

1957

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Recommended Citation

Trapp, E. Philip (1957) "Attitude Changes Toward Mental Health as Related to a College Course in Abnormal Psychology," *Journal of the Arkansas Academy of Science*: Vol. 10 , Article 8.

Available at: <https://scholarworks.uark.edu/jaas/vol10/iss1/8>

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ATTITUDE CHANGES TOWARD MENTAL HEALTH
AS RELATED TO A COLLEGE COURSE
IN ABNORMAL PSYCHOLOGY

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This paper is the result of a short and superficial excursion into the field of attitude measurement. Ever since the writer began teaching courses in abnormal psychology, he has been interested in the general effectiveness of such courses for the promotion of mental health. One important facet of this question is the role that abnormal psychology might play in correcting faulty attitudes toward mental illness. When Woodward(1) published a mental health questionnaire developed by the Roper Agency in their study on mental health attitudes in Louisville, the writer saw a convenient tool for exploring this phase of the problem. However, since there has been no published data on the discriminative value of the Roper questionnaire on a college population, it seemed best to begin cautiously and refrain from any sort of an elaborate experimental design. Thus, the initial step was essentially a pilot study to investigate a potential lead and pave the way for a more rigorous analysis of the problem. The findings presented here, then, should be considered solely as suggestive and not definitive.

SUBJECTS

The subjects for this pilot study were 53 upper-division college students, both men and women, enrolled in a class of abnormal psychology at the University of Arkansas. This course, which had general psychology as its only prerequisite, was strictly service-oriented; that is, primarily designed for non-majors in psychology. The composition of the class was a fairly good cross-section of upper-classmen on the campus.

PROCEDURE

At the beginning of the course, the Roper ques-

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tionnaire was presented to the subjects in a single group session. The entire questionnaire consisted of 9 questions and is reproduced in the appendix. At the end of the course, the questionnaire was presented again to the subjects in a single group session. Approximately 20 minutes was needed to fill out the questionnaire on each presentation.

RESULTS

A crude scoring scheme was devised for evaluating the questionnaires. The correct response to each question was worth four points; all other responses were scored 0. The correct or preferable response for each question was determined by unanimous agreement among three judges, selected from the staff of the Psychology Department at the University of Arkansas. In Question 9, since the subject was asked to make four choices, each correct choice was assigned a scoring value of 1.

Not all of the questions on the test were tabulated in the results. The judges felt that Question 1 was primarily an information question, which reflected more of the student's knowledge of the course than his attitudes. Questions 3, 7, and 8 were eliminated because of some disagreement among the judges in evaluating them. It became apparent that the same response to these items could very readily reflect wide diversity of attitudes - some positive in character and others negative. Hence, the questions that were ultimately used in the test were Questions 2, 4, 5, 6, and 9. The Correct responses for each of these questions were as follows:

- Question 2 - Hospital
- Question 4 - Choice "e"
- Question 5 - Choice "e"
- Question 6 - Choice "b"
- Question 9 - Choices "b," "d," "f," "g,"
"i," "m."

The maximum total score was 20. This score would be interpreted to mean that the student's responses reflected the best possible attitude toward mental health. Table 1 presents each subject's scores on the questionnaire on both his initial performance and his retest performance.

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A t-test was run between the means of the two performances and a t-value of 3.82 was obtained. This was significant at beyond the 1 per cent level of confidence. "t" was obtained by the formula

$$\sqrt{\frac{M_d}{\frac{\sum X^2_d}{N(N-1)}}} \quad (\text{"t" for correlated pairs of measures})$$

DISCUSSION

In addition to the evaluation of the group differences in performance, some analysis of individual scores was undertaken to provide a more complete picture. One such treatment involved dividing the scores on the group's first performance into two categories representing good and poor performance. With 16 total points as a cutting score, it was found that 16 of the 53 subjects scored 16 or higher and the remaining 37 scored less than 16 total points. The mean score of the poor group was 9.73 on the first performance; on the second performance, their mean score jumped to 14.14. This very dramatic shift was significant at well beyond the 1 per cent level of confidence.

An examination of individual records showed that 32 of the subjects in the poor group received higher scores on their second performance, three subjects retained their same score, and two subjects obtained lower scores.

The findings in this preliminary report were most encouraging in suggesting the part that a course in abnormal psychology might play in the modification of attitudes toward mental health. Many factors were not controlled, so the results cannot be unequivocally interpreted, but the original purpose was achieved in providing evidence for a promising lead to a more fruitful study.

TABLE I

PERFORMANCE SCORES OF SUBJECTS
ON MENTAL HEALTH QUESTIONNAIRE

Sub- jects	Test Scores		Sub- jects	Test Scores		Sub- jects	Test Scores	
	First	Second		First	Second		First	Second
1	10	10	19	14	19	37	11	12
2	11	11	20	5	11	38	16	19
3	15	15	21	12	20	39	20	20
4	8	16	22	11	12	40	20	18
5	14	15	23	10	15	41	20	16
6	4	19	24	11	14	42	20	16
7	10	16	25	7	14	43	20	16
8	12	16	26	15	19	44	16	16
9	14	20	27	6	9	45	18	18
10	14	18	28	3	7	46	16	16
11	11	14	29	7	14	47	16	20
12	8	12	30	13	20	48	16	19
13	6	10	31	10	15	49	16	20
14	5	19	32	11	14	50	16	12
15	14	19	33	7	10	51	19	16
16	14	20	34	8	14	52	18	15
17	7	12	35	7	3	53	18	10
18	5	10	36	10	9			
						Mean	12.17	14.91
						S. D.	.66	.54

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APPENDIX

ROPER QUESTIONNAIRE ON MENTAL HEALTH

1. There are all sorts of opinions about mental illness and what causes it. Below are three such opinions. Indicate whether you think they are more true than false, or more false than true.

	<u>True</u>	<u>False</u>	<u>Don't Know</u>
(a) Most mental illness is inherited	_____	_____	_____
(b) Most hospitals for the mentally ill treat their patients very badly	_____	_____	_____
(c) There are not enough doctors and hospitals in Arkansas to give proper care and treatment to all people in Arkansas who are mentally ill to-day	_____	_____	_____

2. Which do you think is the best thing to do with sex criminals, send them to a hospital or to a jail? Hospital _____ Jail _____ Other _____ Don't know _____.

3. Suppose that a member of your family became mentally ill. Do you think that you would tell **your** friends and acquaintances about it, just as if he had heart trouble or asthma, or would you try to keep it as quiet as possible? Tell it to friends _____ Keep quiet _____ Don't know _____.

4. Mrs. B. had always been a little suspicious and inclined to take the worst view of things, but she had led a fairly happy married life until she began to accuse her husband of not loving her any more. When she saw him speak politely to an attractive widow next door, Mrs. B. waited until he had left, got hold of his gun and then went over and threatened to kill the widow. Mrs. B.'s husband hadn't done any thing wrong and doesn't know what

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to do about her. Here are some things various people have suggested might be done with Mrs. B. If only one thing on the list could be done, which one do you think it would be best to do? (Check one)

- (a) Her minister or priest should be called in to talk with her
- (b) The husband should give her a good talking to and then wait to see if her jealousy won't blow over
- (c) The family doctor should be called to see if he can't give her something to calm her nerves
- (d) The husband should stay home with his wife to prove that he really loves her
- (e) She should be taken to a mental hospital where she can be treated and where she can't harm anyone
- (f) The police should be called immediately to lock up Mrs. B. until she calms down
- (g) I don't know what should be done

5. Mr. G. is a 52 year-old machinist who has always been a hard worker and who has worried a lot about making both ends meet for his large family. One day his job at the plant was given to someone else, and he was told by his employer that he was no longer needed. After this had happened he became very depressed, accused himself of being a complete failure, and worthless to his family. He refused to look for another job or take an interest in anything and finally tried to commit suicide. Here are some things that various people have suggested might be done about Mr. G. If only one thing on the list could be done, which do you think it would be best to do? (Check one)

- (a) His family and friends should give him a good pep talk and urge him to look for another job
- (b) He should go to his family doctor to find out if there is a physical illness that is making him feel badly ..
- (c) He should have a good long rest away from his family responsibilities and worries

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- (d) He should be given plenty of time to recover from the shock of losing his job, and then he'll be all right again
- (e) He should be sent to a psychiatrist for consultation and treatment
- (f) He should be sent to a mental hospital or asylum until he is better
- (g) I don't know what should be done

6. A fifteen-year-old boy who has been in trouble repeatedly for staying away from school and has recently stolen an automobile. Here are some things various people have suggested might be done about this boy. If only one thing on this list could be done, which one do you think it would be best to do? (Check one)

- (a) See to it that he joins a boy's club and is encouraged in sports and other worthwhile activities
- (b) Have a psychiatrist find out why he behaves that way and then try to change his attitudes and behavior ...
- (c) Put him on juvenile probation and have a probation officer check up on him frequently
- (d) Send him away to a reformatory
- (e) Have his father give him a good old-fashioned whipping
- (f) Punish his parents by sending them to jail if he does anything else that's bad
- (g) I don't know what should be done

7. "It's always worth while to get a psychiatrist's help when someone begins to act queerly or get strange ideas." On the whole, do you think that this statement is more true than false, or more false than true? (Check one)

True _____ False _____ Don't know _____.

8. If you said "false" or "don't know" to question 7, why do you feel that it's not always worth while to get a psychiatrist's help when someone begins to act queerly? _____

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9. If a city or state government decided to spend a lot of money to help prevent mental illness, which four of the kinds of people on this list would you like to see on the committee that was to decide how to spend the money? (Check four)

- (a) A priest, Minister, or rabbi
- (b) A psychiatrist
- (c) A mother
- (d) A mental hygienist
- (e) A school principal
- (f) A psychologist
- (g) A sociologist
- (h) A family doctor
- (i) A social worker
- (j) A juvenile court judge
- (k) A businessman
- (l) A banker
- (m) A psychoanalyst
- (n) I don't know

LITERATURE CITED

- (1) Woodward, J.L. 1951. Changing ideas on mental illness and its treatment. Amer. Soc. Rev. 16:443-454.