ____Yes____No

1. Do you consider alcoholism to be  ____(a) a treatable illness,
   ____ (b) a moral weakness, or  ____(c) a state of mind?

2. Should people afflicted with alcoholism be ashamed of their condition?  ____Yes____No

3. Did you experience any reluctance in making a decision whether to visit the alcoholism exhibit you just passed?  ____Yes____No

4. Why did you not visit the exhibit?  ____Subject of little or no interest, ____Subject of interest, but time to visit was unavailable, ____Did not desire to be publicly associated with alcoholism, ____Presence of exhibit attendant

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic?  ____Yes____No

6. How did the presence of a person manning the exhibit affect your decision not to visit the exhibit?  ____Encouraged me to visit, ____Discouraged my visit, ____No effect

7. Did you consider it possible that your visiting the exhibit could be interpreted by the exhibit attendant as an indication that you are an alcoholic?  ____Yes____No

8. How frequently do you stop at public welfare exhibits?  ____Never, ____Seldom, ____Sometimes, ____Usually, ____Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td></td>
</tr>
<tr>
<td>Birth Control Techniques</td>
<td></td>
</tr>
<tr>
<td>Drug Abuse</td>
<td></td>
</tr>
<tr>
<td>Venereal Disease</td>
<td></td>
</tr>
<tr>
<td>Homosexuality</td>
<td></td>
</tr>
<tr>
<td>Prostitution</td>
<td></td>
</tr>
</tbody>
</table>

10. Please check the following which best describe you:

   a.  ____male ____female
   b. Age in years
      ____less than 10
      ____10-14
      ____15-17
      ____18-24
      ____25-29
      ____30-39
      ____55-64
      ____40-54
      ____65 or over
   c. Alcohol Drinking Habits
      ____non -drinker
      ____light drinker
      ____moderate drinker
      ____heavy drinker
      ____problem drinker
      ____alcoholic

   C.
Person Passing by an Unmanned Exhibit

0. Did you notice the alcoholism exhibit you just passed? Yes__No

1. Do you consider alcoholism to be (a) a treatable illness, ___(b) a moral weakness, or ___(c) a state of mind?

2. Should people afflicted with alcoholism be ashamed of their condition? Yes__No

3. Did you experience any reluctance in making a decision whether to visit the alcoholism exhibit you just passed? Yes__No

4. Why did you not visit the exhibit? Subject of little or no interest, Subject of interest, but time to visit was unavailable, Did not desire to be publicly associated with alcoholism

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you are an alcoholic? Yes__No

6. How would the presence of a person manning the exhibit affect your decision to visit the exhibit? Would encourage me to visit, Would discourage my visit, Would have no effect

7. Would you consider it possible that your visit to the exhibit could be interpreted by an exhibit attendant as an indication that you are an alcoholic? Yes__No

8. How frequently do you stop at public welfare exhibits? Never, Seldom, Sometimes, Usually, Always

9. Please check whether you would visit a public welfare exhibit dealing with each of the following:

   YES  NO
   ___  ___ Abortion   YES  NO
   ___  ___ Birth Control Techniques   ___  ___ Venereal Disease
   ___  ___ Drug Abuse   ___  ___ Homosexuality
   ___  ___   ___ Prostitution

10. Please check the following which best describe you:

   a. _____ male  _____ female  c. Alcohol Drinking Habits
   b. Age in years
      Less than 10
      10-14
      15-17
      18-24
      25-29
      30-39
      55-64
      40-54
      65 or over
   d. ___ non-drinker
      ___ light drinker
      ___ moderate drinker
      ___ heavy drinker
      ___ problem drinker
      ___ alcoholic
APPENDIX C.

PILOT STUDY QUESTIONNAIRES
1. Do you consider alcoholism to be (a) a treatable illness or (b) a personality weakness?  
   (a) _____ 5  (b) _____ 1

2. Should people afflicted with alcoholism be ashamed of their condition?  
   Yes _____ 3  No _____ 4

3. Did you experience any reluctance in your decision to visit this alcoholism exhibit?  
   Yes _____ 1  No _____ 5

4. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you could be an alcoholic?  
   Yes _____ 0  No _____ 5

5. How did the presence of the person manning the exhibit affect your decision to visit the exhibit?  
   4 Encouraged me to visit  
   0 Discouraged my visit  
   3 No effect

6. Did you consider it possible that your visit to the exhibit would be interpreted by the exhibit attendant as an indication that you could be an alcoholic?  
   Yes _____ 0  No _____ 5

7. How frequently do you stop at public displays that are attractive to you?  
   a. Never _____ 0  
   b. Seldom _____ 2  
   c. Usually _____ 4  
   d. Always _____ 1

8. Please check the category which best describes you.  
   6 non-drinker  
   1 moderate drinker  
   0 problem drinker  
   0 alcoholic
1. Do you consider alcoholism to be (a) a treatable illness or (b) a personality weakness? 
(a) ________ (b) ________

2. Should people afflicted with alcoholism be ashamed of their condition? 
Yes ________ No ________

3. Did you experience any reluctance in your decision not to visit the alcoholism exhibit you just passed? 
Yes ________ No ________

4. Why did you not visit the exhibit? 
(a) ________ Subject of little or no interest 
(b) ________ Subject of interest, but time to visit was unavailable. 
(c) ________ Did not desire to be publicly associated with alcoholism.

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you could be an alcoholic? 
Yes ________ No ________

6. How did the presence of a person manning the exhibit affect your decision not to visit the exhibit? 
Encouraged me to visit 
Discouraged my visit 
No effect

7. Did you consider it possible that your visit to the exhibit would be interpreted by the exhibit attendant as an indication that you could be an alcoholic? 
Yes ________ No ________

8. How frequently do you stop at public displays that are attractive to you? 
  a. Never ________ 
  b. Seldom ________ 
  c. Usually ________ 
  d. Always ________

9. Please check the category which best describes you: 
   ________ non-drinker 
   ________ moderate drinker 
   ________ problem drinker 
   ________ alcoholic


1. Do you consider alcoholism to be (a) a treatable illness or (b) a personality weakness?
   (a) 16 (b) 10

2. Should people afflicted with alcoholism be ashamed of their condition?
   Yes 15 No 11

3. Did you experience any reluctance in your decision to visit this alcoholism exhibit?
   Yes 1 No 23

4. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you could be an alcoholic?
   Yes 1 No 23

5. How would the presence of a person manning the exhibit affect your decision to visit the exhibit?
   Would encourage me to visit 4
   Would discourage my visit 1
   Would have no effect 19

6. Would you consider it possible that your visit to the exhibit would be interpreted by an exhibit attendant as an indication that you could be an alcoholic?
   Yes 2 No 22

7. How frequently do you stop at public displays that are attractive to you?
   a. Never 2
   b. Seldom 8
   c. Usually 14
   d. Always 1

8. Please check the category which best describes you.
   12 non-drinker
   13 moderate drinker
   0 problem drinker
   0 alcoholic
1. Do you consider alcoholism to be (a) a treatable illness or (b) a personality weakness?
   (a) 13 (b) 6

2. Should people afflicted with alcoholism be ashamed of their condition?
   Yes 9 No 10

3. Did you experience any reluctance in your decision not to visit the alcoholism exhibit you just passed?
   Yes 4 No 14

4. Why did you not visit the exhibit?
   (a) 2 Subject of little or no interest
   (b) 3 Subject of interest, but time to visit was unavailable.
   (c) 0 Did not desire to be publicly associated with alcoholism
   (d) 3 Presence of exhibit attendant.

5. Did you consider it possible that your interest in the exhibit could be interpreted by other passersby as an indication that you could be an alcoholic?
   Yes 3 No 17

6. How would the presence of a person manning the exhibit affect your decision to visit the exhibit?
   Would encourage me to visit 6
   Would discourage my visit 0
   Would have no effect 13

7. Would you consider it possible that your visit to the exhibit would be interpreted by an exhibit attendant as an indication that you could be an alcoholic?
   Yes 3 No 17

8. How frequently do you stop at public displays that are attractive to you?
   a. Never 1
   b. Seldom 6
   c. Usually 10
   d. Always 3

9. Please check the category which best describes you.
   8 non-drinker
   12 moderate drinker
   0 problem drinker
   0 alcoholic
BIBLIOGRAPHY
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