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The Effect of Social Influence, Patient Type, and Treatment Type on Ethical Medical Decision Making

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Abstract

Laws are set into place in order to guarantee proper rights for U.S. citizens in need of medical care. Previous research suggests that public opinion of mental health influences the treatment of vulnerable populations diagnosed with mental illness. This study explored the ways in which social pressure to conform influences policies regarding prison inmates, children, and adults. It concludes with suggesting changes to existing policy. The present study was a 3x3 factorial design. The independent variables were public opinion (pro-issue, anti-issue, and no opinion) and type of ethical dilemma (forced medication on children, forced medication on prison inmate adults, involuntary hospitalization of adults). The dependent variables measured the change score of general attitudes towards these issues, social desirability, and susceptibility to social influence. Participants were given one of nine scenarios describing a medical ethics dilemma and a specific public opinion of that issue. Participants then answered 3 surveys about the scenario they were randomly assigned to. Participants scored higher on the social desirability test after reading a vignette about children rather than adults or prison inmates. Participants also indicated more ethical decision making after receiving a vignette about involuntary commitment when compared to those who read about involuntary medication. Although the initial research hypotheses were partially supported, evidence suggests people generally have more concern for children in medical situations than prisoners.

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Imagine being dragged out of your home, committed to a psychiatric hospital against your will, and realizing there is seemingly no recourse. This heroine situation happened to 61 year old Meme who was under an immense amount of stress from her work in an organization serving people with disabilities. Her daughter saw her behave erratically and reported her to police, claiming she was neurotic. Meme was escorted to a New Hampshire Hospital Emergency Room where she resided for 20 days against her will, before being admitted into a psychiatric hospital. Once admitted she waited two days before being able to exercise her right to a hearing that would allow her to be released to go home. By law, the hearing was supposed to happen within three days of hospital admission. Not only did she express that she was psychologically sound before being escorted away from her home, but also demonstrated no concerning behaviors that warrant her being detained for the extended period of time (Moon, 2019).

As media became more accessible, news stories became more sensationalized in an attempt to increase viewer interest. The over exaggeration increased the news coverage of acts of violence, creating a sense of mistrust of fellow citizens. The increase in suspicion led to an increase in paying attention to individual behaviors that did not align with the norm, for example an individual pacing and biting their nails at a bus stop went from normal anxious behavior to suspicious behavior instilling fear. In the year 1998 alone, the fear of others' behavior becoming violent, evolved into the passing of 51 bills in 7 more states that supported involuntary commitments (Seitler, 2008). Seitler claims that society and government put more effort into patients complying to rules after being committed rather than providing humane care for people with mental health issues. These policies were put into place in order to control people with mental health issues. Involuntary hospitalization and medication are two methods to control and mistreat people in the US medical health care system (Seitler, 2008). Seitler compares this focus

on rule following and mind control to the Soviets and Spanish Inquisitors. He suggests that forced medication and involuntary hospitalizations is society's current way of controlling individuals who may experience mental disturbance. Treating mentally vulnerable individuals with such harsh tactics does nothing to modify their behavior or increase their satisfaction in life.

Vulnerable populations, such as prisoners and children, who have been diagnosed with mental disorders are potentially at risk for mistreatment in clinical settings. Prison inmates who do not meet the high standards set by the prison system are often mistreated. Many times prisoners with poor behavior have been forced to take medications to control their behavior and achieve cognitive capacity necessary for execution. Based on the undesirable economic situations within prison systems, medical care is often distributed by untrained personnel, which may lead to disastrous situations. Prisoners lack body autonomy in many ways by serving their sentences, however forced medication is one of the more disturbing. Similar to prisoners who are unable to make choices about their bodies, children are another population susceptible to medical manipulation. Oftentimes, children are forced to take medication in order for their parents, teachers, and others in their life to modify their behavior in ways that conform to a rule based setting. For example, children are given ADHD medications that negatively impact their social and physical development. Many ADHD medications are known to decrease appetite which can lead to malnutrition that increases the chances of diseases related to being underweight, however oftentimes the negative effects of these medications are ignored for the sake of a controlled environment (Boorady, 2021). Both children and prison inmates with mental disorders are limited in their choices regarding their own body and health by prison personnel, medical professionals, social pressures, and law stripping basic human rights. The desire for conformity

not only impacts individuals in prison or school settings, but also impacts policy making that reinforces the need to maintain the status quo.

The present research took a multidisciplinary approach to examining the influence that public opinion has on ethical decision making. The current study explored the psychological mechanisms behind the power of public opinion and assessed the real life impact of public opinion on ethical medical issues. Taking a multidisciplinary approach allowed for a better understanding of where philosophy, psychology, and criminology stand on ethical medical issues related to medication and hospitalization with vulnerable populations. No social issue can be examined or solved from one lens. Approaching the issue of forced medication and involuntary hospitalization within prison inmates and children from three angles, provided a richer, more accurate picture of how multiple disciplines impact these complicated issues. Ideally the experimental results allow for a more complete understanding and improve specific recommendations for policy change in the United States.

Burstein (2003) explored the impact public opinion had on public policy. It was hypothesized that policy was driven by the public and it could be manipulated by interest groups, social organizations, political parties, or elites. A metaanalysis was conducted by pulling data from well established journals and proposing new conclusions from what was found. Public opinion affects policy ¾ of the time its impact has been gauged (Burstein, 2003). Showing that if a measurement of opinion regarding a certain issue was completed after a policy was passed, the feelings of a majority of the population was directly reflected by that policy. Another finding exhibited that public opinion remains substantial when activities of interest organizations, political parties, and elites are displaying interest in the issue (Burstein, 2003). Meaning that when issues are actively displayed in the media and talked about frequently from public figures,

people continue to hold opinions regarding those issues. If gun violence is broadly displayed in the media, on billboards, in talks from politicians, during protests from social influencers, then it increases the likelihood that the public will form an opinion about the issue. These conclusions exhibit that public opinion is powerful and contributes to the policies which are currently in place. If the public opinion of people with mental health disorders is negative, then policies created in regards to them will be punitive and controlling. For example, if a person reports someone exhibiting behavior relevant to Schizophrenia, the fear of violence related to the disorder could influence policy that will detain this person instead of bringing them to a treatment facility.

Seitler (2008) explored how fear within society and medical professionals alike can cause biased opinions towards patients with mental health issues, often resulting in forced unnecessary psychiatric treatment. The study was conducted after the Virginia Tech killings, recognizing PTSD and societal norms as a reason for delusions regarding how people view those with emotional problems (Seitler, 2008). These preconceived notions have skewed the way that people with mental disorders are treated in the medical system, due to the public influence on law. The law justifies involuntary hospitalization and medication by stating that the government is responsible to protect its citizens from real and anticipated harm to other citizens. It also justifies these actions by *Paren Patriae,* giving the government the responsibility of a parent to care for its citizens as if they were their children (Seitler, 2008). Both of these laws present issues by allowing people with no experience in psychology or mental health to make decisions about whether or not people are to be detained against their will or forced to take medications that may be unnecessary. From Seitler's understanding, the public as well as some non psychology medical professionals do not understand emotions and therefore misinterpret people who have

emotional issues. Miscommunication and false reporting are caused by this misinterpretation even though previous evidence supports that emotional issues do not correlate with being any type of criminal, even a petty one (Seitler, 2008). The societal opinion of non-professionals allows them to make decisions about people's mental state solely based on the difference in how they express their emotions, leading to disrespecting their rights as people and therefore treating them unethically.

Unfortunately, Doctor Seitler has witnessed this act of mistreatment with a patient of his own. This patient, who he has been seeing for a while, was sent to a mental hospital and kept against her will for 2 weeks without any psychological evaluation. The mother made a report that her behavior had been different and law enforcement acted on it without any supporting evidence. After being forced into confinement, the psychiatrist mentioned to Dr. Seitler that if the patient were to change her black clothing she would be released and that was the only behavior keeping her committed (Seitler, 2008). This example shows that biased opinions may be inaccurate, but continue to hold power in decisions regarding mental health patients.

Other previous research has found evidence supporting the negative public opinion towards mental illness and how it causes the willingness to support involuntary hospitalizations and medications. A study published in 2011, focused on public opinion regarding forced medication between the years of 1996 and 2006 (Mossakowski et al., 2011). The goal of this research was to study original public opinion of this issue and any of the changes that may have occurred through the years. In order to do this the authors conducted a full probability social survey of noninstitutionalized adults. This survey included vignettes that covered depression, alcohol and drug abuse, and schizophrenia, as well as covering different beliefs, demographics, and backgrounds of the subjects within the vignettes (Mossakowski et al., 2011). The study

found that a quarter of the participants believe that people with mental illness should be required by law to take medications, this opinion was stronger when presented with a subject with schizophrenia. Public opinion also supported forced medication with patients diagnosed with depression who had a more traumatic experience which caused the depression (Mossakowski et al., 2011). While the study found information on public opinion regarding adults with mental illness, it also found that the willingness to give children psychiatric medications increased if the public's perception assumes they are a danger to others (Mossakowski et al., 2011). This study portrayed that a portion of the population have negative opinions about people with mental illness which heavily affect the medical treatment of certain populations.

Children are one vulnerable population that tend to have their rights revoked and given to the government or their parents. For instance, the following legal research explains the parental, child, and health professional rights. Ben Matthews (2010) conducted an overview of medical consent laws regarding children and found that there are both advantages and disadvantages to allowing parents to control the medical rights of their children. The purpose of the law is that parents will make decisions in the best interest of the child and that their consent is a necessary contribution to typical medical treatment. Matthews (2010) noted that the definition of 'best interest' is the physical, psychological, and emotional well-being of the child. If the parents fail to abide by this rule then the government gets involved, practicing *parens patriae*, the notion that the government will act as the parent of the child (Matthews, 2010). However, neither the government nor the parents can be guaranteed to always make decisions that consider the psychological and emotional well-being of the child. If a child is in a situation where they need to take non-life threatening medications, they should be the ones to decide whether or not to take

it based on the fact that they will be the only ones to guarantee that their best interest will be taken into consideration.

There are four basic principles that explain the rights that children should have in medical treatment, which are not being followed by parental decisions. A study which approaches the principles of autonomy, beneficence, justice, and nonmaleficence found two important difficulties with applying them to cases involving children (Baines, 2008). The first issue with the application of these principles is that children are ⅕ of the population, which means that considering the principles do not work for them undermines their importance. The second issue with applying these principles to children is that most people agree that children and adults are not the same, which automatically invalidates the fair use of these principles for both adults and children. The researcher found that there needs to be the most significant change within the principles of autonomy and beneficence, however does not dive into how to provide this change (Baines, 2008). Autonomy is completely free choice with no intervention or outside influence and beneficence is defined by doing only good and removing harm from patients, guaranteeing that not all patients may be treated the same due to their possible difference in what they need. Baines' claims that parental decision will always override the child's interest which debunks the claim that children are being treated ethically according to the four principles of medical ethics. This explores the idea of new policies which actually provide easy application to medical cases involving children. Inorder to construct this new policy, the laws of maturity need to be understood.

Children are separated into multiple age groups in attempts to pair similar maturity levels, which can help to understand which children hold the right to make their own medical decisions. Paraspoor and colleagues (2014) studied different laws explaining freedom of decision for

multiple age groups as medical patients. The researchers explained their reasoning by applying law to two fictional cases. They discovered that most countries consider three different levels of maturity: unawareness, awareness, and taklif- full maturity. Most people agree that the age of 18 is considered true maturity, but also recognize that children under 18 are also capable of making mature decisions (Paraspoor et al., 2014). It was reported in the literature that two limitations are present in law of medical decision making of children; anyone under the age of 18 is not legally allowed to bear financial burden, therefore if the patient has to pay for their medical care, they do not possess the right to make decisions about themselves (Paraspoor et al., 2014). This is problematic because most people under the age of 18 do not have the means to pay for their own medical care, but do have the capability to make decisions regarding their medical health. Another issue proposed by this study is that parents and health care providers who have to make decisions, especially for older children who understand their situation, are under so much pressure to make the right decision for someone else, there is an immense amount of room for error. Both issues recognize loopholes to the laws that allow too much room for individual interpretation of maturity, which in turn could take away a very mature child's right to medical decision making.

Prison inmates have similar limitations when it comes to their right to medical decision making. Laws are put into place to guarantee that all competent and capacitated inmates have the right to make their own healthcare decisions and that healthcare officials must make decisions in the best interest of the inmate (Dober, 2019). However, certain policies allow these laws to be disregarded and are leaving prison inmates with medical treatment completely out of their control. According to previous research there are two types of administration of psychiatric medication within correctional facilities: informed consent and forced. A study found that

informed consent within a prison system is almost completely impossible because of the lack of sources provided to the inmates (Dlugacz and Wimmer, 2013). Due to this they depend on the correction system completely, which could be providing them with incorrect information in reference to the necessity of medications or medical treatment (Dlugacz and Wimmer, 2013). The argument that these policies are promoting violence prevention is convincing the public that it is ethical to revoke rights of these inmates.

Involuntary outpatient commitment is one policy that is continuously promoted within the court system, that directly refuses medical decision making rights from adults with illnesses. Originally this policy was meant to allow the civil courts to force community based treatment on people with serious mental illnesses and or multiple hospitalizations, however it has expanded since then due to fear of mental health issues (Swartz et al., 2017). The original argument proposed that policies like this one is a means to prevent violence. This is a major problem because that argument also proposes that all people with mental illnesses are violent and a danger to the community. While the policy is meant to only control those with a serious illness, the lack of education about mental health has expanded this control, allowing commitments and medications to be forced on people who do not need them (Swartz et al., 2017). This study found not only that the use of involuntary outpatient commitment is not being correctly enforced, but that there is no evidence supporting that it prevents violent acts (Swartz et al., 2017). The researchers also found that a main reason for forced medications is to push people into the ‘bounds of society’ regardless of the lack of evidence supporting that they work (Swartz et al., 2017). This fear of violence and need to control people not classified as ‘normal’ has made an even heavier impact on inmates within the prison system.

At first, hospital transfers were used to give correct treatment to those in the prison system who suffer from mental health issues. Unfortunately, this has subsided, encouraging the creation of jail-based competency programs and forced medications. While the idea behind these policies is not completely malicious, inadequate mental health care within correctional facilities present many flaws. In 2018, researchers explored jail policies, forensic role in correctional facilities, and how inmates with mental illnesses are being treated to discover that previous sufficient care was cut due to financial instability (Felthous and Bloom, 2018). Treatment provided within the jails is cheaper than hospital transfer, but there is not enough room, money, or health care providers within the system to provide the proper needs for inmate patients. Because of this, medications are being used to temporarily control the patients symptoms, but provide no long term help (Felthous and Bloom, 2018). As previously mentioned, the system completely controls what information is presented to the inmates, therefore there is a high chance that many of them do not understand their right to demand proper mental health care and refuse medication meant to control their behavior, not help their disorder.

Applying the four principles of medical ethics to prison inmates suggests the same issues when applying them to children. Autonomy for instance is a completely free choice, like children, the government acts as parents to prisoners, they control exactly what information that they have access to and therefore provide no completely free choice. Also, since previous literature supports that mental health policies within correctional facilities are insufficient, you cannot apply beneficence, justice, and non-maleficence (Baines, 2008 and Felthous and Bloom, 2018). The correctional facilities are only doing good for themselves by saving money, they are doing no good for the inmates with mental illnesses. Considering the treatment they are receiving within the jails is worse than the medical treatment of a person outside of the system, nothing for

them is fair and equal (Baines 2008). Lastly, non-maleficence is the idea that whatever treatment they receive is the best treatment for them after weighing all the pros and cons, but research shows that all the pros benefit the correctional facilities and all the cons only affect the long term mental health care of the inmate (Felthous and Bloom, 2018). Nevertheless, they cover their insufficiency by providing decision making capacity tests that on the surface suggest that all inmates and children are being treated fairly; however, considering research indicates health care providers within the prison systems are inadequate and children basically have no rights, it is safe to assume the tests that they give are inaccurate.

The decision making capacity test is given to patients by health care providers with a profound lack of training in and out of the prison system. For example, recent research suggests that 58% of overall patients are misjudged for capacity because of the limits of interpretation of those who gave the test (Sessums et al., 2011). In this study, instruments used for decision-making capacity were studied for accuracy, incapacity recognition of clinicians was looked into, and the possibility of bias towards certain people was explored. The results concluded that capacity is influenced by situation, psychosocial, medical, psychiatric, and neurological factors that cannot be easily put into one test that covers every area it should. Also, when using the test and interpreting it how it should be, it was found that mature children passed the test, yet still were revoked of all medical decision making rights (Sessums et al., 2011). The current tests are given by untrained professionals who display significant bias against vulnerable populations. This bias creates assumptions of intelligence that come from stereotypical characteristics of the patients; This includes patients of young age and patients who are imprisoned (Sessums et al., 2011). The researchers claim that their study supports a new system that tests in specific situations where there is full knowledge about the decision when looking for

passing scores in orientation, attention, and memory (Sessums et al., 2011). This capacity test has not been created however. Therefore, for the benefit of both adult inmates and children alike, a new system that accurately measures the decision making capacity of a patient is necessary.

The previous review demonstrates the power of public opinion and how negative public opinions of mental health can drive policies that refuse rights to vulnerable populations. The previous research also shows how policies encourage the use of forced medication and hospitalization as a means to control prison inmates and children trying to force them into the bounds of society. The present study looks to reiterate previous works that display society's susceptibility to public opinion. It addresses how public opinion affects ethical decision making in reference to the medical rights of prison inmates and children with mental health issues so far lacking in scientific literature. The present study also plans to propose changes with the decision-making capacity test, previously exposed by literature, in order to guarantee that those who are capable of making medical decisions about themselves continue to bear that right.

Hypotheses

Baines (2008) and Felthous and Bloom., (2018) found that there are insufficiencies in current policy that decline children and prison inmates their right to ethical medical treatment. Seitler (2008) also concluded that there is a negative bias against people with mental issues, driven by fear that the media had created. It was hypothesized that the stated public opinion of each given scenario would affect how participants treated the mental health patient. It was also hypothesized that the type of patient: adult, child, or prison inmate, would impact ethical decision making. Lastly, it was predicted that the type of treatment, either involuntary medication or involuntary commitment, mentioned in each scenario affects the ethical decision making of the participant. Based on this interaction hypothesis specific predictions were made for each

level of the public opinion, treatment type, and patient type's (independent variables) impact on the participants' answers on the social desirability scale (SDS), susceptibility to social influence scale (SSIS), and the change score between the pre and post general attitudes of ethical issues scale (GAEIS),(Bobier, 2002 and Crowne and Marlowe, 1960).

Overall the following predictions about how public opinion, treatment type, and patient type would impact participant's responses on the three surveys. It is predicted that the closest score to 4 on the GAIES, the highest score on the social desirability scale and the highest score on the susceptibility to social influence scale would be the scenario involving an adult patient being involuntarily committed with a public opinion for the unethical treatment. It is also predicted that the closest score to -4 on the GAIES, the lowest score on the social desirability scale and the lowest score on the susceptibility to social influence scale would be the scenario involving a prison inmate being forced to take medications with a public opinion that is against the unethical treatment.

More specifically the following predictions about how each public opinion, treatment type, and patient type would impact participant's responses on the three surveys separately. The scenarios that state a public opinion percentage in favor of unethical treatment would elicit a change score closer to -4 on the GAEIS, reflecting that the participants became more unethical after reading the scenario. It was predicted that the scenarios in which public opinion is against the continuation of the unethical policies will elicit responses closer to 4 on the GAEIS, reflecting that the participants became more ethical after reading the scenario. If a participant has a scenario with no stated public opinion, it was predicted they would score closer to 0. These were predicted due to the power that public opinion has on policies and societal decision making (Burstein, 2003, Seitler, 2008, and Mossakawski et al., 2011).

The type of patient presented in each scenario will also affect the decisions of the participant because it has been found that children and prison inmates tend to be medically treated more negatively (Swartz et al., 2017, Felthous and Bloom, 2018, Baines, 2008, Matthews, 2010). It is predicted that participants who are presented with scenarios regarding prison inmates with mental health disorders will have a change score closer to -4 on the GAEIS, and score high on the social desirability scale (closer to 33) and the susceptibility to social influence scale (closer to 105). It is hypothesized that participants who read short stories about a child will score closer to -4 on the GAIES, but also score high on the Considering the social desirability scale (closer to 33) and the susceptibility to social influence scale (closer to 105). Lastly, it is predicted that participants who read a scenario about adults will score closer to 4 on the GAIES, and have scores that lie in the middle on the social desirability scale and the susceptibility to social influence scale.

Although there is limited research on how people make ethical decisions specifically regarding involuntary medication or involuntary commitment, It is predicted that participants who receive a scenario regarding forced medication will have a GAEIS score closer to 4 while those who read a scenario about involuntary commitment will score closer to -4, showing that the participant became more ethical when reading about medication and less ethical after reading about commitment. It is predicted due to side effects plainly displayed by medicines given to mental health patients.

Method

Participants

The data represents answers from a sample of 135 people recruited through an email sent out to a small private university as well as people recruited from social media platforms of the

researcher. Demographics were not included in the first round of surveying, therefore it had to be added on later, resulting in less demographics than original participants. The sample included 23 females and 3 males, 7 of which have obtained a high school diploma, 11 with some college, 6 with a college degree and 2 with a postgraduate degree. Most of the participants were between the ages of 18 and 24 (16), 2 were 25-30, 1 was 31-40, 5 were 41-50, and 2 were over the age of 50. This diverse sample was used in order to analyze results that could be generalized to the public.

Materials

A 3 x 3 factorial design was used. Materials included an informed consent nine independent variable manipulation vignettes, Susceptibility to Social Influence Scale, a General Attitudes of Ethical Issues scale, and a Social Desirability scale. The experimental task was on a google forms page that allowed the participant access to one of the nine manipulated vignettes which were randomized. After reading the vignette participants were asked to complete the dependent variable measures.

Independent Variable Manipulation

Vignette Manipulation. The vignettes were constructed from in-depth research of articles that described similar issues regarding the target patient type and target treatment type. Seitler (2008) was used to create the vignette about a young adult being forced into commitment. Schnorrbusch and colleagues (2020) were referenced to create the short story about a child receiving ADHD medication they did not want to take. Lastly, Felthous and Bloom (2018) was used to create a short story about forcing a prison inmate to take medication against their will. Each condition had a character that was created in order to manipulate the target variables as well as keep readers interested. All the stories

were kept consistent to the maximum extent possible. (See Appendix A for complete versions of all 9 vinegetts.)

Public Opinion. There were three levels of public opinion: pro unethical policy, anti unethical policy, and no opinion. Pro unethical policy meant that there was a statement indicating that a high percentage of the population believed that it was okay to force medication or to force commitment on the indicated patient. The anti unethical policy level included a statement that demonstrated that a high percentage of the population did not believe that it was okay to force medication or to force commitment on a patient. Lastly, the no opinion level meant that there were no statistical statements suggesting the public's opinion on the scenario described. The different levels were included to help determine how much influence the stated public opinion had on individual decision making. The pro unethical policy level was indicated by the phrase "87% of the US population believe that this child should continue to be medicated regardless of their complaints." The anti unethical policy level was defined by "87% of the US population believe that the child's complaints should be taken into consideration and the child should be taken off the medications and receive alternative treatment." and the no public opinion had no statistics at all.

Patient Type. The type of patient affected by the policy, divided into three different levels: a child patient, an adult inmate patient, and an adult in society patient. Vignettes suggesting the patient is a child begin with "An 11 year old child." If the vignette is about an adult inmate patient, it reads: "A 22 year old prison inmate." The vignettes concerning an adult in society are indicated by the

statement: “An individual over the age of 18.”

Treatment Type. The type of treatment given to the patients are either involuntary medication or involuntary commitment. Involuntary medication vignettes are demonstrated by “...made it mandatory that the inmate take their medication regardless of the prisoner’s expressed concerns” or “...child expressed concern that the medications make them feel like a zombie, along with not being able to eat, severe headaches and drowsiness.” The vignettes regarding involuntary commitment included a statement that read “The authorities forced the individual into the vehicle and escorted them to the hospital where they were held for two weeks regardless of the patient's requests to be released.”

Susceptibility to Social Influence Scale. The Susceptibility to Social Influence survey (Bobier, 2002) is a self assessment that measures how easily the participant could be persuaded by society. The survey consisted of 21 items using a five point likert scale, one meaning the participant strongly disagrees with the statement and five meaning they strongly agree with the statement. The statements provided included “I have sometimes agreed with another person because it was easier than disagreeing” and “I am comfortable having views that are very different from other people’s.” At the end, all 21 items were added together to receive an overall score of 21-105; higher scores indicating higher susceptibility to social influence. (See Appendix B for SSI)

Social Desirability Scale. The Social Desirability Scale (Crowne and Marlowe, 1960) is a self assessment that aims to measure the participants likelihood to misrepresent their beliefs to earn approval from others. The scale consists of 33 items using a true or false scale to measure

the likelihood of falling to social desirability. The statements include: “Before voting I thoroughly investigate the qualifications of all the candidates” and “I would never think of letting someone else be punished for my wrong-doings.” After the completion of the survey, the items marked true will be added to a score or 0-33; Higher scores indicate higher concern for social approval and conformity. (See Appendix C for SDS)

General Attitudes of Ethical Issues Scale. The General Attitudes of Ethical Issues Scale is a self assessment that aims to measure the participants attitude regarding ethical issues and their policies. The scale consists of 14 items using a five point likert scale, one meaning the participant strongly disagrees with the statement and five meaning they strongly agree with the statement. The statements include: “Most People with Mental disorders are dangerous,” “Children do not know enough to make non life threatening medical decisions about themselves,” and “Laws should require all people with mental disorders to take medications.” After the completion of the survey, all 14 items were added together to receive an overall score of 14-70; Higher scores indicating a more agreeable attitude toward unethical policies. (See Appendix D for GAEIS)

Demographics Survey. The end of the survey included a list of demographic questions about the participants. This demographics survey included 3 questions. The first question asked about Gender, the participant indicated if they identified as male, female, or other. The second question asked about age, the participant indicated if they belonged to the age group 18-24, 25-30, 31-40, 41-50, 51-60, or 60+. The last question asked about education level, the participant could choose: high school, GED, Some College, Undergraduate Completion, Post Graduate Completion.

Procedure

The experimental design was a 3 x 3 factorial.We used convenience sampling on a small liberal arts university campus as well as recruitment on social media platforms such as snapchat, twitter, facebook, and instagram. Participants were randomly assigned to view one of the 9 vignettes by choosing a random set of symbol pairs and received all the dependent measures. All students who were willing to participate agreed to a consent form presented at the beginning of participation. Participants filled out a General Attitudes of Ethical Issues pre test scale, read one of nine scenarios and then filled out a General Attitudes of Ethical Issues post test scale, a Susceptibility to Social Influence Scale, and a Social Desirability Scale. Participants were thanked and debriefed, and the experiment lasted approximately 15 minutes.

Results

Reliability Pre Tests. The General Attitudes of Ethical Issues scale and the Susceptibility to Social Influence was tested for internal consistency. Reliability tests were conducted on the General Attitudes of Ethical Issues Scale because it was a brand new scale that was never used before. The General Attitudes of Ethical Issues scale originally consisted of 20 items ($\alpha = .61$) After deleting 6 items, the scale included 14 items, ($\alpha = .75$). Reliability tests were also run on the Susceptibility to Social Influence Scale because it was obtained from a dissertation which can not be considered completely validated. The scale originally included 34 items, ($\alpha = .59$). After running the tests it was reduced to 21 items, ($\alpha = .67$).

Overall Anova. $F(1,135)=1.31$, $p > .05$. The overall ANOVA was not statistically significant. Follow up one way ANOVAs were run for each variable and appropriate follow up t-tests were conducted.

Overall Vignette. It was hypothesized that public opinion will affect the decision making of a certain ethical dilemma and that the type of patient in which the scenario refers to would

also impact that decision making of the ethical dilemma. The hypothesis that the statistics in which the public opinion is in favor of continuing the unethical policies will elicit responses also in favor of continuing the unethical policies shown by the General Attitude of Ethical Issues scale pre and post test was not supported. However, comparing the vignettes suggest significant results on the scores of the social desirability scale. There were also significant results in the manipulation differences of patient type and treatment type in each vignette on the Social Desirability Scale and the change score in ethical decision making shown by the General Attitudes of Ethical Issues Scale pre and post tests.

Follow up t-tests were used to test between-subject factors of each vignette. Significant results of the Social Desirability Scale ($F(1,135)=2.25$, $p < .05$) were indicated by the initial ANOVA and confirmed by these follow up t-tests. Participants who received Child Pro Medication vignettes (M=18.05, SD= 2.33) scored significantly higher than those who read Adult Anti Commitment vignettes (M=15.33,SD=2.65), t (30) = 2.81, p = .005. The result indicates that people who read a story that suggested the majority of people supported a child being forced to take medication against their will scored significantly higher on the Social Desirability Scale than those who read a story demonstrating that a majority of the population were against committing an adult against their will. Participants who received Child Pro Medication vignettes also scored significantly higher (M=18.05, SD= 2.33) on the SDS compared to Inmate No Opinion vignettes (M=16.78, SD= 2.35), t (44) = 1.79, p = .041. Indicating that people who read a story suggesting that a majority of the population believed it was okay to forcefully medicate a child scored significantly higher on the social desirability scale than those who read a story showing no public opinion regarding forcing a prison inmate to take medication against their will. Participants who read Child Pro Medication showed significantly

higher scores (M=18.05, SD= 2.33) on the SDS than those who read Inmate Anti Medication (M=16.15, SD= 2.48), t (34) = 2.25, p = .016. Demonstrating that people who read a scenario that suggested the majority of people supported a child being forced to take medication against their will scored significantly higher on the Social Desirability Scale than those who read a story stating that a majority of the population were against forcing inmates to take medication against their will. Participants who received Child Pro Medication scored significantly higher (M=18.05, SD= 2.33) on the SDS than those who received Inmate Pro Medication (M=15.58, SD= 3.12), t (33) = 2.58, p = .007. Showing that people who read a scenario that suggested the majority of people supported a child being forced to take medication against their will scored significantly higher on the Social Desirability Scale than those who read a story indicating that the majority of the population agreed with forcing inmates to take medication against their will.

Those who read the Child Anti Medication (M=17.39, SD= 2.87) vignette scored higher on the social desirability scale compared to Adult Anti Commitment (M=15.33, SD= 2.65), t (27) = 1.80, p = .042. Meaning that people who were given the scenario regarding a high percentage of the population against medicating a child against their will, scored significantly higher on the SDS than those who read that a majority of the population was against forcefully committing an adult. Participants who read Child No Opinion (M=18.43, SD= 3.51) scored significantly higher on the SDS than those who had Adult Anti Commitment (M=15.33, SD= 2.65), t (16) = 2.02, p = .032. Demonstrating that people who read a story showing that there was no majority opinion about forcefully medicating a child scored significantly higher on the social desirability scale compared to those who read about the population being mostly against committing adults. Participants scored significantly higher on the SDS who read a Child No Opinion vignette (M=18.43, SD= 3.51) compared to a participant who read a Inmate Pro

Medication Vignette (M=15.58, SD= 3.12), t (19) = 1.84, p = .042. The results indicate that people scored significantly higher on the social desirability scale after reading that there was no statistical opinion stated about medicating a child against their will compared to those who read a story where the majority of the population believed it was okay to forcefully medicate prison inmates. The results of the SDS were also significantly higher for those who read Adult Pro Commitment (M=18.07 SD= 2.82) when comparing them to Inmate Pro Medication (M=15.58, SD= 3.12), t (42) = -2.51, p = .008. Showing that people who read a scenario indicating that a majority of the population was okay with involuntarily committing an adult scored significantly higher on the social desirability scale than those who read about the majority of the population believing it was okay to forcefully medicate a prison inmate. Those who received Adult Pro Commitment scored significantly higher (M=18.07 SD= 2.82) on the SDS than those who received Inmate Anti Medication (M=16.15 SD= 2.48), t (43) = -2.117, p = .020. Illustrating that readers who received a story about a majority of the population supporting the involuntary commitment of an adult scored significantly higher on the SDS than readers who received a story where a majority of the population was against forcing medication on a prisoner. Lastly, the Participants who read the Adult Pro Commitment scored significantly higher (M=18.07 SD= 2.82) on the SDS than those who read the Inmate No Opinion Vignettes (M= 16.78 SD=2.35), t (53) = -1.76, p = .042. Revealing that people who read a story indicating a majority of the population supported the involuntary commitment of an adult scored significantly higher on the SDS when compared to those who read a story demonstrating no opinion in regards to medication being forced on a prison inmate. (See Tables 1-11)

Type of Patient. The hypothesis that the type of patient represented in each scenario would affect the decision of the participant was supported. Significant results of the Social

Desirability Scale ($F(1,135)=2.25$, $p < .05$) were indicated by the initial ANOVA and confirmed by these follow up t-tests. Results indicated that participants who read a vignette about a child scored significantly higher (M= 17.85 SD=2.71) on the Social Desirability Scale than those who read a vignette about prison inmates (M=16.31 SD=2.59), t (94) = 2.81, p = .003. Meaning that people who read a vignette about a child no matter what treatment was provided or the statistical statement of public opinion, scored significantly higher on the SDS than those who read a story about a prison inmate. The results also indicated that participants who read a vignette about adults scored significantly higher (M=17.43 SD=2.88) on the Social Desirability Scale compared to those who read about prison inmates (M=16.31 SD=2.59), t (90) = 1.94, p = .028. Illustrating that people who read vignettes about an adult scored significantly higher on the social desirability scale when compared to people who read a story concerning a prison inmate. A trend towards significant results of the General Attitudes of Ethical Issues Scale ($F(2,135)=2.71$, $p = .07$) were indicated by a one way ANOVA and confirmed by these follow up t-tests. The pre and post General Attitudes of Ethical Issues Scale revealed a trend towards significant change in ethical decision making among adult patients (M=0.19 SD=0.22) compared to prison inmate patients (M=.07 SD=0.14), t (90) = 2.90, p = .002. Showing that the p value would have been more significant, indicating significantly higher change score results from the GAEIS for people who read about adults compared to prison inmate patients, if more participants were recruited. (See Tables 12-15)

Treatment Type. The hypothesis that the type of treatment in each scenario would affect the ethical decision making of the participant was supported. However the specific hypothesis that people would become more ethical when presented with vignettes with involuntary medication compared to involuntary commitment, was not supported. Significant results of the

General Attitudes of Ethical Issues ($F(1,135)=5.10$, $p < .05$) were indicated by a one way ANOVA collapsing vignettes across scenarios and confirmed by these follow up t-tests. Multivariate t-tests were used to test between-subject factors of type of treatment of each vignette. The pre and post test using the General Attitudes of Ethical Issues scale showed that participants made significantly more ethical decisions after reading a vignette with involuntary commitment (M=0.19 SD= 0.22) than with involuntary medication (M=0.09 SD=.24), t (136) = -2.26, p = .013. Revealing that people who read a story about involuntarily committing the indicated patient scored significantly more ethically after reading the story; While those who received a story about forcing medication on the indicated patient scored significantly more unethically after reading their scenario. (See Table 16 and Table 17)

Discussion

The purpose of this research taking a multidisciplinary approach was to gain a better understanding of where philosophy, psychology, and criminology stand on ethical issues related to forced medication and involuntary hospitalization with vulnerable populations. Previous research found that public opinion of mental health has influenced the treatment of those in vulnerable populations diagnosed with different mental disorders. The aim of this study was to explore those findings of previous research as well as looking at what other variables affect ethical decision making. This includes the type of patient involved and type of treatment involved.

None of the dependent variables showed significant results supporting the effect that public opinion has on ethical decision making, however many other important results were indicated. The Social Desirability scale yielded multiple significant results between high social desirability and type of patient affected by treatment. The General Attitudes of Ethical Issues

Scale showed trends towards significant change in ethical decision making due to the type of patient affected by treatment. The GAEIS also indicated significant change in ethical decision making when presented with vignettes involving involuntary commitment compared to those with involuntary medication.

Overall significant results were found in Social Desirability Scale (SDS) scores between participants who read varying vignettes. The participants who read a short story about a child where the public was pro medication scored significantly higher on the SDS than those who read Inmate no opinion, inmate anti medication, inmate pro medication, and adult anti commitment. These results could indicate that people tend to crave more social desirability when an ethical dilemma involves a child. Since the short story was pro medication and participants scored high on social desirability, the results indicate that when a child is being considered, people may agree with the public in order to seem desirable, which could result in unethical treatment of said child. However, significant results were also found when comparing the scores on the SDS between participants who read a child anti medication and an adult anti commitment, as well as a child no opinion compared to an adult anti commitment and an inmate pro medication. These again support the conclusion that people seek more social acceptance when making ethical decisions about children and less when making decisions about adults or inmates. Lastly, participants scored higher on the social desirability scale when reading about adult pro commitment compared to inmate pro medication, inmate anti medication and inmate no opinion. These results could mean that people care more about how society views them when making a decision about an non incarcerated adult, rather than an inmate. Therefore while there were no direct results indicating that public opinion influenced ethical decision making, there are other variables that need to be considered.

After examining the effect that patient type had on social influence, significant results were found between the scores of the Social Desirability Scale (SDS) as well as a trend towards significance on the General Attitudes of Ethical Issues Scale (GAEIS). When a participant read a vignette about a child they scored significantly higher on the SDS than those who read a vignette about a prison inmate. The outcome could mean that people are more likely to make a decision about a child that impresses the public and they care less when making a decision about inmates. This could be problematic for these vulnerable populations because it could imply that their medical treatment is solely dependent on how they are valued in a society. Society values the lives of children more than they value the lives of prison inmates and therefore their treatment could be affected. Participants also scored significantly higher on the SDS who read about adults rather than prison inmates. The results may reflect how society gives little value to prison inmates increasing the likelihood of their unethical medical treatment. The GAEIS showed a trend towards significance indicating that participants were moving towards making more ethical decisions after reading a vignette about adults compared to those who read one about inmates when calculating change scores indicated by the pre and post test. Therefore, reading a story about unethical decision making regarding an adult may have influenced people to act more ethically, while reading about unethical treatment regarding a prison inmate influenced participants to answer more unethically.

Significant differences in the change scores of the General Attitudes of Ethical Issues Scale were indicated between the two types of medical treatment: involuntary medication and involuntary commitment. The change scores illustrate that participants who read a vignette about involuntary commitment became more ethical after reading the story and that participants who read about involuntary medication became less ethical after reading the short story. This could

suggest that society believes committing someone into a psychiatric hospital is more infringement on their daily lives than medication would be. Therefore people would be more likely to make an ethical decision against involuntary commitment than involuntary medication.

Previous research has concluded that public opinion has an effect on the decisions that people make and the policies that are accepted (Burstein, 2003). This study does not support those results, implying that there has been a change in how society approaches ethical decision making. People may be more prone to making decisions based on their own opinion and not of what other people think. This study is also not in support of the previously concluded negative view and lack of support of children (Baines, 2008), the study has shown that supporting the rights of children was a priority compared to adults and prison inmates. While the fight for child advocacy is never over, the results show an increase in support for ethical treatment of children. Similarly to past studies however (Felthaus and Bloom, 2018), this research concludes that there is a continual stigma surrounding prison inmates. In all tests, prisoners were the least of the participant's concern when it came to ethical decision making. Expressing that prison inmates are the most likely vulnerable population to be treated harshly when it comes to medical ethics.

This paper argues that change within this policy needs to happen in order to ethically adhere to the needs of this population. First of all, more funding needs to be provided to the system specifically for the mental health of prisoners. Studies show that half of inmates have or develop mental health disorders while incarcerated and 66% reported not receiving any necessary mental health care during their time served (Bronson and Berzofsky, 2017, Ring and Gill, 2017). After funding for this specific issue is increased, it needs to be used to increase the salary of Psychiatric Doctors within the prisons in order to encourage more people to fill necessary positions. One doctor for a prison where half of its inmates need care is insufficient.

The funding also needs to be used for an extension of the mental health care wing of the doctors offices, to ensure that inmates will receive critical mental health care when necessary.

Prior studies and the current study suggest that there needs to be significant change to the Involuntary Outpatient Commitment policy, currently in place (Swartz et al., 2017). The Involuntary Outpatient Commitment policy allows the civil courts to force community based treatment on people with serious mental illnesses and or multiple hospitalizations, however it has expanded its control by allowing commitments and medications to be forced on people who do not need them (Swartz et al., 2017). Swartz (2017) found that involuntary outpatient commitment is being incorrectly enforced because of lack of funds and stigma which have led to untrained people making life altering decisions for mental health patients. Therefore, there needs to be an extension to this policy guaranteeing that a professional expert in psychiatry is the one who suggests treatment for each person after a proper psychiatric evaluation. This will decrease the chances of bias treatment from judges and other court officials. This will also make sure that all people with mental health disorders are given rights that allow them to make medical decisions about themselves if a professional in the field allows it.

There also needs to be an increase in funding for this policy and others like it, this will show people with mental disorders that they are an important part of the community. Part of this funding will be in place to try and push a bill that places mental health education and awareness through all middle schools and highschools in America. This education should be a graduation requirement that gets students to take a basic psychology class that educates them on mental health stigma. After receiving this education, students will be able to enter the world with knowledge on the importance of mental health, resources available, and different disorders that affect people in their community. This allows for the future leaders of the United States to create

a culture that eliminates hate towards vulnerable populations and respects the rights of all humans.

This study has few limitations, but they should still be considered. One major limitation is that self-reported data assumes that all participants are honest and took the proper amount of consideration when answering questions. However, this may not always be the case; Especially in a self report that indicates ethics, studies show that people commonly believe they are more ethical than the average person (Tenbrunsel et al., 2007). This may have skewed which answers they chose even if it did not accurately reflect their opinion. Another limitation is that due to the choice of vignette being completely randomized, some sample groups were smaller than others which had to be considered when pulling significant results between each scenario. Lastly, as a student conducting research for the first time, a mistake was made and demographics was not asked about on the first round of surveying, therefore an addition to the survey had to be made which resulted in less demographics than original participants.

In conclusion, this study found that while there may be a slight change in previous unethical opinions about the rights of children and adults, prison inmates are continuously being discriminated against in medical mental health treatment. It also found that people generally desire more social acceptance when making ethical decisions about children than either adult or inmate populations. As well as shows that people consider involuntary commitment more unethical than involuntary medication across all populations. Overall, people care more about children and adults than they do about prison inmates and forced medication is more acceptable than involuntary commitment.

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Tables

Table 1. Group Statistics of Vignette Type

Vignette Type	Mean	Standard Deviation
Child Pro Med	18.05	2.33
Child Anti Med	17.39	2.87
Child No Op	18.43	3.51
Adult Pro Com	18.07	2.82
Adult Anti Com	15.33	2.65
Adult No Op	17.33	1.15
Inmate Pro Med	15.58	3.12
Inmate Anti Med	16.15	2.48
Inmate No Op	16.78	2.35

Table 2. Child Pro Med and Adult Anti Commitment and Social Desirability Scale

Mean Difference	2.81
Significance	.005

Table 3. Child Pro Med and Inmate No Opinion and Social Desirability Scale

Mean Difference	1.79
Significance	.041

Table 4. Child Pro Med and Inmate Anti Med and Social Desirability Scale

Mean Difference	2.25
Significance	.016

Table 5. Child Pro Med and Inmate Pro Medication and Social Desirability Scale

Mean Difference	2.58
Significance	.007

Table 6. Child Anti Med and Adult Anti Commitment and Social Desirability Scale

Mean Difference	1.80
Significance	.042

Table 7. Child No Opinion and Adult Anti Commitment and Social Desirability Scale

Mean Difference	2.02
Significance	.032

Table 8. Child No Opinion and Inmate Pro Medication and Social Desirability Scale

Mean Difference	1.84
Significance	.042

Table 9. Adult Pro Commitment and Inmate Pro Med and Social Desirability Scale

Mean Difference	-2.51
Significance	.008

Table 10. Adult Pro Commitment and Inmate Anti Med and Social Desirability Scale

Mean Difference	-2.12
Significance	.020

Table 11. Adult Anti Commitment and Inmate No Opinion and Social Desirability Scale

Mean Difference	-1.76
Significance	.042

Table 12 . Patient Type Group Statistics

Patient Type	Mean	Standard Deviation
Child	17.85	2.71
Adult	17.43	2.88
Prison Inmate	16.31	2.59

Table 13 . Child and Prison Inmate and Social Desirability Scale

Mean Difference	2.81
Significance	.003

Table 14 . Adult and Prison Inmate and Social Desirability Scale

Mean Difference	1.94
Significance	.028

Table 15. Adult and Prison Inmate and General Attitudes of Ethical Issues Scale

Mean Difference	2.90
Significance	.002

Table 16 . Treatment Type Group Statistics

	Mean	Standard Deviation
Involuntary Medication	.0881	.237
Involuntary Commitment	.1854	.220

Table 17. Independent Sample T-Test for General Attitudes about Ethical Issues Scale

Mean Difference	-.097
Significance	.013

Appendices

Appendix A:

Vignettes

1. An 11 year old child has been showing signs of attention deficit hyperactivity disorder. These symptoms include excessive chattiness, fidgeting, and speaking out of turn. The child was then seen by a pediatrician and diagnosed with ADHD. They were then prescribed medications to help manage their symptoms. At their follow up appointment, the child expressed concern that the medications make them feel like a zombie, along with not being able to eat, severe headaches and drowsiness. The child's teachers and parents expressed that the medication has been successful in controlling the child's behavior such as: reducing talkativeness and disruptive actions. Without medication the child can still make it through the day without getting into trouble that requires intervention from the principal and is fine completing their work, they just need a few more reminders to focus than the other students. In a recent study conducted by the Institute of Childhood Disorders, 87% of the US population believe that this child should continue to be medicated regardless of their complaints.

2. An 11 year old child has been showing signs of attention deficit hyperactivity disorder. These symptoms include excessive chattiness, fidgeting, and speaking out of turn. The child was then seen by a pediatrician and diagnosed with ADHD. They were then prescribed medications to help manage their symptoms. At their follow up appointment, the child expressed concern that the medications make them feel like a zombie, along with not being able to eat, severe headaches and drowsiness. The child's teachers and parents expressed that the medication has been successful in controlling the child's behavior such as: reducing talkativeness and disruptive actions. Without medication the child can still make it through the day without getting into trouble that requires intervention from the principal and is fine completing their work, they just need a few more reminders to focus than the other students. In a recent study conducted by the Institute of Childhood Disorders, 87% of the US population believe that the child's complaints should be taken into consideration and the child should be taken off the medications and receive alternative treatment.

3. An 11 year old child has been showing signs of attention deficit hyperactivity disorder. These symptoms include excessive chattiness, fidgeting, and speaking out of turn. The child was then seen by a pediatrician and diagnosed with ADHD. They were then prescribed medications to help manage their symptoms. At their follow up appointment, the child expressed concern that the medications make them feel like a zombie, along with not being able to eat, severe headaches and drowsiness. The child's teachers and parents expressed that the medication has been successful in controlling the child's

behavior such as: reducing talkativeness and disruptive actions.Without medication the child can still make it through the day without getting into trouble that requires intervention from the principal and is fine completing their work, they just need a few more reminders to focus than the other students.

4. A 22 year old prison inmate was diagnosed with a mild personality disorder before incarceration. Their symptoms include not understanding social cues, very little social interaction, and saying everything that comes to their mind, outloud. At the time of diagnosis, they decided to not take the medication prescribed by the doctor because it made them feel sick, not like themselves and in a daze. Following their arrest and incarceration the prison counselor made it mandatory that the inmate take their medication regardless of the prisoner's expressed concerns. The inmate had no history of dangerous behavior and their criminal offense was not related to harm against themselves or others. The prison counselor expressed that the medication will prevent any future dangerous or disruptive behavior. However, no evidence supporting the claim of poor behavior has been documented. Without the medication the inmate can make it through the day fine, they just need a few reminders of boundaries and regulation within the prison. In a study conducted by The Institute of Criminal Behavior, 87% of the US population responded that prison inmates should be required to take prescribed medication even when they have raised concerns about side effects.

5. A 22 year old prison inmate was diagnosed with a mild personality disorder before incarceration. His symptoms include not understanding social cues, very little social interaction, and saying everything that comes to their head, outloud. At the time of diagnosis, they decided to not take the medication prescribed by the doctor because it made them feel sick, not like themselves and in a daze. Following their arrest and incarceration the prison counselor made it mandatory that the inmate take their medication regardless of the prisoner's expressed concerns. The inmate had no history of dangerous behavior and their criminal offense was not related to harm against themselves or others. The prison counselor expressed that the medication will prevent any future dangerous or disruptive behavior. However, no evidence supporting the claim of poor behavior has been documented. Without the medication the inmate can make it through the day fine, they just need a few reminders of boundaries and regulation within the prison. In a study conducted by the Institute of Criminal Behavior; 87% of the US population believe that the inmate has the right to refuse the medication.

6. A 22 year old prison inmate was diagnosed with a mild personality disorder before incarceration. His symptoms include not understanding social cues, very little social interaction, and saying everything that comes to their head, outloud. At the time of diagnosis, they decided to not take the medication prescribed by the doctor because it

made them feel sick, not like themselves and in a daze. Following their arrest and incarceration the prison counselor made it mandatory that the inmate take their medication regardless of the prisoner's expressed concerns. The inmate had no history of dangerous behavior and their criminal offense was not related to harm against themselves or others. The prison counselor expressed that the medication will prevent any future dangerous or disruptive behavior. However, no evidence supporting the claim of poor behavior has been documented. Without the medication the inmate can make it through the day fine, they just need a few reminders of boundaries and regulation within the prison.

7. An individual over the age of 18 was reported to show out of character behaviors by their mother. These behaviors included wearing dark colored clothes and distancing from their normal group of friends. Within a couple of days authorities showed up to the individual's job and demanded they be escorted to a psychiatric hospital. The individual and their coworkers expressed that the individual's behavior has not been out of the ordinary and that they have never shown signs of aggressive or dangerous behavior towards themselves or others. The authorities forced the individual into the vehicle and escorted them to the hospital where they were held for two weeks regardless of the patient's requests to be released. While in the hospital the only behavioral complaint keeping them admitted was that the patient refused to change out of all black clothes. Without being hospitalized the patient would have continued their daily life as before and made new friends when wanted. In a study conducted by the Institute of Disorders, 87% of the US population believe that the patient should have been detained in a psychiatric hospital per the mothers requests due to their difference in behavior.

8. An individual over the age of 18 was reported to show out of character behaviors by their mother. These behaviors included wearing dark colored clothes and distancing from their normal group of friends. Within a couple of days authorities showed up to the individual's job and demanded they be escorted to a psychiatric hospital. The individual and their coworkers expressed that the individual's behavior has not been out of the ordinary and that they have never shown signs of aggressive or dangerous behavior towards themselves or others. The authorities forced the individual into the vehicle and escorted them to the hospital where they were held for two weeks regardless of the patient's requests to be released. While in the hospital the only behavioral complaint keeping them admitted was that the patient refused to change out of all black clothes. Without being hospitalized the patient would have continued their daily life as before and made new friends when wanted. In a study conducted by the Institute of Disorders, 87% of the US population believe that the patient should have the right to refuse hospitalization if they are not showing any signs of being a danger to themselves or others.

9. An individual over the age of 18 was reported to show out of character behaviors by their mother. These behaviors included wearing dark colored clothes and distancing from their normal group of friends. Within a couple of days authorities showed up to the individual's job and demanded they be escorted to a psychiatric hospital. The individual and their coworkers expressed that the individual's behavior has not been out of the ordinary and that they have never shown signs of aggressive or dangerous behavior towards themselves or others. The authorities forced the individual into the vehicle and escorted them to the hospital where they were held for two weeks regardless of the patient's requests to be released. While in the hospital the only behavioral complaint keeping them admitted was that the patient refused to change out of all black clothes. Without being hospitalized the patient would have continued their daily life as before and made new friends when wanted. Without being hospitalized the patient would have continued their daily life as before and made new friends when wanted.

Appendix B:

Bobier Susceptibility to Social Influence Scale

1. I have sometimes agreed with another person because it was easier than disagreeing.
2. There have been times that I simply "went along with the crowd," even when we were doing something that made me uncomfortable.
3. I would rather be right than be popular.
4. I am far more likely than others to resist if someone tells me what to do.
5. I sometimes will pretend to go along with others, simply to avoid trouble.
6. I do not follow the crowd.
7. I do not like to follow orders.
8. It is sometimes necessary to agree with others to make a good first impression.
9. I have deliberately, falsely, agreed with someone because I knew I would have to work with them in the future.
10. I like playing devil's advocate.
11. I sometimes start disagreements just to see what will happen.
12. People would consider me a stubborn person.
13. I have publicly agreed with something I didn't really believe because it would make it easier to keep working with a person.
14. I would argue with a friend about a current social issues
15. My friends and family are quite aware of my specific beliefs
16. When someone tells me what to do. I'm likely to do the opposite.
17. When dealing with others (e.g., co-workers, family), it is sometimes easier to agree with them publicly and then do what I wanted to do anyway.

18. It is important for me to stand my ground.
19. Once I have made up my mind, that's it.
20. I am comfortable having views that are very different from other people's.
21. I am willing to stand up for what I believe, even if I lose some friends as a result.

Appendix C:

Crowne-Marlowe The Social Desirability Scale

1. Before voting I thoroughly investigate the qualifications of all the candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if I am not encouraged.
4. I have never intensely disliked anyone.
5. On occasions I have had doubts about my ability to succeed in life.
6. I sometimes feel resentful when I don't get my way.
7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out in a restaurant.
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.
10. On a few occasions, I have given up something because I thought too little of my ability.
11. I like to gossip at times.
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
13. No matter who I'm talking to, I'm always a good listener.
14. I can remember "playing sick" to get out of some-thing.
15. There have been occasions when I have taken advantage of someone.
16. I'm always willing to admit it when I make a mistake.
17. I always try to practice what I preach.
18. I don't find it particularly difficult to get along with loudmouthed, obnoxious people.
19. I sometimes try to get even rather than forgive and forget.
20. When I don't know something I don't mind at all admitting it.
21. I am always courteous, even to people who disagree.
22. At times I have really insisted on having things my own way.
23. There have been occasions when I felt like smashing things.
24. I would never think of letting someone else be punished for my wrong-doings.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others.
29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me.
31. I have never felt that I was punished without cause.

32. I sometimes think when people have a misfortune they only get what they deserve.
33. I have never deliberately said something that hurt someone's feelings.

Appendix D:

General Attitudes Pre/Post-test

1. Most People with Mental disorders are dangerous.
2. It is ethical to force adults with non life threatening mental disorders to take medications.
3. It is ethical to force children with non life threatening mental disorders to take medications.
4. If someone I **do not** know is portraying odd or different behavior, it is my responsibility to report them and have them institutionalized.
5. If someone I **do** know is portraying odd or different behavior, it is my responsibility to report them and have them institutionalized.
6. There should be a set retirement age
7. Single parent homes create an environment that influences criminal activity by their children
8. I believe that the majority opinion should determine ethical decisions
9. I believe I am more ethical than the average person
10. I know myself better than anyone else knows me
11. People who do not conform to society need psychiatric help
12. Children do not know enough to make non life threatening medical decisions about themselves
13. Prison Inmates with mental health disorders should not have the right to refuse medication
14. Laws should require all people with mental disorders to take medications