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Role-Identity Saliency

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The concept of role-identity saliency plays a critical role in many contemporary discussions of the self-concept. It has also been invoked, in one form or another, in a variety of other areas within sociology. However, there has been conspicuously little empirical investigation of the concept. This paper attempts to fill this void with an empirical examination of role-identity saliency as it applies to the act of voluntary blood donation.

The data are based on 658 responses to a mail questionnaire sent to a sample of blood donors. Analyses are organized into two sections. In the first section a number of hypotheses specifying correlates with saliency of the blood donor role-identity are examined. Significant associations between saliency and self-definition, a tendency to view others in terms of the role-identity, increased social relations premised on the role-identity, expectations from other, and future behavior, were found. In the second section, saliency and the variables mentioned above are used to predict number of donations six months after completing the questionnaire. Results from a regression analysis find support for saliency, self-definition, and social relationships as significant predictors. Implications and limitations of the findings are discussed.

The self-concept has long played a critical role in sociological theorizing by providing a conceptual bridge linking the individual to the larger social structure. This sociological view of the concept is premised on the assumption that the self is not an isolated psychological unit, but rather is fundamentally social in nature—a point firmly established by George Herbert Mead. According to Mead (1934:144),

The unity and structure of the complete self reflects the unity and structure of the social process as a whole; and each of the elementary selves of which it is composed reflects the unity and structure of one of the various aspects of that process in which the individual is implicated . . . the structure of the complete self is thus a reflection of the complete social process.

In describing the self's inherent sociality, however, Mead (1934:262) was quick to point out that the self, while representing society, also represents individual differences, or personality, and consequently "does not necessarily represent or uphold narrow definitions of cer-

tain fixed and specific patterns of activity." Individual variation is made possible because each self reflects a unique perspective of social structure based on unique patterns of social relations (Mead, 1934:202).

Mead's general view of the self as both social structure and personality is reflected in a contemporary version of symbolic interactionism in which the self is viewed as a structure of roles (Turner, 1978), identities (Stryker, 1980), or role-identities (McCall and Simmons, 1978). Such "role-identities" are defined in part by the social structure and in part by the individual, and when taken together they are said to represent the person (Turner, 1978). In addition, the self as a structure of role-identities is also said to operate as a social force, affecting the structure of society by affecting behavior in important ways (Rosenberg, 1981).

Critical to this perspective is the assumption that some role-identities are more a part of the self than others and consequently have a variable effect on the self-concept. Thus, for one person the occupational role-identity may be the dominant aspect of the self, taking precedence over other role-identities and affecting general self-perceptions and actions. For another person, however, the family role-identity may be more important and concerns of family will come before those of work.

One important way in which the self-concept reflects such variable commitment is through a hierarchical structuring of role-identities. The salient (Stryker, 1980) or prominent (McCall and Simmons, 1978) role-identities are conceptualized as being positioned at the top of the hierarchy and those less representative of the self are positioned closer to the bottom.

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This conceptualization of role-identity salience has in recent years been mentioned as an important variable in a number of different areas within sociology, receiving particular prominence in discussions of socialization (Gecas, 1981), personality (Santee and Jackson, 1979), and social movements (Zurcher and Snow, 1981). Most prominent, however, are theoretical discussions emphasizing the individual-level consequences role-identity salience has for self-definition, self-evaluation, cognitive organization, and action (Rosenberg, 1981). Yet, while theoretical and conceptual work concerning role-identity salience has progressed, empirical research on the concept is conspicuously missing. As Rosenberg (1981:607) recently noted in a review of the self-concept literature: "For some reason that is not readily evident, sociologists appear to have been more active in developing and elaborating the idea of social identity salience than in examining it empirically."

The research reported here is designed to help fill this gap with an empirical investigation of role-identity salience as it applies to the specific act of regular voluntary blood donation. Before proceeding, however, it is necessary to develop more fully the concept of role-identity salience and to lay out more precisely the specific cognitive and behavioral consequences implied by this concept.

ROLE-IDENTITY SALIENCE

The role-identity concept can be defined in general terms as a particular social object (Mead, 1964:267-93, 306-19) that represents a dimension of the self. As a social object, a role-identity must necessarily be shared, socially recognized, and defined by action. In this sense a role-identity serves as a link between the individual self and society. Role-identities differ from traditional conceptualizations of role in that they are not limited to societal expectations. They differ from a psychological identity, or personality, in that they stand for objective social positions and cannot be pure subjective experiences.

The general idea that role-identities vary in the degree to which they are a part of the self was first introduced in the works of James (1890), Cooley (1902) and Mead (1934). Since these early classic statements the concept has reappeared in a number of different forms throughout the sociological literature. Perhaps most well known are the relatively in-depth and formal treatments of the concept by Stryker (1968, 1981), McCall (McCall and Simmons, 1978; McCall, 1977), and to some extent Turner (1978); but related concepts have

also been developed. Thus "role-engulfment" (Schur, 1971), "occupational identification" (Becker and Carper, 1956), "central life interests" (Dubin, 1956), "psychological centrality" (Rosenberg, 1979), and role commitment (Heiss, 1981) have all been similarly used in an attempt to describe differing self-valuations of a role-identity. Throughout, however, there has been much overlap and similar assumptions and consequences of salience tend to be emphasized. Three general points are particularly prominent, and these can be classified in terms of consequences for (1) self-definition, (2) social relations with others, and (3) behavior.

Self-Definition

Perhaps the most far-reaching consequences are those that flow from the implications role-identity salience has for self-definition. When a role-identity is salient it is more representative of the self and consequently one's self-definition will more likely reflect salient role-identities. The idea that self-definitions are in large part formed by the socially recognized positions one claims has been consistently demonstrated over the years through application of the Twenty Statements Test (e.g., Zurcher, 1977). However, even though role-identities are known to be important to self-definition, the relative impact of individual role-identities has received little attention. If the structure of the self is in part a hierarchically organized set of role-identities, then self-definition should reflect such a hierarchy. For example, suppose one has the role-identities of steel worker, union member, and Catholic. If being Catholic is salient and union member and steel worker are only peripherally important, then one's self-definition should reflect the Catholic role-identity, and the meaning associated with being Catholic should more closely correspond to the meaning associated with the general self. Steel worker and union member, while also represented in self-definition, should be less important to one's overall self-definition.

In addition, self-definitions associated with salient role-identities are important because they help determine one's overall evaluation of self, or self-esteem. Specifically, one would expect that since salient role-identities are more likely to characterize the self, they should have a greater impact on one's overall evaluation of the self. That is to say, positive self-esteem rests on successful performance of salient role-identities. This quality of salient role-identities was first recognized by James (1890:309) almost a century ago when he wrote:

I, who for the time have staked my all on being a psychologist am mortified if others know much more psychology than I. But I am contented to wallow in the grossest ignorance of Greek. My deficiencies there give me no sense of personal humiliation at all. Had I "pretensions" to be a linguist, it would have been just the reverse.

Although the relationship between salient role-identity performance and self-esteem has been asserted in one form or another for quite some time, it too has generated little empirical research (see Rosenberg [1965] for an exception).

Social Relations with Other

Role-identity salience also influences, in important ways, our relations with others. For example, salient role-identities help establish individual perspectives used in the perception and evaluation of others (e.g., Mead, 1934:337-46; Bolton, 1981). As McCall and Simmons (1978:106-107) note, the individual actor "selectively perceives those social objects that are most relevant to currently salient roles; as he drives down the street, a hungry man is most likely to perceive an EAT or CAFE sign, and a man with a headache is most likely to perceive a DRUGS sign. A burglar appraises the same downtown street rather differently." As a consequence, social relationships will likely be perceived in terms of their relevance for salient role-identities. Similarly, Stryker (1981) acknowledges the role played by salient role-identities in this respect, arguing that the more salient the role-identity, the greater the likelihood that situations will be viewed as opportunities for performing the role-identity, and the greater the likelihood that stable relationships with others will be premised on the role-identity. Thus, salient role-identities are said to have implications for how we define other and with whom we develop specific social relationships.

In addition, salient role-identities have implications for social relations with other in that they announce to others who we are. As a result others come to define us in terms of our salient role-identities. For example, in our society, since one's occupation is generally more salient than one's hobby, it is more common to identify and know someone as a doctor, secretary, or insurance salesman, rather than, say, stamp collector, gardener, or gourmet cook. This is not to say that one's salience hierarchy is perfectly matched with what others find salient in us. It means that, in general, we will be better known by our most salient role-identities.

This definition by other also leads to the development of social expectations based on our salient role-identities. As a consequence, role-identities are also tied to relations with other through interpersonal and societal expectations. When a role-identity is salient, such expectations will be more firmly held by others. Thus, if one were to relinquish a particular occupational role-identity, for example, other's response would be more extreme than if one's hobby, a minor role-identity, were dropped.

Behavioral Consequences

The most visible consequences of role-identity salience relate to behavior. Role-identities, by definition, imply action, and it is through action that role-identities are realized and validated. Variance in role-identity salience is thus expected to be reflected in variance of behavior associated with the role-identity. For example, when a religious role-identity is salient, specific religious actions (e.g., praying, attending services, reading religious material) should be more frequent.

Given the obvious theoretical importance of the self-behavior relationship, it is not altogether surprising that the behavioral consequences of role-identity salience have received the most empirical attention. Santee and Jackson (1979), for example, found measures of role-identity salience to be meaningfully related to self-reports of social activity such as church attendance and athletic participation. Similarly, Stryker and Serpe (1982) found salience of a religious role-identity to be related to self-reports of the amount of time spent in the religious role. Both of these studies, however, rely on self-reports of behavior. Consequently, the issue of whether role-identities actually direct behavior is still in doubt.

ROLE-IDENTITY SALIENCE AND REGULAR BLOOD DONATION

This paper presents an empirical examination of the "blood donor" role-identity. Although this role-identity is primarily defined by a single act, it nevertheless meets the conceptual criteria defining a role-identity. As noted earlier, a role-identity is a particular social object that defines the self. As long as an actor uses blood donor to describe who he or she is, and this self-definition is shared and recognized by others, then blood donor can be considered a role-identity. This is not to say that all mundane acts are included in one's role-identity hierarchy. Acts such as "buying eye glasses" or "crossing streets against red lights" would not be considered role-identities because they do not define the self and are not

recognized by others as such. Other single acts, however, such as "jogger" or "trout fisherman" may be role-identities for some, while they may not be role-identities for others. The blood donor role-identity falls into this latter category.

The blood donor role-identity is unique in that most people have never donated blood, and of those who have, most have given their blood only once or twice.¹ As a consequence, for nondonors it may seem peculiar to talk about the salience of a blood donor role-identity. Yet, there is evidence suggesting that for regular donors, at least, the act does become a significant dimension of the self-concept. In a comparison of first time and regular donors, for example, Piliavin et al. (1984) found that returnees were more likely to report strong self and other expectations with regard to donating. Similarly, in a study of a group of rare-blood donors, Kessler (1975) noted that the highly committed blood donors were likely to have developed a specific meaning for the act that was tied to the self-concept.

While most previous empirical investigations of the self-concept and role-identity salience have focused on commonly held role-identities such as religion, student, and occupation, there are several advantages to studying the blood donor role-identity. For example, the blood donor role-identity offers a relatively unambiguous behavioral measure. Beyond donating blood, little more is or can be expected of a blood donor. In contrast, more socially salient role-identities such as family, religion, and occupation, offer multiple and often ambiguous behavioral indicators. Another advantage of studying blood donors is that they present an easily identifiable population with clear variance in salience of the role-identity of interest.

Two sets of analyses examining salience of the blood donor role-identity will be presented in this paper. In the first set of analyses, six hypotheses focusing on the relationship between blood donor role-identity salience and (1) self-definition, (2) relations with other, and (3) behavior will be tested. In line with the previous theoretical discussion, the following predictions are made.

Self-Definition

(1) Salience of the blood donor role-identity will be positively associated with self-definition as a blood donor.

¹ It is important to distinguish between voluntary blood donation, where no form of remuneration is given, and the selling of plasma for commercial use. It is the former act which is being studied here.

(2) Salience of the blood donor role-identity will be positively associated with feelings of mortification after failure as a blood donor. This prediction reflects the assumption that salience will be positively associated with self-esteem investment.

Relations with Other

(3) Salience of the blood donor role-identity will be positively associated with a tendency to evaluate others in terms of the blood donor role-identity. This prediction reflects the position that salient role-identities influence the perception and evaluation of others.

(4) Salience of the blood donor role-identity will be positively associated with the development of interpersonal relationships linked to blood donation.

(5) Salience of the blood donor role-identity will be positively associated with others' expectations that one donate blood.

Behavior

(6) Salience of the blood donor role-identity will be positively associated with future blood donations.

The second set of analyses will examine more completely the self-behavior relationship. Hypothesis 6 predicts that salience of the blood donor role-identity will be positively associated with number of future blood donations. As already noted, this hypothesis has received some empirical support using self-reports of behavior (Stryker and Serpe, 1982), but it is clear that the self-behavior relationship is more complicated than this. In fact, three of the variables mentioned as correlates of salience, namely, self-definition as a blood donor, social relationships tied to blood donation, and perceived expectations of others, have also received empirical support as predictors of behavior. Thus, Burke and Reitzes (1981) found self-definition on various dimensions of the student role-identity to be related to self-reports of participation in student activities. Stryker and Serpe (1982) showed that individuals who have a greater number of social relationships tied to a religious role-identity, report spending more time in the religious role. And there is a very large body of experimental work on expectations states which supports the principle that perceived expectations influence behavior (cf. Meeker, 1981).

While this evidence suggests that self-definition, interpersonal relationships, and others' expectations all affect behavior, it is not known whether these three variables have unique effects independent of salience. Since all three variables are expected to be correlated

with salience, it may be that some are only spuriously related to behavior.

In addition to examining the independent effect of salience, self-definition, social relationships, and expectations, the effect of self-esteem investment and a tendency to evaluate others in terms of the role-identity will also be explored. While there are no strong theoretical arguments for expecting these two variables to have an effect on behavior, they will be included in the analysis for exploratory purposes.

METHOD

The Research Setting

The blood donors who participated in the study were selected from the records of three permanent blood donation centers in Green Bay, Madison, and Milwaukee, Wisconsin, and one center in Dubuque, Iowa. The Madison, Green Bay and Dubuque centers are part of the American Red Cross system and are managed by the same regional organization. The center in Milwaukee, known as "The Blood Center of Southeastern Wisconsin," is not part of the American Red Cross system.

Although organizationally independent, the Milwaukee and Red Cross systems do not "compete" for donors. Territorial boundaries have been established. Collectively, the four centers are solely responsible for blood collection across 55 contiguous counties.²

While the organizational systems are quite similar, there are several differences worth noting. A donor at a Red Cross center must be at least 18 years of age (17 with parental permission), weigh 110 pounds, and be free of specific physical ailments. In addition, after donating a pint of whole blood (the amount taken at single donation experience), the donor is required to wait eight weeks before donating again. Donors at a Red Cross center do not receive any monetary remuneration for their blood, nor are they guaranteed blood before nondonors.

A donor at the Milwaukee center must meet the same age, weight, and physical requirements used by the American Red Cross. However, instead of waiting eight weeks between donations, the Milwaukee donor is required to wait 10 weeks—even though the same quantity of whole blood (1 pint) is taken. As in the Red Cross system, donors at the Milwaukee center are neither paid nor guaranteed blood when in need. However, until 1978 the Milwaukee

center was operating on an insurance system and it is likely that some donors are not aware of this change.

All four centers collect blood through two primary sources: (1) donations made at mobile collection units that regularly travel to sites in the center's territory; and (2) donations made from donors who voluntarily "walk in" to the main collection centers. The donors studied here were selected from those who walked into the center.

Sample

A systematic random sample of donors, stratified by number of previous donations, was drawn from the August and September 1981 records at the Red Cross centers, and from the August 17 through September 16, 1981, records at the Milwaukee center. This sampling scheme represented between 10 and 20 percent of the total walk-ins at each center, but over 90 percent of the first-time donors for the time period sampled. Since the summer months are relatively slow donation periods, those who donated in August may be a bit more committed than the average donor. These donors are not expected to differ in any other way from those donating at other times of the year.

Procedure

In the fall of 1981, donors in the sample were mailed a 15-page questionnaire. A cover letter described the project as focusing on the attitudes, values, and behaviors of blood donors, with the goal of trying to understand and describe the type of people who donate blood. In February of 1982, the data collection was ended with an 84% return rate. Except for first-time donors, who had a 76% return rate, there was little variation in return rate by number of previous donations or donation site.

In addition to the information provided in the questionnaire, the data set to be analyzed here also includes the respondent's donation record for approximately 6 months after completing the questionnaire. Although such records are limited to donations made within the center's region, donation outside the region is quite rare.

At the three Red Cross centers, donor records were obtained from the "donor history sheets." Such sheets are completed for every donor at each donation. At the Milwaukee center, donation records are stored on a computer disk and are accessed using a video display terminal. Both systems are checked against the donor's personal donation record at each donation.

² The region covers 49 of Wisconsin's 72 counties, 4 counties in the upper peninsula of Michigan, Dubuque county in Iowa, and Jo Daviess county in Illinois.

Table 1. Comparisons for Two Measures of Work, Religion and Blood-Donor Salience

Role-Identity	Mean item score for salience scale	Standard deviation for salience scale	Mean salience rank score	Standard deviation of ranking	Correlation of salience and rank
Work	7.28	11.72	2.54	1.14	-.30*
Religion	6.54	16.21	3.30	1.68	-.70*
Blood donor	5.77	8.77	5.08	1.22	-.39*

* $p \leq .001$.

Subjects

Of the 658 donors who responded to the survey, 49.8% are male, the mean age is 33, and the mean number of previous donations (reported in the questionnaire) is 13 (median = 6.6). Over half of the respondents (56%) are married, the majority are employed at least part time (86%), and 40% have a college degree. The median family income is approximately \$20,000 annually, and 70% report making over \$12,000 in 1980. Of those who report a religious preference, 56% are Catholic, 38% are Protestant and 3% are Jewish (the high proportion of Catholics is consistent with demographic breakdowns for the specific geographical area).

Measures

Salience. The extent to which the blood donor role-identity is part of the actor's self was operationalized by a five-item "blood-donor salience scale" with a Cronbach's alpha reliability coefficient of .81. The following five items were rated on a nine-point strongly agree/strongly disagree scale and were summed to produce the scale score.

(1) Blood donation is something I rarely even think about.

(2) I would feel a loss if I were forced to give up donating blood.

(3) I really don't have any clear feelings about blood donation.

(4) For me, being a blood donor means more than just donating blood.

(5) Blood donation is an important part of who I am.

Thus, the more blood donation is linked to one's thought, feelings, and identity, the more it is considered here to be a part of the self.

The fact that items of relatively diverse substance are able to demonstrate consistently high inter-item correlations offers a degree of validity of the measure. As a further test of the convergent validity of the measure, the blood-donor salience scale was correlated with a different measure of blood-donor salience. The second measure of blood-donor salience was established by having respondents rank seven "social identities" according to the

relative importance of the identity in the donor's life. The seven identity categories were: (1) organization/group; (2) work; (3) religion; (4) family; (5) blood donor; (6) politics; and (7) ethnic group/nationality. Salience of religion and work were also measured using a scaling procedure.³ The items in both the religion and work-salience scales are similar to those in the blood-donor salience scale. The religion salience scale demonstrated a Cronbach's reliability coefficient of .91, while the work salience scale demonstrated a reliability of .81.

As can be seen in Table 1, the salience scales and identity rankings are highly correlated and lead to similar findings. Both measures suggest that for the sample as a whole, one's job is more closely linked to the self, followed by religion, and finally blood donation, thus adding to the validity of the blood-donor salience scale.⁴

Behavior. The total number of blood donations made during the six-month period between January 1, 1982, and June 30, 1982, is the behavioral measure. Since over 85% of the returned questionnaires had been completed by January 1, this behavioral measure allows for a prospective test of the hypotheses. In addition, because the measure is taken from the donation center records, and not self-reports, it can be expected to be both highly reliable and valid.

The maximum number of donations possible during the six-month period is four. Only 1.5% reached the maximum, 10.2% donated 3 times, 22.6% donated twice, 29.6% donated once, and 36% did not donate during the period. The av-

³ Due to space limitations, only two of the seven identities were rated using the scaling method. Work and religion were used because variation in commitment on these identities seemed more likely. Respondents who at the time did not have a job (approximately 14%) were asked not to complete the work items.

⁴ Related evidence of validity has been demonstrated by Jackson (1981) using the multi-trait, multi-method technique. Although she used a similar salience rank measure, her salience-scale format was considered too long for this study (23 items in a True-False format). However, the salience items used here are similar in focus to the Jackson items.

erage number of donations made during the period was 1.1.

Others' Expectations. The actor's subjective perception of others' expectations of him or her as a blood donor was measured on an eight-item scale with a demonstrated Cronbach's alpha reliability of .82. The following eight items were rated on nine-point strongly agree/strongly disagree scales and summed for a total score.

- (1) Many people think of me in terms of being a blood donor.
- (2) Other people think that blood donation is important to me.
- (3) It is important to my friends and relatives that I continue as a blood donor.
- (4) It really wouldn't matter to most people I know if I decided to give up donating blood.
- (5) Many of the people that I know are not aware that I am a blood donor.
- (6) Many of the people that I know expect me to continue as a blood donor.
- (7) No one would really be surprised if I just stopped donating blood.
- (8) Many people would probably be disappointed in me if I just decided to stop donating blood.

Mortification. The relative importance of the blood donor role-identity for one's overall self-esteem was assessed by tapping the degree to which role-identity failure results in feelings of mortification. Thus behaviors that represented failure as a blood donor had to be found. The three selected for study were: (1) feeling faint during the procedure; (2) forgetting to show up for an appointment; and (3) being turned away due to a low red cell count. To measure the impact of these "performance failures" subjects were asked to rate the anticipated consequences of each behavior against two seven-point semantic-differential scale items: "Think less of myself-Feel the same about myself" and "Embarrassed-Not embarrassed." All six items were then summed and produced a scale with a demonstrated alpha of .73.

Self-definition. The Burke and Tully (1977) technique was used to measure the definition of self as a blood donor. This measure taps the meaning of self in role while at the same time relating one role-identity to its counter-role-identity. This is accomplished using three general steps. First, subjects are asked to rate the role-identity in question, an appropriate counter-role-identity, and self in role against a list of the same bipolar adjectives. The adjectives are selected on the basis of relevance and are intended to tap all important dimensions of "meaning" associated with the role-identity in question. The second step involves the iden-

tification of appropriate weights to be used for the self in role ratings. This is accomplished by running a discriminant-function analysis on the ratings of the role-identity and its counter-role-identity. The results from this analysis indicate which adjectives best differentiate the role-identity from its counter-role-identity by producing a sign and appropriate weight for each adjective pair. On the third step the sign and weights obtained in step 2 are multiplied by the adjective ratings of self in role, which are then summed to give a total "self-in-role" score. This final score represents the individual's assessment of self in role on a continuum between the role-identity in question and its counter-role-identity.

Subjects were asked to rate the following three statements: (1) In general, a person who donates blood regularly is . . . ; (2) In general, a person who has donated blood once but decided not to donate again is . . . ; (3) In general, as a blood donor I am Statement 1 was used to assess the cultural standards (general expectations) associated with the blood donor role-identity. Statement 2 operationalizes the counter-role-identity (in this case, one who quits after the first donation), and statement 3 is an assessment of self as a blood donor. Sixteen bipolar adjectives were used to rate each statement. These were selected from the larger pool of approximately 50 items on the recommendation of independent judges and from the analysis of pretest data. The original adjective pool was compiled from lists and descriptive statements elicited from both donors and non-donors so as to tap all possible dimensions of meaning as established by Osgood and associates (e.g., Snider and Osgood, 1969). Table 2 presents the 16 adjective pairs and their associated signs and weights.

Definition of others. The tendency for actors to evaluate and define others in terms of the blood donor role-identity was measured using the ratings of "blood donors usually are," which was described in the Burke and Tully technique.

For this measure, ratings on the seven-point bipolar adjective scales were scored zero if they fell at the midpoint between the two adjectives, and either one, two, or three depending on their distance from the midpoint. Ratings across each of the sixteen adjectives were then summed to produce a total extremity score. Higher scores thus indicate a tendency to use more extreme ratings in the definition of others.

Social Networks

The subject's interpersonal relationships contingent upon the role-identity of blood

Table 2. Adjective Pairs and Associated Weights Used in Measurement of "As a blood donor I am . . ." Scale^a

Adjective Pairs	Discriminant Function Weights
Caring/Uncaring	.262
Stable/Changeable	.049
Consistent/Inconsistent	.273
Weak/Strong	.052
Usual/Unusual	-.194
Healthy/Sick	.374
Useful/Useless	-.104
Afraid/Unafraid	-.287
Helpful/Unhelpful	.142
Rugged/Delicate	-.096
Nervous/Relaxed	-.065
Involved/Uninvolved	.064
Worthless/Valuable	.018
Selfish/Giving	-.262
Committed/Uncommitted	.156
Energetic/Lazy	-.115

^a A positive sign means the first adjective is associated with regular blood donors, a negative sign indicates the first adjective is associated with one-time donors.

donor were measured with five items taken from Stryker's (Stryker and Serpe, 1982) "commitment scale." The Cronbach's alpha for this scale is .82.

1. Of all the people you know through blood donation, how many are important to you, that is, you would really miss if you did not see them?
2. Think of those people that are important to you. About how many would you lose contact with if you stopped donating blood?
3. How many people do you know on a first-name basis through blood donation?
4. Of the people you know through blood donation, how many are close friends?
5. Of the people you know through blood donation, how many participate in other activities with you (e.g., work together, engage in recreation together, visit each others homes, etc.)?

Table 3. Zero-Order Correlations among Variables

	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(1) Blood-Donor Salience	.37**	.15**	.39**	.19**	.55**	.20**	.22**
(2) Self-Definition		.01	.49**	.11*	.23**	.18**	.19**
(3) Mortification			.11*	.05	.12**	.06	.02
(4) Definition of Others				.22**	.26**	.09*	.06
(5) Number of Relationships					.30**	.14**	.07*
(6) Perceived Expectations						.16**	.17**
(7) Future Donations							.25**
(8) Previous Donations							—

* $p = .01$.

** $p = .001$.

RESULTS

Tests of the Hypotheses

Hypothesis 1. Salience of the blood donor role-identity will be positively associated with self-definition as a blood donor.

This hypothesis receives substantial support. The correlation between the scaled measure of salience and self-definition as a regular blood donor is significant and in the predicted direction (Table 3). In addition, a one-way analysis of variance, presented in Table 4, indicates a significant difference in the mean self-definition scores for different salience ranking groups. Thus, adjective descriptions of self as a blood donor correspond more closely to similar descriptions of a regular blood donor, as opposed to a one-time donor, with increasing salience of the blood donor role-identity. This supports the hypothesis that role-identity salience and self-definition as a blood donor are positively related.

Hypothesis 2. Salience of the blood donor role-identity will be positively associated with feelings of mortification after failure as a blood donor.

The results offer mixed support for this hypothesis. Although the correlation between the scaled salience measure and anticipated mortification is significant (Table 3), the analysis of variance on the salience rank measure does not reveal any significant differences among means (Table 4).

There are two possible methodological reasons why this hypothesis receives only moderate support. First, the performance-failure measures may have been inadequate, and second, since subjects were asked to anticipate mortification, actual feelings of mortification may not be captured by this measure.

Hypothesis 3. Salience of the blood donor role-identity will be positively associated with a tendency to evaluate others in terms of the blood donor role-identity.

There is clear support for this hypothesis. The correlation of definition of others with the salience scale is high (see Table 3), and the

Table 4. Analysis of Variance for Mean Variable Scores at Levels of Blood-Donor Salience Rank

	Salience Rank of Blood Donor Role-Identity						F	SIG.
	1-2	3	4	5	6	7		
Self-Definition	2.47	2.43	2.07	1.94	1.85	1.69	3.171	.001
Mortification	28.90	29.58	29.49	29.99	30.24	31.28	.769	.572
Definition of Others	32.67	30.24	29.86	29.21	27.40	25.52	3.944	.002
Number of Relationships	2.58	3.77	3.94	3.54	2.13	1.03	6.542	.001
Perceived Expectations	38.00	34.75	33.25	33.61	30.62	24.44	9.169	.001
Future Donations	1.91	1.16	1.36	1.41	1.17	1.09	2.34	.04
(Approximate N)	12	44	152	195	145	90		

analysis of variance on the salience rank measure is significant, with no departures from linearity (Table 4). For both measures of salience, subjects demonstrate a clear tendency to rate "regular blood donors" in more extreme terms when the blood donor role-identity is personally more salient.

Hypothesis 4. Salience of the blood donor role-identity will be positively associated with the development of interpersonal relationships linked to blood donation.

This hypothesis is supported on both measures of salience. Number of friendships linked to blood donation is positively correlated with salience (Table 3), and differences among means for the salience rank measure are significant (Table 4).

There is, however, some suggestion of deviation from linearity in the analysis of variance ($F=2.325$; $p<.06$). For those who rank the blood donor role-identity first or second ($N=12$) the number of social relationships mentioned is less than the number mentioned by those who rank the blood donor role-identity third, fourth, or fifth.

Hypothesis 5. Salience of the blood donor role-identity will be positively associated with others' expectations that one donate blood.

This hypothesis is strongly supported. The correlation coefficient between salience and perceived others' expectations is quite large (Table 3) and the analysis of variance on the salience rank measure is significant (Table 4).

It is important to remember that the "expectations" referred to in this hypothesis are attributions of other's expectations, which may or may not correspond to actual beliefs of other. In any event, the results clearly suggest that as salience of the blood donor role-identity increases, perceived expectations of others also increases.

Hypothesis 6. Salience of the blood donor role-identity will be positively associated with number of future blood donations.

The correlation between salience and number of donations approximately six months later is significant (Table 3) and differences

among the mean number of donations at different levels of the salience rank measure are also significant (Table 4). Mean number of donations range from 1.91 for those who rank the blood donor role-identity first or second, to 1.09 for those who rank the blood donor role-identity seventh, with no significant departures from linearity ($F = 1.707$; $p > .10$).

Summary. In summary, five of the six hypotheses are supported. The exception is Hypothesis 2, which specifies the relationship between role-identity salience and self-esteem. For this hypothesis the correlation between the blood-donor salience scale and anticipated feelings of mortification after "failing" at donating was relatively low, and the analysis of variance at different levels of the salience rank measure was not significant.

Predicting Behavior

As a first step toward a closer examination of the salience-behavior relationship, the behavioral measure, Number of Donations, was regressed⁵ on six independent variables: (1) salience of the blood donor role-identity; (2) self-definition as a blood donor; (3) feelings of mortification after failure; (4) a tendency to evaluate others in terms of the blood donor role-identity; (5) interpersonal relationships tied to blood donation; and (6) perceived expectations of others (Table 5, Equation 1). While five of the six variables showed a significant association with behavior in the zero-order correlation, only three demonstrate significant effects in the regression analysis. When controlling for all independent variables simultaneously, expectations, mortification, and definition of other are not significant. The

⁵ Although missing data on any single item averages about one percent, seventy items are used to construct the scales used in the regression analysis. As a consequence, with list-wise deletion of cases, 108 respondents are excluded from the analysis. For the most part, however, such exclusions can be considered random.

Table 5. Regression Analysis Predicting Number of Blood Donations—All Variables

Variable	Equation 1				Equation 2			
	b	Beta	S.E.	F	b	Beta	S.E.	F
Blood-Donor Salience	.018	.136	.007	6.835	.014	.108	.007	4.244
Self-Definition	.139	.150	.044	9.933	.119	.128	.044	7.206
Mortification	-.005	-.035	.007	.704	-.007	-.046	.007	1.189
Definition of Others	-.010	-.077	.006	2.574	-.008	-.062	.006	1.655
Number of Relationships	.037	.147	.011	11.562	.032	.129	.011	8.769
Perceived Expectations	.003	.034	.005	.457	.002	.017	.005	.124
No. of Previous Donations					.012	.189	.003	19.731
R^2		.084				.115		
F		8.279				9.795		
D.F.		6/543				7/526		

dropping out of expectations is particularly surprising given its relatively large zero-order correlation with number of donations. This failure may be due to the high proportion of variance shared among expectations, salience, and behavior. When salience is not entered into the equation, expectations appears as a significant predictor.

A problem with this set of regression analyses, however, is that it does not answer the question of causal direction. Do the three significant salience variables lead to blood-donation behavior, or are the observed relationships a consequence of donating blood? Theoretically there is reason to support both causal directions. While a complete answer to the issue of causality is not possible using these data, two additional analyses can provide some insight into the causal process. First, a conservative test of the hypothesis that salience and its correlates affect future behavior can be made by entering prior blood donations as a control in the previous regression analysis.⁶ The results from this analysis are found in Equation 2 of Table 5. While most effects are attenuated, as would be expected, the same variables remain significant across both sets of regressions.

The second analysis that can shed some light on the underlying causal process involves the regression of salience and its correlates on number of previous donations (i.e., the self-report of total donations at the time the questionnaire was completed). The results of this analysis are presented in Table 6. Only two variables are significant in this equation: salience and self-definition. Both of these variables were also significant predictors of future donations. In fact, the only difference between

the prediction of future donations and the prediction of previous donations is that the variable Number of Relationships predicts future donations but is not related to previous donation behavior.

Thus, results from the regression analyses suggest that the more an actor defines him- or herself as a regular donor, views blood donation as part of the self, and has friendships contingent upon donating, the more likely he or she will donate. Moreover, it was shown that self-esteem investment, a tendency to view others in terms of the blood donor role-identity, and perceived expectations from other did not demonstrate an independent effect on future donations. When previous donations are predicted, things change very little. Salience and self-definition remain as significant predictors, but number of friendships contingent upon donating drops out. Taken together, then, these two sets of regression analyses suggest that blood donation, per se, facilitates the development of role-identity salience and self-definition as a blood donor. Once established, these two variables then combine with friendships linked to blood do-

Table 6. Summary of Regression Analysis Predicting Number of Prior Blood Donations

Variable	b	Beta	S.E.	F
Blood-Donor Salience	.322	.160	.107	9.024
Self-Definition	2.061	.144	.694	8.828
Mortification	.161	.067	.102	2.458
Definition of Others	-.182	-.096	.094	3.779
Number of Relationships	.166	.043	.172	.926
Perceived Expectations	.083	.057	.074	1.243
R^2	.068			
F	6.425			
D.F.	6/529			

⁶ This is a conservative test because controlling for prior donations not only removes the effect of previous behavior, but also removes the variance Prior Donations shares with the other independent variables.

nation to affect future blood-donation behavior.

DISCUSSION

While there have been many theoretical discussions of role-identity salience, the corresponding program of empirical research has been conspicuously absent. The research reported here has attempted to fill this void.

Six hypotheses focusing on the relationship between role-identity salience and (1) self-definitions, (2) relations with other, and (3) behavior were tested. Results, corroborated with two different measures of salience, demonstrated support for five of six hypotheses. Individuals with high blood donor role-identity salience were found to be more likely to define themselves as a regular blood donor, evaluate other blood donors in more extreme terms, have a greater number of friendships linked to blood donation, perceive expectations from others concerning blood donation, and donate blood more often. The only prediction not supported focused on the association between salience and anticipated feelings of mortification after failure in the role-identity.

These results are important, in large part, because they address a neglected area of research. With this study we now have at least some empirical evidence supporting a number of the frequently stated principles of salience.

In addition to an examination of the correlates of salience, it was also possible to take advantage of a prospective behavioral measure and examine the relative strength of six variables in a model predicting action which defines the role-identity. Results from the regression analyses showed that blood donor role-identity salience, self-definition as a regular blood donor, and friendships contingent upon donating all have independent positive effects on donating blood. This finding supports similar conclusions by Burke and colleagues (Burke and Tully, 1977; Burke and Reitzes, 1981) concerning the relationship between self-definition and behavior, and Stryker and Serpe (1982), who present evidence linking salience and social networks to reports of behavior. However, in addition to corroborating this work, these results indicate that self-definition and social networks have independent effects on behavior in combination with role-identity salience. Moreover, once established, these two variables combine with Number of Relationships to predict future blood donations. Thus, while salience and self-definition seem to be both a cause and consequence of donating blood, the development of blood-donor friendships seem to be independent of number of previous donations.

Equally important are the nonsignificant effects in the regression analysis. Perceived expectations of other, which represents the traditional conceptualization of role, was not related to future donations, even though perceived expectations showed a relatively strong zero-order association with behavior. There are, of course, many possible explanations for this finding, but one particularly intriguing possibility is that expectations may actually be a product of role-identity salience and social networks, suggesting that one acts (donates blood, at least) because it is important to the self and to social relationships, not because it is expected. Thus, even though role expectancies are perceived, they may not always be a motivating factor and may be related only spuriously to future actions.

Definition of others and mortification also were not significant in the regression analysis. That these two variables failed to demonstrate an independent association with behavior comes as no great surprise. Definition of others, as measured in this study, represents ratings of a "regular blood donor" against a series of bipolar adjectives. In the first set of analyses, evidence was presented showing that such ratings become more extreme with increased salience of the blood donor role-identity. Yet, this tendency does not seem to influence behavior independent of salience. However, to the extent that such ratings represent the effect of salience on individual perception, then this variable may have an important indirect effect on behavior.

Feelings of mortification after experiencing failure in the role-identity also has no independent association with behavior. Theoretically, if one has a good deal of self-esteem invested in a role-identity, successful performance should produce pride and a motivation to continue. However, if failure occurs, feelings of pride should turn to mortification. One could argue that blood donors with high self-esteem invested in the act will not be any more likely to donate due to the fact that they run a greater risk of being mortified. It should also be pointed out with regard to mortification that this variable showed only a very weak association with salience in the first set of analyses. The fact that mortification found little empirical support in this study may also be attributable to poor measurement, as noted above.

A final word should be said about the fact that the six-variable regression model explained only eight percent of the variation in number of donations. First, it should be noted that the ultimate goal of this paper was not to explain blood-donation behavior. Other research has identified a number of factors affecting blood donation beyond those mentioned

here (e.g., Piliavin et al., 1984; Piliavin et al., 1982). The primary concern of this paper has been to examine certain hypotheses concerning role-identity salience. Second, while the low explanatory power of the six-variable model can be interpreted as evidence that the role-identity model explains very little actual behavior, the low explanatory power of these variables may be due in large part to the substantive topic investigated. Although the blood donor role-identity is clearly important for some individuals, it is, nevertheless, a minor role-identity relative to all other role-identities one may claim. Even for the most committed donor, role-identities related to family, religion, and occupation still dominate. If we assume that salience implies priority, then we can see that the blood donor role-identity must often defer to more salient role-identities when it comes to directing action. Thus, while it is true that the blood donor role-identity will explain more variance in behavior with increased salience, the amount of variance explained is relative to the level of salience the role-identity achieves among all other role-identities in the self-structure. Other more salient role-identities, such as family, work, and religion, should permit a greater degree of explanation.

This last point makes it clear that a single role-identity represents only a piece of a very complex self-structure. Understanding how all role-identities function together as a single structural unit should be the goal of future research concerned with understanding the structure of the self-concept and its relationship to behavior.

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Peer Influence on Classroom Attention

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This study looks at peer influence processes within the elementary classroom by examining the extent to which inattentive behavior on the part of one student increases the likelihood of additional student inattention. The data consist of behavioral measures of attentiveness obtained from 16 video-taped lessons of first-grade reading groups. Qualitative analyses revealed several instances in which distracting verbal and nonverbal behavior by one individual appeared to cause others to stop attending to the reading lesson. Quantitative analyses, using a continuous-time, stochastic model, confirmed the hypotheses generated from the qualitative analyses. Distracting inattention on the part of one student had a significant impact on the rate at which other students became inattentive, while controlling for a set of individual and group characteristics, with inattention shift rates more than tripling in magnitude following an incident of distraction in the classroom. Implications for the study of contextual effects and peer influence are discussed.

School contextual effects have been of interest to sociologists and social psychologists for a long time, although in a limited way. In

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traditional contextual research the focus has been on the influence of the learning environment, generally operationalized as school socioeconomic background level, on students' aspirations and/or attainment (Sewell and Armer, 1966; Hauser, 1970; Jencks et al., 1972; Hauser et al., 1976). Only a few studies, however, have looked at one of the most interesting social-psychological types of contextual effect, the influence of peers on each other's behavior. The research on peer influence finds that peers' educational aspirations consistently predict students' own educational aspirations (Sewell