

ATTITUDES AND OPINIONS OF TEACHERS ABOUT
MENTAL HEALTH AND CAUSES
OF MENTAL ILLNESS

By

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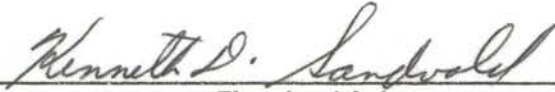
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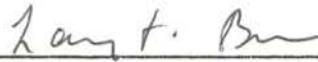
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CHAPTER I

INTRODUCTION

Child rearing practices have long been a concern to many researchers and theoreticians. It has been found that whatever child rearing practices are investigated, the results, in terms of mental health and personality development are conflicting (Sewell, 1952), so that the emphasis in such studies is shifting from the actions of the parents to their attitudes and feelings. The influence of these attitudes on the mental health of the children is not only confined to parents but is also exerted by parent surrogates. One of the first of these parent surrogates which the child encounters outside of the home is the schoolteacher.

Since there appears to be this shift in emphasis from what parents actually do in child rearing practices to parental attitudes and their effects on the mental health of the children, it would seem to follow that the next move would be toward the attitudes of the teacher and how these are related to the mental health of the student. However, without some form of preliminary investigation, it would be difficult to approach this question.

An initial step in this direction would be to investigate the attitudes of teachers toward the general area of mental health including their opinions as to the causes of mental illness, which is the purpose of this study. In addition, since the school is one of the

major sources of referrals to child guidance clinics, it would appear that the teacher can be of major importance in the early stages of childhood and adolescent emotional problems. She may play this role specifically through early detection, her reaction to the problem and, when indicated, early referral. The teacher's attitudes and opinions are also important to the referral agency for whom meaningful communication with her can be most helpful.

Review of the Literature

The formal history of an interest in the mental health of problem children in the classroom originated in 1922, when the National Committee for Mental Hygiene established its first Child Guidance Clinic for the purpose of treatment and diagnosis of childhood emotional problems. A more positive approach to this area of mental health was taken by W. H. Burnham in 1924 with the first of his three important books which was entitled Great Teachers and Mental Health. This book pointed out that the teacher is a key figure in one of the diadic relationships upon which mental health is based (Symonds, 1959).

Psychoanalysis and psychotherapy had their impact on education with the introduction of the therapeutic attitudes of acceptance, permissiveness and nondirectiveness in the classroom situation. In addition, the current interest in group dynamics and small group processes is presently being applied to educational research (Symonds, 1959).

Clark (1963) has pointed out that as a result of attitude change in Britain towards mental illness there has been an introduction of more advanced treatment programs. It, therefore, appears from what

Clark has found that the attitudes which teachers as a group have toward mental health can be an influential factor not only in the satisfaction of each child's particular academic and emotional needs but also in deciding which child is referred for professional assistance and the type of facilities which are available.

Altrocchi and EisDorfer (1961) concluded that attitude change in persons at the advanced college level toward mental illness cannot be accomplished by exposure to information alone, but that this might be accomplished by experience with both psychiatric patients and psychotherapeutic behavior. Ackerly et al. (1960) came to a similar conclusion, when he found that field service experience in a child guidance clinic enabled teachers to become familiar with some of the therapeutic methods that could be used in the classroom. He goes on to indicate that these results were even more satisfying than anticipated, since both the clinic staff and the teachers developed a mutual understanding for one another's roles and similar ultimate goals.

Cutter (1961) found that teachers became more active in their mental health efforts following an in-service mental health program which included both staff conferences and consultations. This type of positive action by the teacher in the classroom may also directly influence the students: "An awareness and understanding of the personality structures of her pupils and appropriate reactions by a well adjusted teacher will do much toward improving the personality traits of the individuals in the classroom" (Cutter, 1961, p. 342).

Freeman and Kassebaum (1960) undertook a study of attitude assessment and change to determine whether the level of education and knowledge of psychiatric concepts were related to attitudes toward

mental illness. They found that these two variables were only slightly, if at all, related to the attitudes in question.

Some persons both in teaching and child guidance work may react negatively to the thought of joining these two areas because they feel that the two professions are and should remain totally separate. However, as Lindemann at Harvard has pointed out (Freeman and Kassebaum, 1960), the number of clinics and specialists may not be sufficient in a few years to meet the demands of the schools for services. It, therefore, seems that communication between the two areas would be necessitated.

Indicating that the two professions do not have to remain separate, Evoy (1958) introduced some guidelines that the teacher could follow while attending to mental hygiene and concomitantly maintaining the role of teacher. Almy (1962) suggests that the teacher should be trained in the areas of motivation and psychology, since a child's ability to learn is related to the way in which he copes with emotional conflicts. She feels that without this knowledge it may be difficult for the teacher to recognize the child's needs as a learner.

With reference to attitudes and opinions which outwardly appear to be based on knowledge, such as causes of mental illness, Haun (1958) analogously relates three tales: one of a man who in this day and age believed that the world is flat, another of the medieval practice of capital punishment for "witches" and James' successful arousal of terror in Turn of the Screw. All three lead to the same conclusion: that man cannot tolerate extreme ambiguity and, consequently, must impose order on the world in which he lives. Haun feels that by using this perspective we may better understand the reasons for the

attitudes and opinions about social prejudice and for public apathy in what appear to be crucial matters. Employing a somewhat more rigorous approach than this, Nunnally (1959) concluded from his investigation that many of the false beliefs which are found in our general population may serve the very useful function of reducing threat for the believer.

One of the most comprehensive investigations of public attitudes toward mental health was conducted by Woodward (1951). He found that the public had progressed in relinquishing many of its erroneous beliefs about mental illness and that the image of the psychiatrist had become more positive. Another study was undertaken by Larsen (1965) to assess the attitudes and opinions of clergymen about mental health. He found major differences by religion and age, including the following: (1) Clergymen from fundamentalist or more conservative religions displayed significantly more unfavorable attitudes about mental health and more unrealistic opinions about the causes of mental illness than did the more liberal group of clergymen; (2) Clergymen less than 45 years of age appeared to have more favorable attitudes toward mental health and more realistic opinions about the causes of mental illness than older clergymen.

Summary of Review

Interest in the mental health of problem children in the classroom originated in 1922 when the National Committee for Mental Hygiene established its first child guidance clinic. Since that time contributions have come from a number of areas, including psychoanalysis, psychotherapy and research on small group processes.

The attitudes which the population holds toward mental illness can be very important even to the extent of influencing the type of facilities which are available. Research in the area of attitude change suggests that actual experience in a mental health facility is needed for results in a positive direction. Mere exposure to information does not appear to be very effective, since people may adhere to many of their unfounded beliefs as a defense against anxiety and threat.

Statement of the Problem

In this study the primary goal was to assess the attitudes and opinions of public school teachers toward mental health and the causes of mental illness. It was felt that a number of pertinent variables would influence the results of the study. The first two of these, based on Larsen's (1965) findings with the clergy, were age and religion. It was, therefore, hypothesized that teachers who were older and from more conservative religions would show more negative attitudes than those who were younger and from more liberal religions.

Since knowledge of a particular area may be related to the attitude that one has toward that area (Freeman and Kassebaum, 1960), it was reasoned that the number of psychology courses which a teacher had taken would be an influential variable. However, since most teachers are required to enroll in a minimum number of psychology courses as part of their curriculum, a cut-off point was set at the level of nine credits or three courses and considered to be the usual

minimum college requirement. The teachers were then divided into two comparison groups, those teachers with three psychology courses or less and those with more than three.

The more conservative or traditional attitudes toward education may be reflected by a greater amount of teaching experience. This variable was, therefore, selected as being inversely related to favorable attitudes toward mental health and realistic opinions about the causes of mental illness.

Exposure to graduate level training is usually viewed as a broadening and enlightening experience for the student. It was, therefore, felt that those teachers with some graduate school training would have more positive attitudes and realistic opinions than those without graduate training.

The respondent's socioeconomic level was chosen as the last variable. However, most teachers can be considered to be members of the middle class, which would lead to a totally homogeneous grouping on this variable. The socioeconomic level of the families in which these teachers were reared (family of origin) would not present this problem. Therefore, the educational level of the respondent's father was chosen as a measure of this variable. It was felt that those teachers whose fathers had more education would have more positive attitudes and more realistic opinions.

Another group of variables which were investigated but about which no hypotheses were formed is as follows: (1) sex, (2) place of birth, (3) grade level taught, and (4) college major.

Summary of Hypotheses

- (1) Age would be inversely related to positive attitudes and realistic opinions.
- (2) Teachers from more liberal religions would have more positive attitudes and realistic opinions than teachers from conservative religions.
- (3) Teachers with more than three psychology courses would have more positive attitudes and realistic opinions than those teachers with three or less psychology courses.
- (4) Teaching experience would be inversely related to positive attitudes and realistic opinions.
- (5) Graduate education would be positively related to favorable attitudes and realistic opinions.
- (6) Father's educational level would be positively related to favorable attitudes and realistic opinions.

CHAPTER II

METHOD

A forty-three item Likert-type questionnaire (see Appendix A) was mailed to all of the 166 public school teachers employed in a southwest college town. The items were originally used in a study to assess the attitudes of clergymen (Larsen, 1965). The desirable responses had been decided upon by three psychiatrists and three clinical psychologists. Their decisions were based on how they thought the respondent should reply in order to have positive attitudes and realistic opinions toward the area of mental health. The wording of each question was altered slightly in the present study so that it would apply to teachers in a classroom setting rather than clergymen in a parish.

In addition to a total score the questionnaire contained five sub-scales in the following order: (1) A twelve item Adequacy Scale, (2) An eight item Psychiatry Scale, (3) An eight item Responsibility Scale, (4) An eight item General Mental Health Scale, and (5) a seven item Causal Scale. The response categories for each question were divided into five Likert-type options ranging from strongly disagree through undecided to strongly agree. The respondent's answers were scored and weighted one through five, with the low scores indicating a favorable standing and the high scores unfavorable. The questions

were worded so that to some a "strongly disagree" response was favorable, while to others a "strongly agree" response was favorable.

The meaning attached to the entire questionnaire may be viewed operationally as attitudes toward mental health within the orientation of the classroom; this meaning is reflected in the total score. The five sub-scales gave the following information: The Adequacy Scale; how adequate a teacher feels in dealing with the area of mental health and its problems. A high score on this scale indicates that the teacher feels too adequate and is a negative or unfavorable score, while a low score which is favorable and realistic means that the respondent is aware of her role and her limitations. The Psychiatry Scale; attitudes toward the profession of psychiatry. The Responsibility Scale; the degree of responsibility the teacher is willing to assume when dealing with emotionally disturbed students. A high score means that the teacher is assuming a disproportionate amount of responsibility in light of her training, while a low score means that her attitudes are favorable and her assessment of her duties and obligations is realistic. The General Scale; attitudes toward such factors as mental hygiene and psychiatric care. The Causal Scale; a measure of how realistic the respondent's opinions are concerning the etiology of mental illness.

The data analysis consisted of computing the mean score on the total scale and each of the sub-scales for each of the following classification variables: age, religion, number of psychology courses, teaching experience, graduate training, father's education, sex, place of birth, grade level taught and college major. Fisher's

"t" for uncorrelated means (Guilford, 1956, p. 220) was then computed in order to determine whether any significant differences existed between each of 168 pairs of means. Alpha was set at the .05 level.

CHAPTER III

RESULTS

Of the 166 questionnaires mailed approximately 54 per cent (90) were returned. However, ten of these were incomplete and it was decided that they could not be meaningfully included in the analysis. The investigation, therefore, was carried out using the remaining 80 completed questionnaires, 48 per cent of the original population.

Of the six original hypotheses the results show that four were confirmed. As can be observed on the following page (Table I), this confirmation varied, because significant differences were found on a different number of sub-scales for many of the variables. (See Table II for all means and Appendix B for all of the resulting "t" values.)

Hypothesis 1: Using Larsen's (1965) age classification, it was found that those respondents under 50 years old were significantly more positive in their attitudes than those over 50 years of age on the following scales: Total ($P < .001$); Responsibility ($P < .05$); General ($P < .001$); and the Causal ($P < .01$) Scales. The remaining two scales did not reveal any significant differences.

TABLE I
VALUES OF "t"
SIGNIFICANT AND TENDENCIES

	Positive Attitude	Negative Attitude	Total	Adeq.	Psychiat.	Resp.	Gen.	Causal
<u>AGE</u>								
Below 50 vs Above 50			4.18**			2.09**	4.61**	2.87**
20 - 29 vs 30 - 39			1.90*		2.54**		1.59*	1.62**
20 - 29 vs 50 - 59			3.43**		1.95*		3.42**	2.12**
20 - 29 vs 60 & over							1.96*	4.14**
30 - 39 vs 60 & over					2.02*			3.11**
40 - 49 vs 30 - 39			2.73**				2.03*	
40 - 49 vs 50 - 59			4.42**	2.51**		1.83*	3.94**	2.16**
40 - 49 vs 60 & over			2.09**			1.93*	2.37**	4.11**
50 - 59 vs 60 & over								3.90**
<u>RELIGION</u>								
Methodist vs Baptist			2.18**	1.76*				
Presbyterian vs Baptist			2.08**					1.79*
Liberal vs Conservative			1.33*	1.39*				
<u>PSYCHOLOGY COURSES</u>								
Four vs Three							3.23**	2.06**
<u>TEACHING EXPERIENCE</u>								
Ten Years or Less vs More Than Ten Years			2.65**		1.38*		3.30**	1.50*

TABLE I
(Continued)

Positive Attitude	Negative Attitude	Total	Adeq.	Psychiat.	Resp.	Gen.	Causal
<u>FATHER'S EDUCATION</u>							
	Graduate vs College						1.79*
<u>PLACE OF BIRTH</u>							
	Non-Oklahoma vs Oklahoma					1.90*	
<u>MAJOR</u>							
	Non-Educated vs Educated						1.83*
<u>GRADE TAUGHT</u>							
	J. H. S. vs Grade				1.81*		

* Tendency

** Significant

TABLE II
MEAN SCALE SCORES

GROUP	N	TOTAL	ADEQ.	PSYCH.	RESP.	GEN.	CAUSAL
<u>AGE</u>							
20-29	17	109.76	36.47	16.35	26.29	17.65	16.12
30-39	12	122.25	35.58	20.42	25.25	20.67	19.50
40-49	20	107.70	31.65	18.20	24.55	17.50	15.80
50-59	27	129.18	38.48	19.41	27.30	23.78	20.33
60 & over	4	126.00	36.50	15.50	29.25	24.00	41.50
<u>RELIGION</u>							
Methodist	24	112.67	32.33	17.87	25.33	20.33	16.79
Presbyterian	9	112.89	34.22	19.11	24.33	18.65	16.67
Baptist	19	123.31	37.26	20.00	25.42	21.26	20.00
Liberal	52	115.73	33.90	18.46	25.86	20.23	17.29
Conservative	24	122.00	37.17	18.58	26.17	20.46	19.04
<u>PSYCHOLOGY COURSES</u>							
3 or less	43	121.37	35.07	18.30	25.95	22.32	19.49
4 or more	37	115.16	35.78	18.54	26.46	18.24	16.43
<u>TEACHING EXPERIENCE</u>							
10 or less	37	112.60	34.65	17.57	25.49	18.16	17.00
11 or more	43	123.56	36.05	19.14	26.79	22.39	19.23
<u>EDUCATION</u>							
No Grad. Work	15	118.20	32.20	18.33	26.67	21.47	17.27
Grad. Work	65	119.94	35.06	18.43	26.38	20.28	18.41
<u>FATHER'S EDUCATION</u>							
Grade	25	120.16	35.28	18.52	25.80	21.68	18.92
High	34	115.29	34.53	18.15	26.76	18.76	16.91
College	7	124.00	33.86	18.57	24.71	23.57	23.28
Graduate	8	116.62	37.75	16.37	25.37	20.50	16.62
<u>SEX</u>							
Male	16	120.44	35.19	19.62	26.62	21.37	17.62
Female	64	118.01	35.61	18.11	24.98	20.20	18.34

TABLE II
(Continued)

GROUP	N	TOTAL	ADEQ.	PSYCH.	RESP.	GEN.	CAUSAL
<u>PLACE OF BIRTH</u>							
Oklahoma	56	119.89	34.75	18.62	26.05	21.25	18.87
Non-Oklahoma	24	115.21	36.08	17.92	26.50	18.54	16.62
<u>COLLEGE MAJOR</u>							
Education	55	119.94	35.56	18.42	26.13	20.94	19.11
Non-Education	25	115.28	34.84	18.40	26.32	19.32	16.20
<u>GRADE TAUGHT</u>							
Elementary	52	119.92	35.79	18.46	26.65	20.86	18.38
Jr. High Sch.	13	114.54	36.85	18.00	23.92	19.69	18.61
High School	15	116.93	35.00	18.60	26.53	19.60	17.20

A further analysis of age at each of the five ten-year intervals, from 20 to 60 and over, and all of the intercomparisons yielded the following results: The 20-29 group had significantly more positive attitudes toward psychiatry than the 30-39 group ($P < .05$). A tendency toward this same relationship appeared on the Total ($P < .1$), General ($P < .2$) and Causal ($P < .2$) sections of the questionnaire. The 20-29 group was significantly more favorable than the 50-59 group on the Total ($P < .01$), General ($P < .01$) and Causal ($P < .05$) Scales, with a non-significant tendency to be more positive on the Psychiatry Scale ($P < .1$). In addition the 20-29 group was significantly more favorable in its attitudes than the 60 and over group on the Causal Scale ($P < .001$), with a strong tendency in the same direction on the General Scale ($P < .07$).

No significant differences were found between the 30-39 group and the 50-59 group. However, the 30-39 group showed significantly more favorable attitudes than the 60 and over group on the Causal Scale ($P < .01$) and a strong tendency toward significance on the Psychiatry Scale ($P < .07$).

The 40-49 group was significantly more positive than the 30-39 group on the Total score ($P < .05$) and showed a strong tendency to be more positive on the General Scale ($P < .07$). This group was also significantly more positive than the 50-59 group on the Total ($P < .001$), Adequacy ($P < .05$), General ($P < .01$) and Causal ($P < .05$) Scales, with a tendency in the same direction on the Responsibility Scale ($P < .1$). In addition, this same group showed more favorable attitudes than the 60 and over group on the Total ($P < .05$), General ($P < .05$) and

Causal ($P < .01$) Scales. It is, therefore, evident that the original hypothesis concerning the age variable was confirmed in a number of ways.

Hypothesis 2: When analyzing the variable of religion, it should be noted that only three different religious denominations could be meaningfully compared, because of the small number of respondents in each of the other denominations. In addition one general comparison of conservative versus liberal denominations was made according to Larsen's (1965) classification.

The results of the individual comparisons showed Methodists and Presbyterians to be significantly more favorable in their attitudes than Baptists on the Total score ($P < .05$). The Adequacy and Causal sub-scales showed a tendency ($P < .1$) for the Methodists to be more positive in their attitudes and more realistic in their opinions than were the Baptists.

It might be suggested that the significant Total difference between the two religious groups was actually an effect of age or education. When the percentages of age and educational distributions were plotted for each group, this was not found to be the case; therefore, these differences may be attributed to the religious factor. No significant differences or even tendencies toward differences were found between Methodists and Presbyterians.

When comparing liberal and conservative Protestants, no significant differences were found. There were, however, slight tendencies for the liberals to show more favorable attitudes on the Total ($P < .2$) and Adequacy ($P < .2$) Scales.

Hypothesis 3: The comparison of those respondents with three or less psychology courses to those with four or more resulted in confirmation of the third hypothesis. The group with more psychology courses was found to be more positive and realistic on the General ($P < .01$) and Causal ($P < .05$) Scales. The distribution of ages does not appear to be contributing to these differences; for when the percentage by age was examined in each group, they were evenly distributed with regard to the positive and negative attitudes previously found by age, i.e., below and above age 50, respectively. In the group with three or less psychology courses, 61 per cent were below the age of 50, while 62 per cent of the group with four or more psychology courses was found to be in this age category.

Hypothesis 4: When considering the variable of years of teaching experience, another of the hypotheses appears to be confirmed, since significant differences were found in the predicted direction on the Total ($P < .05$) and General ($P < .01$) Scales. However, upon closer examination of the data it was found that these were spurious differences which were confounded by a possible interaction with the variable of age.

Hypothesis 5: The comparison of respondents according to their father's level of education produced no significant differences among the intercomparisons of grade school, high school, college and graduate school, so that this fifth hypothesis was not confirmed. There was, however, a non-significant tendency ($P < .1$) for respondents whose fathers had graduate school training to be more realistic in their opinions on the Causal Scale than those whose fathers had college training.

Hypothesis 6: The sixth and final hypothesis was not confirmed, since no significant differences were found among respondents on the variable of graduate versus no graduate training.

In addition to the six formal hypotheses, a number of variables were investigated in an attempt to gather information for future research in this area. These variables, about which no initial hypotheses were made, and their results are as follows: Sex--no differences were found between males and females. Place of birth--a definite tendency ($P < .07$) for those respondents who were not born in Oklahoma to show more positive attitudes on the General Scale. College major--a strong tendency ($P < .08$) for non-education majors to be more realistic in their opinions about the causes of mental illness than education majors. Grade level taught--a tendency for elementary school teachers ($P < .09$) to score higher than junior high school teachers on the Responsibility Scale.

CHAPTER IV

DISCUSSION

It has been shown in the previous section that four of the six hypotheses were confirmed in varying degrees through the finding of twenty-five significant differences. Since ten of these differences were found when investigating the variable of age, it appears justified to consider this the most important variable. Many other studies including Larsen's (1965) have had similar results.

There are some obvious reasons for these findings. The first one encountered might be referred to as a "dated educational experience." Those individuals who are 50 years of age or older received the majority of their higher education prior to World War II. This war led to a greater concern for psychiatric problems; not only did the medical profession become involved, but also the universities and to some extent, the general public. As a result, concepts of mental disorders and the treatment for them began to be revised. These changes undoubtedly affected those who were university students during and after the war.

Another factor accounting for these results, which cannot be totally separated from the above, is the generally more progressive and more liberal attitudes which are found among the younger generations. Whether circumstances lead to these changes in individuals or

the other way around is not our concern here. It is simply apparent that younger people are, in the main, more liberal and progressive in their thinking than older persons. This consideration has become almost a truism.

It was also found that one of the most positive age groups was composed of those persons who were 40-49 years old. It would be expected as indicated above that these individuals would display more favorable attitudes than the older group. But why were they found to be more positive than the 30-39 group and equally as positive as the youngest group? To answer this we must first look a little more closely at the 40-49 year old teacher. This person's life is becoming fairly stable. The children are usually in the latter part of grade school or well beyond. Financially the family is somewhat solvent. Promotions leading to positions of responsibility are close at hand, if not already attained. In general, therefore, there appears to be less pressure on the 40-49 year old teacher than on the 30-39 year old whose future is somewhat uncertain and whose life is in flux. This relative lack of pressure may allow the 40-49 year old person to take more time and patience in being understanding of others; it may lead to a more empathic rather than threatened individual when faced with the problems of others. In short because life is somewhat more stable, this person has more energy to devote to thinking about and understanding the emotional problems of life, thereby appearing more positive and favorable in his attitudes.

The variable of religion did not produce the significance expected between the conservative and liberal groups, although it did produce some slight tendencies in the predicted direction. It

should, therefore, be noted that Larsen's (1965) study, upon which this classification was based, had been carried out in the northeastern section of the country, leading to the possibility that his conservative and liberal groupings might not apply in the southwest. In addition, the small number of respondents in each of the religions which composed the two large groups may not have been sufficiently representative of their respective religions.

The confirmation of the religious hypothesis through the comparison of Methodists and Presbyterians to Baptists, as was pointed out above, was not influenced by age nor was it influenced by education. It was solely a religious difference. This finding offers partial support for the conservative versus liberal group hypothesis which was not confirmed. Such a result may be the consequence of some fundamental theological or philosophical differences between the denominations in question.

The number of psychology courses taken by each respondent proved to be an influential variable. However, this factor of mere exposure to information should not be regarded as the cause of the favorable attitudes. In this study the respondents in question were exposed to this information at their own choosing, which choice was above and beyond academic requirements. It was established that the psychology requirement for a degree in education was usually nine credit hours or three courses. Consequently, those persons with more than the minimal requirements chose to be exposed to this information voluntarily. It is, therefore, possible that this group would have expressed more favorable opinions even if they had not taken the additional psychology courses; their attitudes may have

been more favorable at the start and these attitudes in addition to their own interests may be the reason for their enrollment in the additional courses. It is also possible that these persons had potentially favorable attitudes which became a reality because of the mental set with which they entered these psychology courses.

The finding that teachers with more than ten years of teaching experience expressed less favorable attitudes than those with less than ten years of experience is a deceptive one. As stated above, this statistically significant finding is confounded by the factor of age and as a result cannot be validly interpreted, since the attempt to hold age constant failed.

The information obtained concerning the educational level of the respondent's father was actually an indirect assessment of the socioeconomic status of the family of origin. This type of estimation was considered superior to using the socioeconomic status of the present family of the respondent, because most school teachers it would seem have incorporated the values of the middle class culture in our society. Therefore, it was felt that some differences might be found as a result of the socioeconomic environment in which the respondent was reared.

One of the reasons for the failure to confirm this hypothesis may have been the unknown variation in the age of the parent. This variable could have affected the results in that the parent may have attended school as a student somewhere between twenty-five and seventy-five years ago. The result being that a high school education in 1890 could be considered equivalent to a college education in 1940 in terms of socioeconomic standings.

The failure to confirm the final hypothesis concerning whether or not the respondent had any graduate training may be attributable to one or both of two factors. First, this variable might not have any bearing on attitudes toward mental health. It is also possible that the sample size created a problem, since only 18.7 per cent of the respondents reported no graduate training. It would seem probable that a larger percentage of the population of teachers does not have graduate training, so that those who responded may actually be more positive and not representative of the entire group of teachers without graduate training.

As was mentioned above, for the purpose of accumulating information as background for further research, a number of other variables were investigated.

The failure of the sex variable to show even any tendencies toward a difference may be another instance which is attributable to the sample size. Of the eighty questionnaires investigated, only sixteen were those of males. This problem of sample size does not seem to apply to the variable of place of birth, since 30 per cent of the sample reported that they were born outside of Oklahoma. The tendency for these individuals to show somewhat more favorable attitudes on the General Scale may reflect a tendency for the "transient" to be slightly more liberal. However, since this difference was not significant, only further research with more rigorous controls can determine the plausability of such a factor.

Finally, neither college major or grade level taught produced any significant differences. It is possible that any differences attributable to both of these variables were lost in sorting due to a

great deal of overlapping; that is, many of the non-education majors actually stated that their minor area of concentration was in education and a high percentage of the respondents reported teaching primarily at one level and partially at another.

When critically evaluating all that has been presented, a number of considerations become worthy of attention. First and foremost this survey was conducted through the mail to insure voluntary and anonymous responses. Though these conditions were desirable for practical reasons, there arises as a result many methodological problems. Those individuals who did not respond and those whose questionnaires were incomplete, 52 per cent in all, can never be replaced. (It should be noted here that the incompleted questionnaires did not appear to differ in any significant way from the completed ones according to the general information found on the data sheet.) No valid estimation can be made of the change in the results had this 52 per cent or any large portion of them been included. Consequently, any generalizations to the entire population from which this sample was drawn are tenuous; furthermore, any generalizations to teachers, age groups or specific religious denominations are totally unfounded.

In addition, the sample size in many of the smaller intercomparisons also might be an influential factor which would defy generalization. For example, there were only nine Presbyterians, nineteen Baptists, and twenty-four Methodists in the comparison of religious denominations.

A final consideration is in the statistical area. One hundred and sixty-eight "t" tests were conducted in all. Approximately eight or nine of these could have been significant by chance at the .05

level of confidence. There were, however, twenty-five significant differences found. Which of these, if any, occurred by chance cannot be determined.

In addition, one might question the meaningfulness of these significant differences. Granted the statistical significance of the findings, what do they mean in reality in the classroom? Do these teachers also differ in behavior and in their perception of student's difficulties and how do they react to these? Answers to these questions can only come from further research, such as correlating the questionnaire findings with the amount of referrals a teacher makes to professional services over a five or ten year period. One could also present "thumb-nail" sketches of children with problems and ask the teacher to evaluate these.

The point is that some differences do exist among the teachers who responded, in their attitudes toward mental health. What do these differences mean to the student as an academic, social, and emotional being? The answer to this, as indicated above, is a subject for future research.

CHAPTER V

SUMMARY

A questionnaire assessing the attitudes toward mental health and opinions as to the causes of mental illness was mailed to 166 public school teachers. The eighty returns which could be meaningfully analyzed yielded a Total attitude score and scores on the following five sub-scales: Adequacy, Psychiatry, Responsibility, General and Causal.

The hypotheses which were postulated were: (1) Older teachers would show more negative attitudes than younger teachers; (2) Respondents from liberal religions would be more favorable in their attitudes than those from conservative or more fundamental religions; (3) Teachers with four or more psychology courses would show more positive attitudes than those with three or less; (4) Respondents with more than ten years of teaching experience would show less favorable attitudes than those with less than ten years of experience; (5) Teachers with graduate school training would have more favorable attitudes than teachers without graduate school training; and (6) Respondents whose fathers had attained a higher level of education would show more favorable attitudes than those whose fathers had not.

Of these six hypotheses the first four were confirmed in varying degrees.

In addition, a number of other variables such as sex, college major, grade level taught, and place of birth were investigated. No significant differences resulted from their analyses.

Some possible reasons for these results were then discussed, followed by an attempt to arrive at their meaning and significance. It was finally suggested that further research with a larger sample and additional information might prove to be fruitful.

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APPENDIX A

Place a check in the appropriate column after each question indicating whether you Strongly Agree, Mildly Agree, are Undecided, Mildly Disagree or Strongly Disagree with the statement.

1. My training and experiences are such that I feel competent to take on most cases of emotional disturbance among my students.
2. Most emotionally disturbed students need more help than I can give.
3. I do not have the background to help emotionally disturbed children.
4. I view the emotionally disturbed student as an interesting and challenging case.
5. My training and experience in handling emotionally disturbed students are adequate.
6. My background severely limits my having much success with emotionally disturbed children.
7. I do not know what to do for many of my emotionally disturbed students.
8. In general, I feel quite comfortable in caring for emotionally disturbed students.
9. I have a good grounding in helping emotionally upset children.
10. I feel pretty competent and comfortable in talking with students about their personal problems.
11. I dread to see emotionally disturbed students come in.
12. I have had practically no contact with the field of psychiatry.
13. On the whole, psychiatrists are very competent.
14. The psychiatrist's attitude toward the patient and his problem is for the most part a positive one.

15. I have been greatly impressed by the results of psychiatric treatment.
16. Of all the areas in teaching, I am least interested in counseling.
17. The criticism that psychiatry overemphasizes the sexual aspects of life is not a valid one.
18. Psychiatrists are too evasive when it comes to facing a problem.
19. In my opinion there are more "odd balls" in psychiatry than in any other profession.
20. Psychiatric treatment takes too much time and gets too poor results.
21. I feel the work of the psychiatrist conflicts with the work of the teacher.
22. I am too busy to deal with the emotionally disturbed student.
23. The satisfaction gained in helping the emotionally disturbed student far offsets the disadvantages of the time involved.
24. When you get right down to it, emotionally disturbed students should not be a teacher's responsibility.
25. Frankly, I just do not have the time to take care of emotionally disturbed students.
26. The teacher cannot do much for emotionally disturbed children except refer them to a psychiatrist.
27. I feel the majority of emotionally disturbed students should be handled by teachers.
28. There is no reason why the teacher should not practice some therapy.
29. Mental health is largely a matter of trying hard to control the emotions.
30. The best way to mental health is by avoiding morbid thoughts.
31. The good psychiatrist acts like a father to his patients.
32. Books on "peace of mind" prevent many persons from developing nervous breakdowns.
33. If a person concentrates on happy memories, he will not be bothered by unpleasant things in the present.

34. The main job of the psychiatrist is to explain to the patient the origin of his troubles.
35. When a person is recovering from a mental illness, it is best not to discuss the treatment he has had.
36. The solution for most emotional disturbances can be found through prayer.
37. Drinking too much is a cause of mental illness.
38. Not enough will power, lack of self-control, is a cause of mental illness.
39. Masturbation (playing with oneself or self-abuse) is a cause of mental illness.
40. Sex habits are a cause of mental illness.
41. Trouble getting along with one's husband or wife is a cause of mental illness.
42. Trouble getting along in school is a cause of mental illness.
43. A rundown physical condition is a cause of mental illness.

APPENDIX B

APPENDIX B

VALUES OF "t"

	Total	Adeq.	Psychiat.	Resp.	Gen.	Causal
<u>AGE</u>						
20-29 vs 30-39	1.90*	.25	2.54**	.77	1.59*	1.62*
20-29 vs 40-49	.34**	1.56	.97	.93	.06**	.10**
20-29 vs 50-59	3.43**	.74	1.95*	.67	3.42**	2.12**
20-29 vs 60 & over	1.48**	.00	.17	1.44	1.96*	4.14**
40-49 vs 30-39	2.73**	1.31	1.27	.42	2.03*	1.49
30-39 vs 50-59	1.30	.90	.60	1.17	1.80	.37**
30-39 vs 60 & over	.53**	.22**	2.02*	1.78	1.78**	3.11**
40-49 vs 50-59	4.42**	2.51**	.77	1.83*	3.94**	2.16**
40-49 vs 60 & over	2.09**	1.11	.91	1.93*	2.37**	4.11**
50-59 vs 60 & over	.36	.39	1.35	.71	.07	3.90**
Below 50 vs Above 50	4.18**	1.43	.80	2.09**	4.61**	2.87**
<u>RELIGION</u>						
Methodist vs Baptist	2.18**	1.76*	1.47	.06	.53	1.79*
Presbyterian vs Baptist	2.08**	.82	.35	.58	1.40	1.45
Presbyterian vs Methodist	.41*	.49	.74	.58	1.68	.04
Liberal vs Conservative	1.33*	1.39*	.09	.27	.15	1.12
<u>PSYCHOLOGY COURSES</u>						
Four or more vs three or less	1.45	.33	.20	.48	3.23**	2.06**
<u>TEACHING EXPERIENCES</u>						
Ten or less vs eleven or more	2.65*	.65	1.38*	1.24	3.30**	1.50*

APPENDIX B
(Continued)

	Total	Adeq.	Psychiat.	Resp.	Gen.	Causal
<u>EDUCATION</u>						
Grad. Work vs no Grad. Work	.31	1.11	.03	.21	.68	.59
<u>FATHER'S EDUCATION</u>						
High School vs Grade School	.09	.00	.00	.00	1.85	1.10
Grade School vs Grad. School	.00	.00	.00	.00	.00	.00
High School vs Grad. School	.07	.00	.00	.00	1.75	1.29*
Grad. School vs College	.00	.00	.00	.00	.00	1.79*
<u>SEX</u>						
Male vs Female	.45	.15	1.05	1.21	.70	.41
<u>PLACE OF BIRTH</u>						
Non-Oklahoma vs Oklahoma	1.00	.56	.56	.39	1.90*	1.38
<u>COLLEGE MAJOR</u>						
Non-Education vs Education	1.02	.77	.01	.16	1.17	1.83*
<u>GRADE TAUGHT</u>						
J. H. S. vs Grade	.96	.36	.28	1.81*	.66	.11
Grade vs High School	.51	.00	.00	.00	.06	.05
J. H. S. vs High School	.27	.53	.00	1.53	.00	.06

*Tendency
**Significant

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