


**ATTITUDES TOWARD MENTAL ILLNESS: A COMPARISON
BETWEEN PSYCHOLOGY STUDENTS AND NON-PSYCHOLOGY STUDENTS**

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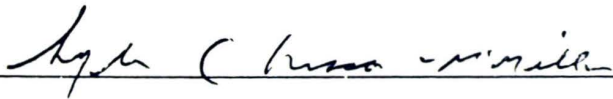
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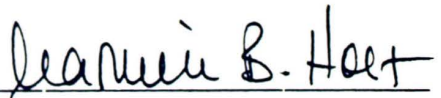
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ABSTRACT

This research attempted to investigate the attitudes of psychology majors and non-psychology majors toward persons with mental illness. Approximately 161 Austin Peay State University students participated in this study. Participants completed an attitude scale designed by Laine and Lehtinen (1973) which measures attitudes toward person with mental illness.

It was anticipated that psychology majors would score more positively than non-psychology majors on the attitude scale. There did not appear to be a significant difference between the two groups. Other factors did show to be significant in determining attitudes held toward this population. It was concluded that exposure to persons with mental illness improved attitudes in both groups. A suggestion arising from this research is that exposing students to persons with mental illness be integrated into the classroom.

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Chapter I

Introduction

Purpose of the study

Much attention has been focused on attitudes about mental illness. Numerous studies have been conducted to examine attitudes of college students, mental health personnel, and the general public toward mental illness. Studies also have looked at the effects of information, education, and exposure to persons with mental illness and how these factors have had an effect on attitudes towards mental illness. A review of the literature did not find any research with college students that investigated whether psychology majors have a more positive attitude toward mentally ill than non-psychology majors. While several studies have been conducted with college students in general, there appears to be no data specifically focused on the attitudes of psychology students toward persons with mental illness.

Attitudes of students

Tringo (1970) investigated attitudes toward specific groups by establishing a hierarchy of preference toward the different disability groups. He looked at three groups: high school students, undergraduates, and college graduates. A Disability Social Distance Scale was administered containing 21-items to represent various degrees of social distance toward different disabilities. Disabilities included alcoholism, blindness, deafness, and mental illness to name a few. Mental illness was one of four disabilities that were consistently ranked

lowest. When all groups were combined, females were found to be more accepting than males of all disabilities.

Lyons and Hayes (1992) also used the Disability Social Distance Scale that Tringo employed to investigate the attitudes of occupational therapy students toward various disabilities, psychiatric disorders in particular. Participants were 223 undergraduate occupational therapy students and freshmen business studies students. They found that occupational therapy students desired less social distance than business students from persons with various disabilities, including psychiatric disorders. There was no difference found between female freshman and senior occupational therapy students regarding desired social distance.

Creech (1977) conducted a study to determine if attitudes toward persons with mental illness changed as a result of a twelve week psychiatric affiliation program. Female student nurses attitudes were assessed by a questionnaire derived from two instruments: Cohen and Struening's Opinions About Mental Illness and Ellsworth's Opinions About Mental Illness Scale. It was found that student nurses' attitudes were changed in a more positive direction as a result of the psychiatric affiliation program.

Morrison, Yablonovitz, Harris, and Nevid (1976) found that student nurses tended to hold more moderate attitudes toward persons with mental illness and appeared to be less conservative than teacher-students. The students nurses' attitudes appeared to be more "radical" than psychiatric nurses and similar to

those of psychiatric residents. They used the Client Attitude Questionnaire which was to differentiate between radical psychosocial views of mental illness and conservative views. This instrument considered "conservative" statements as "Mental illness is a disease" and considered statements as "Mental illness is a myth" to be "radical". The sample used in the study were female senior nursing students, psychology students, psychiatric residents, teacher-students, and local psychiatric registered nurses.

Attitudes of the general public

Laine and Lehtinen (1973) compared attitudes toward mental illness in two Finnish communities. One community was mainly agricultural and the other industrialized. Participants were 200 community people between 15-65 years old. Subjects were personally interviewed. They used a Likert-type attitude scale designed for the purpose of investigating attitudes in this study. The final choice of 20 items was based on item analysis and reliability was found to be as high as 0.897 (Edwards, 1957; Karlsson, 1965). Laine and Lehtinen defined mental illness as "a condition that has led to treatment of mental illness". They defined mentally ill as "a person who is or has been in a mental hospital" (p.119). They used this language so it would be familiar to the general public. This study found that the men's attitudes were more positive than women's in both Finnish communities. It was also noted in both communities that the larger number of sources of information such as media and

educational institutions, the more positive the attitudes.

Another study using the Laine and Lehtinen scale was conducted by Ojanen (1992) with the general public living in various parts of Finland. Ojanen also used two other methods of measuring attitudes toward persons with mental illness. Items from the Laine and Lehtinen scale were rewritten to reflect the participants perception of other people's opinions. A sample item would be "People regard most mental patients as dangerous". Finally the subjects were administered a Mental Health Knowledge Questionnaire. Ojanen looked to see if attitudes had changed over a 15-year period since the questionnaire was first used by Lehtinen and Vaisanen.

Lehtinen and Vaisanen (1977) found a negative correlation between attitudes and age in that individuals under the age of 35 had more positive attitudes toward persons with mental illness. They also found that women had a more negative attitude toward persons with mental illness and that these negative attitudes increased with age more so than men's attitudes toward mental illness. The authors felt that these differences between females and males were very important.

In another study conducted in Finland using the attitude scale developed by Laine and Lehtinen (1973), Lehtinen and Vaisanen (1978) randomly sampled 1000 subjects in Finland. Subjects were interviewed by a psychiatrist, completed a Cornell Medical Index Health Questionnaire, and took psychological tests. They also gathered information from hospital files, clinics,

health insurance agencies, and from social and law authorities. When the data was combined, assessments were made to determine if a psychological disorder was present and to determine the subjects need for psychiatric treatment. Six categories of psychological disturbances were identified: no symptoms, mild psychological symptoms, neuroses, personality disorders including alcoholism and other addictions, borderline cases, and psychoses. They found that subjects with manifested psychological disturbances who were in need of psychiatric treatment held more negative attitudes toward mental illness than those labeled mentally healthy. They also found that attitudes of subjects were more positive if they had received specific psychiatric treatment than those treated by general practitioners.

Socall and Holtgraves (1992) conducted a study to investigate attitudes toward persons with mental illness. Respondents were randomly selected from the telephone directory and were mailed a survey regarding opinions of the health of the general public in the community. Respondents indicated their willingness to interact with a person with a specific mental disorder, or with a specific physical disorder with identical behaviors. Generally, vignettes were identical except person was labeled as either having a physical or mental disorder. They found that respondents rejected persons with mental illness more than persons with physical illness. The subjects also considered persons with mental illnesses to be less predictable and to have less positive outcomes than those

with physical illness.

Attitudes of mental health personnel

Research indicates that mental health professionals often hold a variety of views toward persons with mental illness. Nunally (1961) found that persons with mental illness were perceived by the general public as worthless, cold, unpredictable, dirty, dangerous, and insincere in comparison with "normal" people. Nunally also found that general medical practitioners held similar attitudes of the general population. He found practitioners viewed "neurotics" as weak, twisted, complicated, foolish, and ineffective. "Psychotics" were labeled as dirty, unpredictable, and dangerous.

Potts and Brandt (1986) point out that attitudes held by health professionals may greatly affect the patient's response to treatment. According to Potts and Brandt health professionals beliefs concerning persons with handicapping conditions may be more negative than beliefs held by the lay public. Using a modified version of the Attitudes Toward Disabled Persons Scale they found that beliefs toward persons with handicapping conditions were not profoundly different, but that those with handicapping conditions, including mental illness, were viewed as being different.

Summary of literature review

While many of the studies conducted involving college students have examined student attitudes toward disabled groups, there has been little research that looks solely at attitudes

toward persons with mental illness. The studies that have examined attitudes toward mental illness have looked at the effects of education, intervention programs, and exposure to persons with mental illness and how these shaped attitudes toward persons with mental illness. Many of the studies concluded that attitudes changed in a more positive direction as a result of education about mental illness or exposure to persons with mental illness.

Laine and Lehtinen (1973) reported that length of schooling affects attitude formation. Lehtinen and Vaisanen (1977) also support the hypothesis that the higher the education of the subject, and the younger the subject, the more positive attitude toward mental illness.

Statement of the hypothesis

This current study attempted to determine if students majoring in psychology at the undergraduate level have a more positive attitude toward persons with mental illness than non-psychology majors. It was hypothesized that psychology majors would have a more positive attitude toward persons with mental illness than non-psychology majors and therefore score more positively on the attitude scale developed by Laine and Lehtinen.

Chapter II

Method

Subjects

The subjects used in this experiment were Austin Peay State University students enrolled in undergraduate psychology courses. A total of 161 students validly completed all forms given for them to complete. Forty-four of the subjects were psychology majors and 117 were non-psychology majors. Fifty-three of the subjects were male and 108 female.

Procedure

A brief description of the attitude scale designed to measure attitudes toward persons with mental illness was explained as well as the consent form (Appendix A) outlining voluntary participation. Each subject was asked to circle the alternative that was closest to the way they felt about the statement. They were informed that there were no right or wrong answers, only opinions. All participation forms were then collected from the subjects. Students were debriefed as to the nature of the research.

Materials

The attitude scale developed by Laine and Lehtinen (1973) is a 20-item Likert type scale with answers ranging: 1=completely agree, 2=agree, 3=unable to say, 4=disagree, to 5=completely disagree (Appendix B). Certain items were reversed in scoring in order to correct for response set. Reversed items were statements number one, two, three, four, seven, eight, ten, fourteen, sixteen, and twenty. The items measured

willingness to be in contact with persons with mental illness and opinion statements about persons with mental illness. Reliability of the items were found to be as high as 0.897. The final choice of items for the scale were based on item analysis. The scores ranged from 20-100, with 100 representing the most positive attitude. Demographic sheets were filled out including major, age, year in college, gender, and a question to see if they had ever been exposed to someone who had been hospitalized with mental illness (Appendix C). The number and percentage of sampled subjects in each demographic category was calculated (see Table 1).

Method of Analysis

The attitudes of the two groups, psychology majors and non-psychology majors, were described with mean total attitude scores. The statistical significance of the differences between the mean scores of the groups were figured by using the Student's t-test. Standard deviations were also derived. The two main groups were broken into similar groups for comparison. Utilization of standard deviation, average, variance, maximum and minimum score, and range were used to compare similar groups i.e. non-psychology exposed vs. psychology exposed. An analysis of variance was also conducted to determine if major and/or exposure to mental illness had an effect on attitude toward persons with mental illness.

Table 1

Number and Percentage of Sampled Subjects in Each Category

<u>Demographic Category</u>	<u>n</u>	<u>Percentage</u>
Major		
Psychology	44	27.33
Non-psychology	117	72.67
Grade Classification		
Freshman	45	27.95
Sophomore	43	26.17
Junior	27	16.77
Senior	51	25.47
Graduate	5	3.11
Gender		
Male	52	32.30
Female	109	67.70
Age		
18-29	127	78.88
30-44	30	18.63
45-64	4	2.48
Ethnic Group		
Black	35	21.74
White	111	68.94
Other	15	9.32
Exposure		
Yes	100	62.11
No	61	37.89

Chapter III

Statistical Findings

An analysis of variance was conducted and there was no effect of major, $F(1, 156)=0.63$, $p=.43$. However there appears to be a main effect of exposure to persons with mental illness and attitude, $F(1, 156)=8.88$, $p=.003$. There was no interaction between major and exposure to persons with mental illness.

Table 2

<u>Mean, Standard Deviation, Variance, Maximum, Minimum</u>						
<u>and Range</u>						
Categories for comparison	<u>M</u>	<u>STD</u>	<u>V</u>	<u>Max</u>	<u>Min</u>	<u>R</u>
Groups						
Psych majors	74.45	12.20	148.72	99	32	67
Non-psych majors	72.57	9.74	94.94	96	42	54
Non-psych and exposure	68.31	8.92	76.05	86	48	39
Non-psych and no exposure	76.12	8.45	71.40	96	55	41
Psych and exposure	75.41	12.06	145.47	99	66	33
<u>Psych and no exposure</u>	<u>71.92</u>	<u>13.14</u>	<u>172.67</u>	<u>94</u>	<u>44</u>	<u>30</u>

Chapter IV

Discussion

The purpose of this study was to investigate if students majoring in psychology held a more positive attitude toward persons with mental illness than did non-psychology majors. The variables involved in this study were major and exposure and the dependent variable was attitude toward persons with mental illness.

A review of the literature was conducted to investigate research involving attitudes toward persons with mental illness. The literature described a number of studies looking at the effects of education, intervention programs, exposure to mentally ill person, and disabled persons, however, none of the studies looked at psychology versus non-psychology students to compare differences.

The literature review suggested that the higher the education and younger the subject, the more positive attitude toward mental illness. Literature also suggested that increased information about and affiliation with persons with mental illness would improve attitudes toward this group.

Overall, psychology majors did not show a more positive attitude toward persons with mental illness than did non-psychology majors, however, there was a significant difference in attitudes toward mentally ill in a more positive direction in both groups when they had been exposed to someone with mental illness. College students as a whole appeared to hold a fairly positive attitude toward this group.

Chapter v

Implications

Several implications may be drawn from this study. One implication suggests that exposure to someone with mental illness improves attitude toward persons with mental illness. This would suggest a need for increased awareness in instructional strategies in the classroom. Instructors may need to incorporate exposing students to persons with mental illness to possibly improve attitudes toward this particular group. It would be particularly beneficial for future professionals who may work or come in contact with this population to better meet their needs.

Another implication may be that because so many closely related fields to psychology such as nursing, physical therapy, pre-med, and social work were categorized with the non-psychology students that this greatly effected the results of the mean total scores on the attitude scale. In the future it may be interesting to compare attitudes of helping versus non-helping professions to see if there is a significant difference in attitudes of these two groups.

The results of this study did not support a relationship between major and attitude but it interestingly supports an effect between attitude and exposure to persons with mental illness as a determining factor to a more positive attitude held. Limitations to this study included an attitude scale which grouped all classes of mental illness in one category and inability to control the number of psychology classes taken

by non-psychology majors. It would be interesting to see if results would have been different if a more modern attitude scale concerning mental illness was derived that focused on more specific mental illnesses such as major depression, schizophrenia, obsessive compulsive, etc. Also if the number of psychology courses taken by non-psychology majors could have been controlled or a question added on the demographic sheet where the student listed all psychology courses taken, it could have been investigated to determine if exposure to psychology courses affected attitudes toward persons with mental illness.

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APPENDIXES

Appendix A

INFORMED CONSENT STATEMENT

The purpose of this investigation is to look at attitudes toward persons with mental illness. At no time will you be identified nor will anyone other than the investigators have access to your responses. The demographic information collected will be used only for purpose of analysis. Your participation is completely voluntary and you are free to terminate participation at any time without penalty.

The scope of the project will be explained fully upon completion.

Thank you for your cooperation.

I agree to participate in the study under the supervision of Dr. Stuart Bonnington, a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing about the procedures to be followed and about any discomforts or risks that may be involved. The investigator has offered to answer further inquiries that I may have regarding the procedures, I understand I am free to terminate participation at any time without penalty or prejudice and to have all data obtained withdrawn from the study and destroyed. I have also been told of any benefits that may result from participation.

Name (Please Print)

Signature

Date

Appendix B Attitude Scale

The statements listed below describe attitudes toward persons with mental illness. There are no right or wrong answers, only opinions. Circle the number that corresponds to the alternative that is closest to the way you feel about the statement.

Alternatives: 1 = Completely Agree
2 = Agree
3 = Unable to say
4 = Disagree
5 = Completely Disagree

1. I could hire a person who has been in a mental hospital.
1 2 3 4 5
2. Increased efforts should be made to care for mentally ill persons outside the mental hospital.
1 2 3 4 5
3. If I owned an empty lot beside my house I wouldn't have anything against selling it to a former mental hospital patient.
1 2 3 4 5
4. I could have a former mental hospital patient as a close friend.
1 2 3 4 5
5. There should be a wall around the mental hospital to prevent the patients from escaping.
1 2 3 4 5
6. I would feel very ill at ease in the company of a former mental hospital patient.
1 2 3 4 5
7. I could fall in love with a person who has been in a mental hospital.
1 2 3 4 5
8. I could give my child in the care of a former mental hospital patient.
1 2 3 4 5

9. If mentally ill persons were treated in general hospitals on their own wards, this would do harm to the other patients.
- 1 2 3 4 5
10. I could accept a former mental hospital patient as my fellow worker.
- 1 2 3 4 5
11. Most of the mentally ill persons are dangerous.
- 1 2 3 4 5
12. I would do everything in my power to prevent my child marrying a person who has been in a mental hospital.
- 1 2 3 4 5
13. Mentally ill persons are inclined to commit serious crimes.
- 1 2 3 4 5
14. I could marry a member of a family in which there is mental illness.
- 1 2 3 4 5
15. Mentally ill persons are incurable.
- 1 2 3 4 5
16. I could room with a person who has been in a mental hospital.
- 1 2 3 4 5
17. I would be unwilling to rent a flat to a former mental hospital patient.
- 1 2 3 4 5
18. Physical restraint is the only feasible means to manage the violent symptoms of a mentally ill person.
- 1 2 3 4 5
19. It is best to avoid dealings with a former mental hospital patient as far as possible.
- 1 2 3 4 5
20. Mental hospital patients should generally be allowed to go about freely.
- 1 2 3 4 5

Appendix C
Demographic Sheet

please answer the following:

Major _____

Fresh. _____ Soph. _____ Junior _____ Senior _____

Male _____ Female _____

Age _____

Ethnic Group: _____ White _____ Black _____ Hispanic _____ Asian
_____ American Indian _____ Alaskan Native _____ Other

Do you know someone or been exposed to someone who has been
hospitalized with mental illness? Yes _____ No _____

VITA

Melissa Pierson Logan was born in Ft. Pierce, Florida on December 9, 1969. She attended elementary school in Vero Beach, Florida until moving to Kentucky. She attended middle school in Hickman, Kentucky and graduated as salutatorian from Fulton County High School in May, 1987. She entered Murray State University in the Fall of 1987 and graduated with a Bachelor of Science in December, 1990. She entered Austin Peay State University in the Spring of 1993 and in May 1996 received a Master of Science degree in Community and Mental Health Counseling.