Replications and Refinements

Under this heading appear summaries of studies which, in 500 words or less, provide useful data substantiating, not substantiating, or refining what we think we know. Additional details concerning the results can be obtained by communicating directly with the investigator or, when indicated, by requesting supplementary material from Microfiche Publications.

Unique First Names in Male and Female Psychiatric Inpatients

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IT HAS BEEN PROPOSED that Americans with unique first names have a higher incidence of psychopathology and more undesirable personality characteristics than those with more common first names. Previous research suggests that those with unique first names score higher on a measure of abasement (Schonberg & Murphy, 1974), perform more poorly in school (Savage & Wells, 1948), and are more likely to be poorly adjusted emotionally (Ellis & Beechley, 1954; Hartman, Nicolay, & Hurley, 1968).

These deleterious associations with the uniquely named have been brought into question and qualified, however (Zweigenhaft, 1983). Lawson (1984) speculated that the relationship between unique names and psychopathology may be more likely for men than for women. Further, Anderson (1985) noted that many studies (Hartman et al., 1968; Savage & Wells, 1948)

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that reported greater psychopathology for uniquely named individuals used only male samples.

Subjects in the present study were 1,000 men and 1,000 women from a small Pennsylvania hospital. From the male sample, 500 were inpatients on the psychiatric ward and the remaining 500 were hospitalized controls having a variety of nonpsychiatric medical ailments. From the female sample there were also 500 psychiatric inpatients and 500 nonpsychiatric patients. A large sample such as this was advantageous because it bears a closer resemblance to the general population. Name, age, and diagnosis were recorded from each patient’s records. The first names were sorted, and the frequency with which they occurred was entered into the statistical analysis. Diagnoses were categorized into four general groups: affective disorders, schizophrenic disorders, other psychotic disorders, and less severe disorders.

In contrast to others, this study examined the correlations between the frequency of a first name and the subject’s age to determine whether age should be covaried in the analysis. Differences in the variety of first names for various cohorts have been commonly noted (Lawson, 1984), and it is possible that results may be confounded by different cohort-naming trends. A significant relation was found for the clinical subjects, $r(998) = .09, p < .01$, and the relation approached significance for the controls, $r(998) = .06, p < .08$. Given this relation, we decided to covary age in our analysis.

In the analysis of covariance, we found a significant Patient $\times$ Sex interaction, $F(1, 1995) = 9.90, p < .001$. Analysis of planned comparisons of the frequency of first names showed the difference between clinical ($M = 8.24$) and control males ($M = 11.91$) to be significant, $F(1, 1995) = 26.40, p < .001$, whereas the difference between clinical ($M = 4.16$) and control females ($M = 5.43$) was not significant, $F(1, 1995), p < 1$. Planned comparisons between men and women also resulted in significant differences for both the clinical and control groups in the predicted direction. No differences were found among the four clinical diagnostic groups, nor was there a significant Sex $\times$ Diagnosis interaction.

The main finding of this study was that clinical groups generally had more unique first names than normal controls but that this tendency was qualified by the sex of the subject. Clinical females did not differ from control females, but clinical males did differ significantly from control males. Part of the potential usefulness of this undeveloped line of research is the demonstration of differences between clinical and normal control groups that are present at birth or shortly thereafter (assuming that subjects did not change their names given at birth). One interpretation of our findings is that uniqueness, or perhaps individuality, is more valued in women than it is in men; what may be seen positively as uniqueness in them may be seen more pejoratively as an oddity in men.
REFERENCES


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