MENTAL PATIENTS ATTITUDES TOWARDS MENTAL HOSPITALS ACCORDING TO ADMISSION STATUS AND METHOD OF TREATMENT

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INTRODUCTION

THEORETICAL FORMULATION

There exists a considerable body of research having to do with the opinions and attitudes of psychiatric personnel and mental patients towards mental hospitals. This has led to the delineation of the attitudes of the general public, families of mental patients and others about the susceptibility of the modification of such beliefs through academic instructions or practical experience. Giovannoni and Ullman (1963), studying Veterans Administration psychiatric patients, reported that the psychiatric patients were no better informed about mental health and illness than the general public and their attitudes toward the mentally ill were as highly negative as those of normals.[1]

Although Soulem (1955) found that most psychiatric patients he studied had favorable attitudes towards mental hospitals, he did find significant differences between the various wards within the hospital. It was established that the admissions wards and more active convalescent wards had

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[1]Jeanne M. Giovannoni and Leonard P. Ullman, "Conceptions of Mental Health Held by Psychiatric Patients," Journal of Clinical Psychology, 19 (1963), p. 398.

more favorable attitudes toward mental hospitals than the more chronic and semi-convalescent wards. The significant differences between wards, interpreted in the light of absence of relationship to diagnosis and chronicity in general, suggests that further investigation of attitudes be directed toward the kind of treatment a patient receives in the hospital.[2]

Kotin and Schur (1969), conducted surveys of released mental patients and found that half felt their hospital experiences at least moderately helpful, and about 20 percent of the patients felt their experiences had not been helpful. They concluded that breaking down patients into groups of voluntary and readmission status in delineating attitudes of patients would be helpful, in that these two groups chose the hospital to obtain the benefits of its services.[3]

In this currently debated issue there seems to be a difference of opinion about what would be a favorable change for the hospital. It seems that there does exist some relationship between the treatment a patient receives and his attitude toward the mental hospital.

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[2]Omneya Soulem, "Mental Patients Attitudes Toward Mental Hospitals," Journal of Clinical Psychology, 181 (November 1955), pp. 181-185.

[3]J. Kotin and J. Schur, "Attitudes of Discharged Mental Patients Towards Their Hospital Experiences," The Journal of Nervous and Mental Disease, 149 (May 1969), pp. 408-414.

THE PROBLEM

The knowledge of a patient's attitude toward the mental hospital does seem to be important to his treatment outcome. However, is there a relationship of his attitude to his particular admission status and the kind of treatment he receives?

Statement of the Problem

Is there a significant difference in the attitudes held by mental patients toward mental hospitals, according to patient admission status and the method of treatment he receives, as measured by the Soulem Attitude Scale?

Statement of the Hypothesis

There is no significant difference in the attitudes held by mental patients towards mental hospitals, according to patient admission status and the method of treatment he receives, as measured by the Soulem Attitude Scale.

Purpose of the Study

It was the purpose of this investigation to determine if there was a significant difference in the attitudes of mental patients towards mental hospitals, according to his particular patient admission status and the method of treatment he receives, as measured by the Soulem Attitude Scale.

Significance of the Study

This study served as a means of evaluating the effect of various treatment methods upon patients attitudes towards hospitalization. By improving treatment methods and resulting attitudes perhaps hospital programs could be further enhanced.

DEFINITION OF TERMS

The meanings of the descriptive terminology relevant to this study are listed below.

Attitude

A persistent, cognitive disposition. A statement of readiness to react in a particular way toward an object or class of objects.[4]

Chemotherapy

Therapy carried out by the maintenance of a patient upon certain kinds and dosages of medications designed to control and alter his behavior.[5]

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[4]Irwin G. Saranson, Abnormal Behavior: The Problem of Maladaptive Behavior (New York: Appleton-Century-Crofts, 1972), p. 640.

[5]Ibid., p. 643.

Group Therapy

The treatment of several persons simultaneously using any kind of psychological technique.[6]

Involuntary Patient

An involuntary patient is one who is being referred by someone other than himself, e.g., a relative, spouse or court order, for his first period of hospitalization, even though he may later sign voluntary papers.

Psychotherapy

The use of any psychological technique in the treatment of mental disorder or maladjustment.[7]

Psychiatrist

A person, licensed to practice medicine, who is engaged professionally in the prevention, diagnosis, treatment, and care of mental illness.[8]

Readmission Patient

A readmission patient is a patient who has previous hospitalization in a mental hospital.

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[6]Horace B. English and Ava C. English, A Comprehensive Dictionary of Psychological and Psychoanalytical Terms (New York: David McKay Company, Inc., 1958), p. 232.

[7]Ibid., p. 429.

[8]Ibid., p. 416.

Voluntary Patient

A voluntary patient is one who has been admitted to the hospital for the first time on a voluntary basis.

LIMITATIONS OF THE STUDY

This study dealt only with the differences of attitudes of psychiatric patients in association with their treatment in mental hospitals and their particular admission status. No attempt was made to expand the study to include any of the philosophical issues associated with a topic of this nature.

In selecting respondents for this study no attempt was made to control such variables as length of stay in the hospital, diagnostic category, sex, age, or marital status.

The patient group was randomly selected throughout the hospital. However, in an effort to make the group more reliable, some patients were excluded on the basis of organic impairment and some on the basis of inability to read.

Chapter 2

REVIEW OF RELATED LITERATURE

Two major areas were considered in reviewing the literature for this study. These areas were: (1) historical aspects of the opinions of the public to mental patients and hospitals, and (2) studies pertaining to the attitudes of mental patients towards mental illness and mental hospitals.

HISTORICAL BACKGROUND

Alexander (1968) described Pinel as being one of the leaders in the period of the enlightenment, and as having a zeal for social reform and moral uplift. Pinel referred to his work in the mental asylum as "moral treatment". His humane approach to the mentally deranged and his principles of hospital management are still valid. His primary contribution was to change society's attitude toward the mentally ill so that these patients could come to be considered as sick human beings deserving and requiring medical treatment. Pinel asserted that it was impossible to

determine whether mental symptoms resulted from mental disease or from the effects of the chains.[9]

Historically the mentally ill were held to be dangerous and a threat to the public, and so were housed and confined to special institutions provided for them. In the nineteenth century it was a generally held belief that disturbed behavior was the result of a physical disease of unknown etiology, existing like an ulcer within the patient, which could only be treated by chemical or physical means. Since such means were then unknown, patients seldom received more than custodial care. Bockhaven (1963) attributed the fact that mental patients received little more than custodial care, to changes in hospital practices, lack of proper leadership, inadequate facilities which became terribly crowded, and changes in hospital population from the middle-class people to "foreign insane paupers" of low social and economic status.[10]

However, at the turn of the century interest was renewed and a different philosophy of treatment appeared. This philosophy leaned more toward a psychosocial or public health model rather than the bio-physical model. Even though institutions had become huge custodial warehouses, new

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[9]Franz G. Alexander and Sheldon T. Selesnick, The History of Psychiatry (New York: Harper and Row, 1966), p. 113.

[10]J. S. Bockhaven, Moral Treatment in American Psychiatry (New York: Springer, 1963), p. 20.

methods of treatment would eventually bring about a decline of the patient populations.[11]

STUDIES OF ATTITUDES TOWARDS MENTAL HOSPITALS AND MENTAL ILLNESS

Attitudes of relatives of mental patients were studied by Freeman (1961) who used a standardized interview schedule with mothers and spouses. He found that better educated relatives tended to hold more enlightened attitudes about mental illness, as did younger relatives, but that social class was not a significant factor. Freeman interpreted the correlation between education and attitudes as a reflection of differential verbal ability rather than differences in social class. He also found that relatives' attitudes were not influenced by diagnosis of the patient except on the question of recovery. The patient's behavior after release from the hospital did influence their families attitudes about the chances for complete recovery and the extent of the patient's responsibility for his behavior.[12]

Hollingshead and Redlich (1958), in contrast to Freeman, did find striking social class differences in relatives' attitudes about mental illness and their mentally ill members. As a rule, the authors observed, the lower the

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[11]Judith G. Rabkin, "Opinions About Mental Illness: A Review of the Literature," Psychological Bulletin, 77 (March 1972), pp. 153-156.

[12]H. E. Freeman, "Attitudes Toward Mental Illness Among Relatives of Former Patients," American Sociological Review, 26 (1961), pp. 59-66.

class, the more pronounced the feelings of shame and guilt. During treatment or hospitalization, resentment in the lower-class families was replaced by feelings of helplessness and apathy. In the three upper classes, such feelings were less marked, and interest in the sick member was stronger. They believed that, to a significant degree, the attitude of the family toward its sick member is responsible for the determination of who goes to the hospital, who improves there, and who deteriorates and ends up on a chronic ward. These findings of the significance of social class in attitudes about mental illness are not reconcilable with those of Freeman, but may at least be partially attributable to difference in sample composition or definition of social class.[13]

Manis, Houts and Blake (1963) assessed beliefs about mental illness among psychiatric patients at a Veterans Administration Hospital, the mental health staff responsible for their treatment, and a group of medical and surgical (control) patients. Results indicated that (a) psychiatric and non-psychiatric patients generally hold similar opinions regarding mental illness. Severely disturbed psychiatric patients, however, view mental illness in more moralistic terms than do "normals." (b) Psychiatric hospitalization is generally accompanied by a change in the patient's beliefs

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[13]A. Hollingshead, and F. C. Redlich, Social Class and Mental Illness (New York: Wiley, 1958), p. 123.

concerning mental illness toward those held by the staff. (c) Psychiatric patients whose beliefs about mental illness are most strikingly influenced by the staff tend to respond most favorably to treatment, as measured by length of hospital stay and gains in self-esteem during the first month of treatment.[14]

Kahn, et al., (1963) conducted a factorial study of patients attitudes toward mental illness and psychiatric hospitalization. They identified five major factors found in attitudes towards hospitals and treatment. These attitudes were felt to be influenced by ethnic-cultural related factors. The authors felt these attitudes of patients to be complex and meaningful and would seem to have clinically meaningful attitude dimensions. The five factors discussed were: (1) authoritarian control and non-psychiatric orientation; (2) negative hospital orientation; (3) external control, and current treatment; (4) mental illness and treatment as a physical-hospital supplies regressive dependency; (5) let down control for therapeutic gain.[15]

Caine and Smail (1969) conducted studies among mental patients, psychiatrists, medical staff, and

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[14]M. Manis, P. S. Houts, and J. B. Blake, "Beliefs About Mental Illness as a Function of Psychiatric Status and Psychiatric Hospitalization," Abnormal and Social Psychology, 67 (1963), pp. 226-233.

[15]M. W. Kahn, N. F. Jones, J. M. MacDonald, C. K. Connor, and J. Burchard, "A Factorial Study of Patients Attitudes Toward Mental Illness and Psychiatric Hospitalization," Journal of Clinical Psychology, 19 (1963), pp. 235-241.

psychiatric nurses to discover attitude changes, and beliefs of the various roles the staff holds in treatment communities. They developed a questionnaire from taped interviews using both staff and patients. Using this questionnaire they discovered that the institutions may to a large extent condition the patient's attitudes to his illness and the appropriate treatment for it. It was suggested that the interaction of those carrying out treatment and attitudes towards it of those receiving treatment may have important implications both for morale and prognosis.[16]

Rabkin (1972) in a review of the literature about mental health opinions, discussed the various scales which have been used in the measurement of mental patients' attitudes toward psychiatric hospitals. The following is a description of the scale developed by Soulem (1955) and used in the writer's study:

> The Soulem Scale has been used in several studies to gauge attitudes toward psychiatric hospitals. Imre (1962) found hospital personnel and volunteers more favorably disposed toward hospitals than were the patients. Imre and Wolf (1962) replicated these results and also noted that student nurses shared the patients dim view of the hospital. Toomey, Reznikoff, Brady and Schumann (1961) compared attitudes of patients and student nurses. They found that patients attitudes toward hospitals remained the same. In contrast, student nurses attitudes towards hospitals improved, but other attitudes did not. Soulem (1955) reported most of the Veterans Administration psychiatric patients he studied with

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[16]T. M. Caine and D. J. Smail, "Attitudes of Psychiatric Patients to Staff Roles and Treatment Methods in Mental Hospitals," British Journal of Medical Psychology, 41 (1968), pp. 329-334.

his scale held generally favorable attitudes toward hospitals, although they responded less enthusiastically when responding to unstructured tests. Brady, Zeller, Reznikoff (1959) found that favorableness of attitudes towards hospitals was correlated with successful treatment outcome.[17]

[17]Rabkin, op. cit., p. 163.

Chapter 3

METHOD AND PROCEDURE

The procedure followed in administration of the Soulem Attitude Scale to nine randomly selected groups are discussed in this chapter. This chapter includes: population and sampling, materials and instrumentation, design of the study, and data collection and data analysis.

POPULATION AND SAMPLING

The subjects who were selected for the study were classified into nine separate groups according to their admission status and type or method of treatment received in the hospital. The types of admission status drawn upon were the following: voluntary, readmission, and involuntary admission status. However, the majority of the readmission patients were of an involuntary nature because of the large number of involuntary patients received in to a state supported hospital for district court evaluations. The method of treatment each patient was receiving is described as follows: group therapy plus chemotherapy, chemotherapy alone, and individual psychotherapy plus chemotherapy. The combined treatment groups result from the fact that most patients were receiving some type of medication or chemotherapy as this is a prevalent form of treatment in a state

hospital, often found in conjunction with other forms of therapy. For convenience these groups will be denoted as chemotherapy, individual psychotherapy, and group therapy, although it is understood all are receiving medication.

The three types of admission status and three types of therapy yield a total of nine variables. The variables are: (1) chemotherapy and voluntary admission status; (2) chemotherapy and involuntary admission status; (3) chemotherapy and readmission status; (4) group therapy and voluntary status; (5) group therapy and involuntary status; (6) group therapy and readmission status; (7) individual psychotherapy and voluntary status; (8) individual psychotherapy and readmission status; (9) and last, individual psychotherapy and involuntary status.

Each sample contained both men and women from the adult chronic and acute section, the alcoholic section, and the adolescent section. A total of ten subjects was selected for each of the variables previously described to compose the total sample.

For each variable or subgroup a sample of at least ten subjects was employed. This was accomplished by obtaining a list of patient names from the aide station on each ward and compiling a list of patients in reference to the nine variables to be sampled. The aide station also furnished all information pertaining to admission status and treatment of each subject. After compiling a list of the subjects in each subgroup, all the names were placed in

a container and selected randomly until a sample size of ten patients for each subgroup was obtained. The lists were shown to the aides, and anyone who was identified as being incapable of filling out the scale on the basis of organic impairment or inability to read was excluded. In the event that a patient drawn was discharged or otherwise unable to complete the attitude scale, a second drawing was made. In this manner the samples were selected and a total patient sample size of ninety was obtained.

Complete anonymity for all participants of this study was absolutely guaranteed. Disclosure of any of the names or other personal data was non-essential to the basic purpose of this study.

MATERIALS AND INSTRUMENTATION

An attitude scale developed by Soulem (1955) to measure attitude was used in questionnaire form by the researcher for the purpose of obtaining data for this study. This scale purports to measure attitudes of psychiatric patients toward mental hospitals. The scale consists of seventy-two items answered in an "agree" or "do not agree" manner, and a supplementary test of a sentence completion form for further elicitation of attitudes. The scale in its entirety was administered to the patients selected for this study, however, the sentence completion was not to be employed in any respect for this study.

DESIGN OF THE STUDY

An attitude scale developed by Soulem (1955) was used to conduct this study. Control over the variables identified in the study was basically established through the process of randomization in selecting respondents for the nine groups relative to the independent variable.

The scale was administered to each individual in the nine groups when he or she was available to complete the scale. In most instances, the questionnaire was administered to five or six respondents at the same time. This proved to be particularly helpful in minimizing variations in the basic instructions and explanation of terms and items that arose during the administration of the questionnaire.

DATA COLLECTION

The scale was administered to all the subjects in the nine categories. The subjects were read Soulem's instruction:

> This is a study of what people think about mental hospitals. We would greatly appreciate your cooperation here in telling what you think and feel. On the following pages you will find many statements people sometimes make about mental hospitals. Read each statement and show whether you agree with the statement or not. If you agree with the statement, underline the word "agree" beside the statement. If you do not agree, underline the words "do not agree" beside the statement.

The time required to complete the scale varied with the individuals to whom it was administered. In some cases the patients required only ten minutes to complete the form,

while some of the patients took as long as forty-five minutes to complete the form.

Once the subject had completed the scale, the forms were collected and marked with a sample identification code. The code consisted of an abbreviation for the admission status and method of treatment.

DATA ANALYSIS

The method for scoring the Soulem Scale, as obtained from Soulem (1955), is done by totaling the scale values assigned to each item which the subject agrees to. A mean is established by determining the number (N) of statements that the subject responded to in a agree manner, and dividing this number into the total of the scale values, according to Soulem's method. The scale values range from 0 to 11, the values were determined by using Thurstone's (1929) equal-appearing interval method. The closer the score to 0 the more favorable the response. For each group of patients studied, a group mean was computed. For analysis of this data the analysis of variance (6^2) statistical tool, as described below, was utilized.

Analysis of Variance

The analysis of variance test is a common statistical tool. It is used to discover if several groups differ significantly from one another. Analysis of variance was used to determine if there was a significant difference in the nine groups of patients (independent variable) in

regard to the manner in which they responded to the questionnaire (dependent variable). A 3x3 design was tested to demonstrate how the independent variables are related to one another.

The independent variables studied were patient status and type of treatment methods each patient is involved in (see Figure 1).

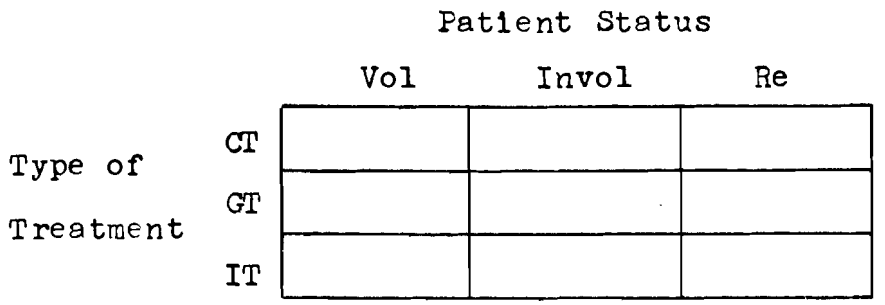

Figure 1

3x3 Design for Individual Variables

The following abbreviations for patient status were used in the design: Vol., Voluntary status; Invol., Involuntary status; Re., Readmission status. Also the following abbreviations for type of treatment were used: CT, chemotherapy; GT, group therapy; and IT, individual psychotherapy.

In determining the variance of a population it must be established that variance is the square of the standard deviation. The means of the groups may have a variance; this is called the between group variance. Each group has a standard deviation, and thus a variance, of its own. The mean of these variances would be a measure of the average

variations within the groups or within-group variance. A ratio obtained by dividing the between variance by the within variance is called the F ratio, or variance ratio. The F value must be referred to a table of F values. These values are used to determine if F is significant at either the .05 or .01 level. If F is large enough, the null hypothesis is rejected. This indicates that one of the means of the groups is reliably different from some others. If F is not significant, there is no need for further statistics.[18] The following formulas were used for computation of analysis of variance. The formulas for between groups are as follows:[19]

$$MSB = \frac{SSB}{K-1}$$

where, MS_B = mean square, between groups

SS_B = sum of squares, between groups

K = number of groups

Within groups formulas are as follows:

$$MS = \frac{SS_W}{DF_W}$$

where, MS_W = mean squares, within groups

SS_W = sum of squares, within groups

DF_W = degrees of freedom for within groups

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[18] W. James Popham, Educational Statistics (New York: Harper and Row, 1967), p. 190.

[19] Ibid., pp. 193-195.

F-ratio is,

$$F = \frac{MS_B}{MS_W}$$

However, if F is significant, one must proceed to test the separate differences by the t-test. The t-test determines the difference between any two of the means within the group.

t-test,[20]

$$\bar{X} = \frac{\Sigma X_i}{N_X} \qquad \bar{Y} = \frac{\Sigma Y_i}{N_Y}$$

$$s_x = \sqrt{\frac{\Sigma(X_i - \bar{X})^2}{N_x - 1}} \qquad s_y = \sqrt{\frac{\Sigma(Y_i - \bar{Y})^2}{N_y - 1}}$$

$$t = \frac{(\bar{X} - \bar{Y})}{\sqrt{\left(\frac{1}{N_X} + \frac{1}{N_Y}\right)\left(\frac{\Sigma(X_i - \bar{X})^2 + \Sigma(Y_i - \bar{Y})^2}{N_X + N_Y - 2}\right)}}$$

$$df = \nu = Nx + Ny - 2$$

where $\bar{X}$ = mean of the Y values

$\bar{Y}$ = mean of the Y values

s_x = standard deviation of the X values

s_y = standard deviation of the Y values

N_X = number of X values

N_Y = number of Y values

t = t-statistic

ν = number of degrees of freedom

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[20] Ibid., pp. 129-141.

Chapter 4

ANALYSIS OF THE DATA

This chapter includes a discussion of response analysis. The statistical tools used for the analysis of data and analysis of variance and t-test tables are presented, and followed by a discussion of the data and analysis of variance values.

RESPONSE ANALYSIS

To obtain the data necessary for this study, ninety questionnaires were administered to nine randomly selected groups of a state mental institution. The questionnaires (see Appendix A) were used in an effort to determine if any difference in attitudes exists in all of the participants to a state hospital in relationship to the method of treatment they receive or kind of admission status they are under.

Upon tabulation of these questionnaires, it was found that all ninety were collected, or one hundred percent of the original sample.

STATISTICAL ANALYSIS

In this section, the responses of the subjects have all been analyzed statistically. The analysis of variance test was selected to determine if deviations between the

responses of the psychiatric patients in relationship to admission status and method of treatment (independent variable) were significantly different. The formula and computation of analysis of variance have been discussed in the Data Analysis section of Chapter 3. The F-ratio table was used to obtain the critical region of both the .05 and .01 levels of significance, with respect to the number of degrees of freedom.

In this section the analysis of variance values have been calculated to test the null hypothesis. The null hypothesis was that there was no significant difference in the attitudes held by mental patients towards mental hospitals, in relationship to patient admission status and method of treatment he receives as measured by the Soulem Attitude Scale. In addition the t-test was used to determine the significance between any of the groups, as a significant F was obtained.

The data for the study were divided into two sections. The analysis of variance results are presented first, followed by a presentation of the t-test results.

Table 1

Analysis of Variance of Attitude Scale Scores According to Admission Status and Treatment Method

Source	df	SS	MS	F
Admission (A)	2	0.77	0.39	0.32
Treatment (B)	2	16.91	8.46	6.93*
Interaction (AXB)	4	4.57	1.14	0.93
Error	81	99.16	1.22	
Total	89	121.41		

*Significant at .01 level F greater than 4.88.

The F ratio for admission status was 0.32, the F ratio for treatment was 6.93, and the interaction of admission and treatment was 0.93. Although the interaction of the two variables was not significant, the F ratio for treatment was significant at the 0.01 level of significance. Therefore, the null hypothesis for admission status affecting patient attitudes is retained. However, the portion of the null hypothesis affecting treatment methods is rejected. In order to determine which treatment forms are significantly different the t-test has been performed.

Table 2

Standard Deviation and Means for Raw Scores From Soulem Attitude Scale

Treatment	Admission Status	$\bar{X}$	S.D.
Chemotherapy	Voluntary	5.53	1.2931
	Involuntary	5.26	1.3900
	Readmission	4.89	1.1010
Group Therapy	Voluntary	4.09	0.5273
	Involuntary	4.66	1.2085
	Readmission	4.92	1.2170
Individual Therapy	Voluntary	5.49	0.9765
	Involuntary	5.81	0.6950
	Readmission	5.58	0.8369

Table 3

t-test Between Groups According to Treatment Method

Admission Status and Treatment --		*t*
Voluntary:	Chemotherapy vs. Group Therapy	2.84*
	Chemotherapy vs. Individual Therapy	0.28NS
	Group Therapy vs. Individual Therapy	3.99**
Involuntary:	Chemotherapy vs. Group Therapy	0.97NS
	Chemotherapy vs. Individual Therapy	1.05NS
	Group Therapy vs. Individual Therapy	2.46*
Readmission:	Chemotherapy vs. Group Therapy	0.65NS
	Chemotherapy vs. Individual Therapy	0.83NS
	Group Therapy vs. Individual Therapy	1.33NS

*t significant at 0.05 level of significance, t greater than 2.101

**t significant at 0.01 level of significance, t greater than 2.878

In all cases of a comparison with a significant *t*, those receiving group therapy had the lowest mean (see Table 2). This indicates a more favorable attitude towards hospitals than other groups being compared. In two cases *t* was significant with groups receiving group therapy versus individual therapy. Also in one case *t* was significant in a group receiving group therapy versus chemotherapy. The means of these groups indicate a significantly poorer attitude towards hospitals than those receiving group therapy.

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the organization and findings of the present study are discussed. The conclusions drawn from the findings are presented to place the study in perspective. The recommendations listed are intended for the institution of the type in which the study was conducted and as suggestions for further research.

SUMMARY

This study was designed to determine if differences exist among psychiatric patients in how they view the mental hospital. In order to make this determination, the Soulem Attitude Scale was administered to ninety patients in a state hospital. The questionnaires were administered to nine randomly selected groups of patients, with a sample size of ten in each group. The criteria for selection was one of treatment being received and particular admission status. The responses on the completed questionnaires were analyzed to determine if there were any significant differences.

The statistical tool utilized to analyze the data was the analysis of variance. Analysis of variance was used primarily to determine if there were any significant

differences between the nine groups (independent variable) and the way in which they responded to the items on the questionnaire (dependent variable). In addition, the t-test was conducted to determine which group of patients' attitudes differed from one another, as a significant F score was obtained.

CONCLUSIONS

It was discovered that admission status and treatment methods do not interact significantly to affect patient attitudes. However, it was found that treatment methods do have a significant influence upon attitudes of patients towards the mental hospitals.

The groups having the lowest score, or the more favorable attitudes, were those receiving group therapy. The least favorable attitudes, or higher scores, were found in groups receiving individual therapy. The groups receiving chemotherapy only had scores generally between those receiving either group or individual therapy.

On the attitude scale the majority of patients completing the questionnaire scored in the favorable end of the scale. Approximately 58 percent of the patients' scores were above the midpoint of the scale, indicating a favorable attitude. While this may be a true indication of all patients attitudes, it should be noted that a sample of alcoholic patients was included in this population. This is important considering that Wolfensberger (1958) commented

that alcoholics wish to make a good impression on those in authority is pertinent in this study. Having been treated for withdrawal symptomology and furnished clean quarters and an adequate diet, they would reasonably be expected to hold uniformly positive attitudes towards mental hospitals, at least as they are expressed overtly.[21]

It will be recalled that group therapy patients had the most favorable attitudes while individual therapy patients had the least favorable attitudes. Patients receiving group therapy received this from trained counselors or psychologists. By contrast, patients involved in individual therapy, as defined by the hospital, are in therapy with psychiatric aides and the general nursing staff. Generally the nursing staff and aides do not have a high degree of training in individual therapy. The results from therapy may influence scores on a attitude scale because of lack of proper progress in therapy. The psychiatrists and psychologists in this mental hospital, and ward physicians, are not involved with a large number of patients in individual therapy. Their tasks are oriented towards medical, administrative, research and testing duties and therefore allowing time for a minimal amount of individual patient therapy. It is possible that individual psychotherapy

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[21]W. P. Wolfensberger, "Attitudes of Alcoholics Toward Mental Hospitals," Quarterly Journal of Studies in Alcoholism, 19 (1958), pp. 447-451.

by more professionally trained staff members would result in a more favorable patient attitude.

It must be recognized that having a negative attitude towards the mental hospital is not necessarily bad. Patients receiving individual therapy did have the less favorable attitudes of all the patients completing the questionnaire. Sixty-four percent of the individual therapy patients scored below the midpoint of the scale in the less favorable attitude area. Bruch (1974) stated that improvement achieved in a short period may be only transistory; but when accompanied by significant changes in attitude, it may be lasting.[22] Therefore, attitudes will change following behavior changes rather than precede them. In therapy, changes in attitudes are generally regarded as an improvement or at least a resulting change in progress in the positive direction, and may be expressed as a desire to leave the hospital and its environment. It may be that as a patient improves in his contact with reality he would like to exchange the hospital surroundings for something more pleasant and favorable to him, hence, a negative attitude.

The patients receiving exclusive chemotherapy had a slightly favorable attitude towards mental hospitals. Chemotherapy patients appear as more long term, more frequently hospitalized, harder to treat in terms of noting progress in

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[22]Hilde Bruch, M.D., Learning Psychotherapy (Boston: Harvard University Press, 1974), p. 139.

any type of therapy but also more prone to give the hospital staff behavorial problems. In this light it is surprising that as a group their attitude was slightly favorable, as one might expect it to be more negative. There is no obvious reason for this finding.

RECOMMENDATIONS

It is recommended that research be directed toward an evaluation of the treatment programs within the hospital. This is important in that the treatment a patient receives is reflected in how positive or negative his attitude is towards the hospital.

It is also recommended that a different type of attitude scale be developed for further research into patient attitudes. The scale utilized in this study would appear to be too general to delineate a great deal of specific information in describing patient attitudes.

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APPENDICES

Appendix A

RAW SCORES FOR SOULEM ATTITUDE QUESTIONNAIRE

	Admission Status		
	Voluntary	Involuntary	Readmission
Chemotherapy	1. 6.28 2. 3.75 3. 4.62 4. 4.49 5. 4.60 6. 4.00 7. 5.49 8. 5.68 9. 7.03 10. 7.59	1. 8.85 2. 5.53 3. 5.45 4. 5.24 5. 5.89 6. 5.17 7. 4.49 8. 3.36 9. 4.39 10. 4.28	1. 3.99 2. 4.10 3. 5.19 4. 3.33 5. 7.69 6. 4.50 7. 5.15 8. 4.92 9. 5.21 10. 4.83
	R=3.75-7.59 M=5.53	R=3.36-8.85 M=5.26	R=3.33-7.69 M=4.89
Group Therapy	1. 4.89 2. 3.97 3. 3.47 4. 4.71 5. 4.57 6. 3.53 7. 3.65 8. 4.17 9. 4.40 10. 3.60	1. 4.42 2. 4.03 3. 5.16 4. 3.78 5. 3.79 6. 3.88 7. 3.90 8. 6.70 9. 7.18 10. 3.84	1. 3.58 2. 3.97 3. 6.50 4. 4.11 5. 6.06 6. 6.78 7. 4.23 8. 4.27 9. 3.60 10. 6.17
	R=3.47-4.89 M=4.09	R=3.78=7.18 M=4.66	R=3.58-6.78 M=4.92
Individual Therapy	1. 4.28 2. 5.14 3. 5.63 4. 7.30 5. 4.07 6. 6.01 7. 6.01 8. 6.29 9. 4.78 10. 5.47	1. 5.76 2. 5.66 3. 4.95 4. 7.32 5. 6.11 6. 5.64 7. 4.59 8. 5.89 9. 6.15 10. 6.05	1. 4.74 2. 6.01 3. 5.61 4. 5.15 5. 7.77 6. 5.91 7. 5.09 8. 5.60 9. 5.20 10. 4.78
	R=4.07-7.30 M=5.49	R=4.59-7.32 M=5.81	R=4.74-7.77 M=5.58

Appendix B

PATIENT QUESTIONNAIRE

Admission Status_____

Treatment_____

Sex: Male_____ Female_____

WHAT DO YOU THINK ABOUT MENTAL HOSPITALS?

Part I

This is a study of what people think about mental hospitals. We would greatly appreciate your cooperation herein telling what you think and feel. Below are the beginning words of several sentences. Complete the sentences in your own words. Write in several words expressing your ideas and feelings. Since there is a limited amount of time, write quickly but be sure to express your real attitudes and thoughts.

1. I believe mental hospitals are_____.
2. The worst thing about mental hospitals is_____.
3. Most people think mental hospitals are_____.
4. Being in a mental hospital is_____.
5. Mental hospitals should_____.
6. Mental hospitals make me feel_____.
7. The best thing about mental hospitals is_____.
8. Those persons who fear being in mental hospitals are_____.
9. Those persons who hate being in mental hospitals are_____.
10. Those persons who are ashamed about being in mental hospitals are_____.
11. Those persons who like being in a mental hospital are_____.

Part II

Here is another way of saying what you think about mental hospitals. On the following pages you will find many statements people sometimes make about mental hospitals. Read each statement and show whether you agree with the statement or not. If you agree with the statement, underline the word "agree" beside the statement. If you do not agree, underline the words "do not agree" beside the statement.

1. Mental hospitals are evil and sinful. Agree Do not agree

2. Being in a mental hospital is neither good nor bad.	Agree	Do not agree
3. I would hate to work in a mental hospital.	Agree	Do not agree
4. Mental hospitals are nauseating.	Agree	Do not agree
5. Mental hospitals perform a useful service in our society.	Agree	Do not agree
6. Mental hospitals bring unnecessary misery to the patient.	Agree	Do not agree
7. There are too many things to do in a mental hospital; a patient gets tired.	Agree	Do not agree
8. Mental hospitals are neither to be enjoyed nor to be feared; they are to be accepted.	Agree	Do not agree
9. Mental hospitals are houses of "living" death.	Agree	Do not agree
10. Mental hospitals are perfect in every way.	Agree	Do not agree
11. Recreation in mental hospitals is very entertaining.	Agree	Do not agree
12. Mental hospitals are improving every year.	Agree	Do not agree
13. A normal person could not stand being locked up in a mental hospital.	Agree	Do not agree
14. Mental hospitals are a great benefit to mankind.	Agree	Do not agree
15. We would be better off if no one ever thought of mental hospitals.	Agree	Do not agree
16. Many patients won't want to be in a mental hospital against their will.	Agree	Do not agree
17. Most of those who enter mental hospitals might as well give up hope.	Agree	Do not agree
18. Mental hospitals give real help in meeting social problems.	Agree	Do not agree
19. Mental hospitals inspire no definite likes or dislikes in me.	Agree	Do not agree
20. A mental hospital is a place to rest.	Agree	Do not agree
21. In mental hospitals they prevent a person from doing what he wants.	Agree	Do not agree
22. Being in a mental hospital is a sort of vacation for a person.	Agree	Do not agree
23. Most patients really want to be in mental hospitals.	Agree	Do not agree
24. I guess the mental hospital is the right place for a patient.	Agree	Do not agree

25. A person going into a mental hospital would expect the worst. Agree Do not agree
26. While a person is in the mental hospital he should do what they tell him to do. Agree Do not agree
27. Mental hospitals are quite nice and restful. Agree Do not agree
28. I don't like the idea of not being able to go where one wants to go, and to do what one wants to do in a mental hospital. Agree Do not agree
29. I don't care whether mental hospitals are good or bad. Agree Do not agree
30. I think that mental illness can be helped in a mental hospital. Agree Do not agree
31. A mental hospital is probably the best place for a mentally sick person. Agree Do not agree
32. The mental hospital is a great help to the mentally sick. Agree Do not agree
33. It is better for a mentally sick person to be treated at home rather than in a mental hospital. Agree Do not agree
34. I would dislike being forced to go to movies and dances and ball games while in a mental hospital. Agree Do not agree
35. The men who started the first mental hospitals were great contributors to humanity. Agree Do not agree
36. Mental hospitals are frightening. Agree Do not agree
37. Mental hospitals are the most admirable of institutions. Agree Do not agree
38. Both the evils and benefits of mental hospitals are greatly exaggerated. Agree Do not agree
39. Being in a mental hospital does not make a person feel he is so different after all. Agree Do not agree
40. The money spent on mental hospitals could be much better spent on schools. Agree Do not agree
41. Mental hospitals are basically immoral. Agree Do not agree
42. Most mental hospitals give patients a feeling of unrest and anxiety. Agree Do not agree
43. I think the mental hospital is doing most patients some good. Agree Do not agree
44. Basically mental hospitals are a wonderful thing. Agree Do not agree

45. I don't know what to think about mental hospitals. Agree Do not agree
46. Mental hospitals are a blessing to mankind. Agree Do not agree
47. There is nothing unusual about being in a mental hospital. Agree Do not agree
48. Families of mental patients should be ashamed of sending them to the hospital. Agree Do not agree
49. Mental hospitals have not changed much since the time when they chained patients and beat them. Agree Do not agree
50. Some patients like it in a mental hospital--three meals a day, no worry. Agree Do not agree
51. You'd think there would be more practical ways of handling patients than mental hospitals. Agree Do not agree
52. The hospital people don't pay enough attention to individuals and how different everyone is from everyone else. Agree Do not agree
53. Mental hospitals are as bad as concentration camps. Agree Do not agree
54. If they would just let patients do what they want to do in the mental hospitals, they would all get to feeling much better. Agree Do not agree
55. A patient is definitely being helped in a mental hospital. Agree Do not agree
56. Anyone who goes to a mental hospital should be ashamed. Agree Do not agree
57. The number of patients cured in mental hospitals is rising rapidly. Agree Do not agree
58. Mental hospitals are concerned with the welfare of every patient. Agree Do not agree
59. Mental hospitals are a disgrace. Agree Do not agree
60. Mental hospitals are so poorly planned that patients hate them. Agree Do not agree
61. Mental hospitals are snakepits. Agree Do not agree
62. In the mental hospitals they try to get the patients to talk about themselves too much. Agree Do not agree
63. Although all patients do not improve in mental hospitals, most of them are helped. Agree Do not agree
64. A mental hospital is a place where the patient is relieved and comforted. Agree Do not agree

65. Mental hospitals are neither good nor bad.	Agree	Do not agree
66. Mental hospitals are alright, after all.	Agree	Do not agree
67. Improvements are being made in mental hospitals.	Agree	Do not agree
68. One hears so many different ideas about mental hospitals that it is hard to decide whether they are good or bad.	Agree	Do not agree
69. There is too much time in mental hospitals with nothing to do.	Agree	Do not agree
70. In the mental hospital, patients don't get any chance to use their own abilities to the best advantage.	Agree	Do not agree
71. There is a growing need for mental hospitals.	Agree	Do not agree
72. In mental hospitals they have very interesting things for the patients to do.	Agree	Do not agree

Appendix C

PATIENT QUESTIONNAIRE SHOWING SCALE VALUES

Admission Status_____

Treatment_____

Sex: Male_____ Female_____

WHAT DO YOU THINK ABOUT MENTAL HOSPITALS?

Part I

This is a study of what people think about mental hospitals. We would greatly appreciate your cooperation herein telling what you think and feel. Below are the beginning words of several sentences. Complete the sentences in your own words. Write in several words expressing your ideas and feelings. Since there is a limited amount of time, write quickly but be sure to express your real attitudes and thoughts.

1. I believe mental hospitals are_____.
2. The worst thing about mental hospitals is_____.
3. Most people think mental hospitals are_____.
4. Being in a mental hospital is_____.
5. Mental hospitals should_____.
6. Mental hospitals make me feel_____.
7. The best thing about mental hospitals is_____.
8. Those persons who fear being in mental hospitals are_____.
9. Those persons who hate being in mental hospitals are_____.
10. Those persons who are ashamed about being in mental hospitals are_____.
11. Those persons who like being in a mental hospital are_____.

Part II

Here is another way of saying what you think about mental hospitals. On the following pages you will find many statements people sometimes make about mental hospitals. Read each statement and show whether you agree with the statement or not. If you agree with the statement, underline the word "agree" beside the statement. If you do not agree, underline the words "do not agree" beside the statement.

(10.3) 1. Mental hospitals are evil and sinful. Agree Do not agree

(5.5) 2. Being in a mental hospital is neither good nor bad. Agree Do not agree

(7.6)	3. I would hate to work in a mental hospital.	Agree	Do not agree
(9.5)	4. Mental hospitals are nauseating.	Agree	Do not agree
(2.2)	5. Mental hospitals perform a useful service in our society.	Agree	Do not agree
(8.8)	6. Mental hospitals bring unnecessary misery to the patient.	Agree	Do not agree
(6.8)	7. There are too many things to do in a mental hospital; a patient gets tired.	Agree	Do not agree
(5.1)	8. Mental hospitals are neither to be enjoyed nor to be feared; they are to be accepted.	Agree	Do not agree
(10.4)	9. Mental hospitals are houses of "living" death.	Agree	Do not agree
(0.6)	10. Mental hospitals are perfect in every way.	Agree	Do not agree
(3.3)	11. Recreation in mental hospitals is very entertaining.	Agree	Do not agree
(2.6)	12. Mental hospitals are improving every year.	Agree	Do not agree
(8.5)	13. A normal person could not stand being locked up in a mental hospital.	Agree	Do not agree
(1.0)	14. Mental hospitals are a great benefit to mankind.	Agree	Do not agree
(9.9)	15. We would be better off if no one ever thought of mental hospitals.	Agree	Do not agree
(6.5)	16. Many patients won't want to be in a mental hospital against their will.	Agree	Do not agree
(8.9)	17. Most of those who enter mental hospitals might as well give up hope.	Agree	Do not agree
(1.9)	18. Mental hospitals give real help in meeting social problems.	Agree	Do not agree
(5.5)	19. Mental hospitals inspire no definite likes or dislikes in me.	Agree	Do not agree
(4.0)	20. A mental hospital is a place to rest.	Agree	Do not agree
(7.4)	21. In mental hospitals they prevent a person from doing what he wants.	Agree	Do not agree

(4.1)	22. Being in a mental hospital is a sort of vacation for a person.	Agree	Do not agree
(2.6)	23. Most patients really want to be in mental hospitals.	Agree	Do not agree
(4.4)	24. I guess the mental hospital is the right place for a patient.	Agree	Do not agree
(9.9)	25. A person going into a mental hospital would expect the worst.	Agree	Do not agree
(4.7)	26. While a person is in the mental hospital he should do what they tell him to do.	Agree	Do not agree
(3.1)	27. Mental hospitals are quite nice and restful.	Agree	Do not agree
(6.9)	28. I don't like the idea of not being able to go where one wants to go, and to do what one wants to do in a mental hospital.	Agree	Do not agree
(5.7)	29. I don't care whether mental hospitals are good or bad.	Agree	Do not agree
(3.3)	30. I think that mental illness can be helped in a mental hospital.	Agree	Do not agree
(3.0)	31. A mental hospital is probably the best place for a mentally sick person.	Agree	Do not agree
(1.7)	32. The mental hospital is a great help to the mentally sick.	Agree	Do not agree
(7.8)	33. It is better for a mentally sick person to be treated at home rather than in a mental hospital.	Agree	Do not agree
(7.1)	34. I would dislike being forced to go to movies and dances and ball games while in a mental hospital.	Agree	Do not agree
(1.3)	35. The men who started the first mental hospitals were great contributors to humanity.	Agree	Do not agree
(8.1)	36. Mental hospitals are frightening.	Agree	Do not agree

(0.7)	37. Mental hospitals are the most admirable of institutions.	Agree	Do not agree
(5.6)	38. Both the evils and benefits of mental hospitals are greatly exaggerated.	Agree	Do not agree
(2.9)	39. Being in a mental hospital does not make a person feel he is so different after all.	Agree	Do not agree
(7.6)	40. The money spent on mental hospitals could be much better spent on schools	Agree	Do not agree
(9.7)	41. Mental hospitals are basically immoral.	Agree	Do not agree
(8.3)	42. Most mental hospitals give patients a feeling of unrest and anxiety.	Agree	Do not agree
(3.7)	43. I think the mental hospital is doing most patients some good.	Agree	Do not agree
(1.3)	44. Basically mental hospitals are a wonderful thing.	Agree	Do not agree
(5.4)	45. I don't know what to think about mental hospitals.	Agree	Do not agree
(0.8)	46. Mental hospitals are a blessing to mankind.	Agree	Do not agree
(4.2)	47. There is nothing unusual about being in a mental hospital.	Agree	Do not agree
(8.9)	48. Families of mental patients should be ashamed of sending them to the hospital.	Agree	Do not agree
(9.8)	49. Mental hospitals have not changed much since the time when they chained patients and beat them.	Agree	Do not agree
(4.7)	50. Some patients like it in a mental hospital--three meals a day, no worry.	Agree	Do not agree
(7.3)	51. You'd think there would be more practical ways of handling patients than mental hospitals.	Agree	Do not agree
(7.7)	52. The hospital people don't pay enough attention to individuals and how different everyone is from everyone else.	Agree	Do not agree

(10.4)	53. Mental hospitals are as bad as concentration camps.	Agree	Do not agree
(6.6)	54. If they would just let patients do what they want to do in the mental hospitals, they would all get to feeling much better.	Agree	Do not agree
(1.9)	55. A patient is definitely being helped in a mental hospital.	Agree	Do not agree
(8.8)	56. Anyone who goes to a mental hospital should be ashamed.	Agree	Do not agree
(2.2)	57. The number of patients cured in mental hospitals is rising rapidly.	Agree	Do not agree
(1.4)	58. Mental hospitals are concerned with the welfare of every patient.	Agree	Do not agree
(9.9)	59. Mental hospitals are a disgrace.	Agree	Do not agree
(8.2)	60. Mental hospitals are so poorly planned that patients hate them.	Agree	Do not agree
(10.3)	61. Mental hospitals are snakepits.	Agree	Do not agree
(6.8)	62. In the mental hospitals they try to get the patients to talk about themselves too much.	Agree	Do not agree
(3.2)	63. Although all patients do not improve in mental hospitals, most of them are helped.	Agree	Do not agree
(2.3)	64. A mental hospital is a place where the patient is relieved and comforted.	Agree	Do not agree
(5.5)	65. Mental hospitals are neither good nor bad.	Agree	Do not agree
(4.3)	66. Mental hospitals are alright, after all.	Agree	Do not agree
(3.5)	67. Improvements are being made in mental hospitals.	Agree	Do not agree
(5.6)	68. One hears so many different ideas about mental hospitals that it is hard to decide whether they are good or bad.	Agree	Do not agree

(6.9) 69. There is too much time in mental hospitals with nothing to do. Agree Do not agree

(7.3) 70. In the mental hospital, patients don't get any chance to use their own abilities to the best advantage. Agree Do not agree

(3.3) 71. There is a growing need for mental hospitals. Agree Do not agree

(2.9) 72. In mental hospitals they have very interesting things for the patients to do. Agree Do not agree