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Cultural Correlates With Attitudes, Perception, Knowledge, and Reported Incidences of Mental Disorders.

Glenn Paul Fournet
Louisiana State University and Agricultural & Mechanical College

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OF MENTAL DISORDERS.

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CULTURAL CORRELATES WITH ATTITUDES, PERCEPTION, KNOWLEDGE, AND REPORTED INCIDENTALS OF MENTAL DISORDERS

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

The Department of Psychology

by

Glenn Paul Fournet
B.A. Louisiana State University, 1956
B.D. New Orleans Baptist Theological Seminary, 1959
M.A. Louisiana State University, 1964
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In the sense that all men are influenced by others, no accomplishment can be considered as having been performed by one individual alone. It is the author's feeling that this truism is particularly applicable to the present study. For this reason the author wishes to express his appreciation to a few of the many contributors to the completion of this study.

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ABSTRACT

Much emphasis of late has been placed upon the influence of the social environment, on the prevention, treatment, and after care of the mentally disturbed. As an initial experiment into the variables associated with an ecological treatment program for the mentally disturbed, the purpose of this study was to compare two communities in Louisiana, one of French Catholic culture and background and the other of Anglo-Saxon Protestant tradition, on their attitudes, perception, knowledge, and reported incidences of mental disorders.

The subjects consisted of two hundred adult members of households in Winnfield and St. Martinville, Louisiana, selected through cluster sampling. Eight interviewers called on the preselected households and collected data utilizing a biographical information blank, the Opinion about Mental Illness Scale, and three case descriptions followed by two open-ended questions regarding the diagnosis and remedy of the problems described. In addition, the reported incidences of mental disorders from the two communities were obtained from the statistical division of the Louisiana State Department of Hospitals.

The results showed that the two communities differed in family life, modes of entertainment, upward mobility via
education, and social interaction. It was also discovered that the sample from the Anglo-Saxon community was more negative in their attitudes toward the mentally disturbed than that of the French community. Contrary to our hypothesis, no differences were recorded in the knowledge and perception of mental disorders obtained for the two communities. Mental patients from the Anglo-Saxon community tended to be younger and were of different diagnostic types than those from the French community.

In both communities Negroes were found to differ from whites in economic level, family structure, upward mobility via education, social interaction, and self concepts. In addition, 'Negroes' attitudes toward the mentally disturbed were more authoritarian and restrictive than those of whites. Although there was little difference in the ability of Negroes and whites to recognize mental disorders, Negroes were more hesitant in seeking professional help. Also, whites exhibited more knowledge of mental disorders than did Negroes.

These results were discussed in terms of their implications for mental health planning and future research.
INTRODUCTION

In recent years there has been an increasing amount of interest in the social aspects of mental disorders. This emphasis was given impetus by the holistic philosophy of the eminent South African statesman and philosopher, Jan C. Smuts (1926). Until his time, much of psychology was dominated by seventeenth century Cartesian dualism. Instead of viewing man as two separate interacting entities, body and mind, as did Descartes (1952), the holist position held that man's behavior could be understood only in the context of the total person together with his environment. Thus, "holism" provided a theoretical framework for the study of the effects of the social environment on personality development and mental health.

One of the first theorists to recognize the effects of society on personality development was Alfred Adler (1939). According to Adler, man is inherently a social being. He relates himself to other people, engages in cooperative social activities, places social welfare above selfish interests, and acquires a style of life which is predominantly social in orientation. Social interest is inborn, although specific relationships with people and social institutions which develop were considered to be determined by the nature of the society into which an individual is
Adler's emphasis on social factors and on the conscious functioning of the self in adjusting to such factors was echoed in varying ways and degrees in the theories of Fromm (1941), Horney (1950), and Sullivan (1953). Both Fromm and Horney considered personality to be a product of the manner in which social conditions provide or fail to provide what the growing individual needs. They differed, however, in that while Horney's concern was with family influences, Fromm viewed an individual's personality as being shaped by his relation to the whole society of which he is a part. In Sullivan's theory (1953) social determinants reached the ultimate in importance for personality development. As he indicated, there is no personality apart from relations with other people. All that is distinctly human is a product of social interaction from birth onward.

Not only was the social environment considered important by each of the above theorists for the development of personality, but it was thought to be the primary basis for anxiety and the maldevelopment of personality. Each assumed that man becomes anxious as a result of the social conditions under which he lives and removal of these conditions will lead to an eventual dissipation of anxiety.
Societal Reaction to Mental Disorders

In addition to being related to the genesis of mental disorders, the social environment has been viewed as defining the "sick role" and affecting the social relationships between the afflicted individual and his immediate personal acquaintances as well as his family's relationships in the community.

As Landy (1960) has noted, when the troubled individual becomes disturbed he is viewed as taking on the role attributes of a "sick" or deviant person in his family and community. When his behavior becomes so intense that the victim is unable to tolerate family living, or the family is unable to accommodate his deviant behavior, he is removed to a hospital. At the hospital he must learn to accept the fact that he is "sick" and as his symptoms begin to remit, to accept more "normal" or "well" methods of behaving. As this occurs he may be deemed ready for transfer back to the community. "Sick" behavior, therefore, as well as "well" behavior is culturally defined.

Once an individual has assumed a culturally defined sick role, his social relationships within the community become sharply defined. Weinberg (1952), for example, has observed that a social stigma attaches to the newly discharged mental patient and as a consequence his social relations are characterized by social distance, distrust, and denial of employment. Patterns of avoidance such as this
have also been found to affect the patient's family.

Possibly a large amount of difficulty which faces the mental patient in his community may be explained in terms of Merton's (1949) self-fulfilling prophecy. In this case the community may be considered to be reacting to the "sick" individual on the basis of its expectations of him rather than his actual behavior. In many instances the community reaction becomes a stimulus for behavior on the part of the "sick" individual, which in turn reinforces the community's expectations. Therefore, it can be said that reactions of a community toward a person who is mentally disturbed are intimately associated with its own attitudes, perception, and knowledge of mental disorders.

Community Attitudes Toward Mental Disorders

Surveys of attitudes toward mental disorders have mainly been confined to measuring the relationship between various demographic variables within communities and attitudes. One of the first such surveys conducted by Ramsey and Seipp (1948) revealed what has been confirmed by several surveys since then; namely that the higher the educational and occupational level, the more enlightened the attitudes about mental disorders. Later, Whatley (1959) concluded that the most favorable social environment for convalescing mental patients was among young, educated, married whites in relatively well-paid clerical or
professional occupations. Sex, religion, home ownership, visits to a mental hospital, and prior cases of mental illness in the family, exhibited no correlation with attitudes toward the mentally disturbed.

Just as attitudinal differences have been found within communities, it would appear that contrasting attitudes toward the mentally disturbed could occur between communities, particularly among those with differing cultural norms. As Sherif (1936) noted, people living together tend to develop standardized ways of doing things. These include the same speech, similar modes of dress, and fairly uniform beliefs and attitudes regarding a variety of subjects. They serve as behavioral prescriptions which indicate how community members are to act in different situations. While these norms may arise from religious authority or legislative decree or pronouncement by powerful figures in the community, Sherif indicated that many more important norms arise from habit or custom. Fundamental to all of these is the pressure of individuals interacting with each other.

Perception of Mental Disorders

Although there were no surveys which purported to study perception of mental disorders, there were several studies that could be placed in that category. In addition to surveying attitudes in Louisville (Woodward 1951), interviewers described four "cases" without identifying them as examples
of mental disorders. Following this the respondents were to tell whether they thought anything was wrong with the person and what should be done. The results of this study, and a similar one by Star (1955), indicated that a large portion of the respondents tended to identify only the extreme cases of psychoses as being mentally disturbed.

Star (1955) interpreted these findings on the basis of the principle that most people attempt to explain only normal behavior, not all behavior. Their premise is that rationality and the ability to exercise self-control are distinctly human qualities. Mental disturbance, which implies loss of rationality and self-control, is, therefore, perceived as an extremely threatening phenomenon. Consequently people do not generally regard behavior as proof of mental disturbance unless three conditions prevail: loss of cognitive functioning, loss of self-control, and inappropriate behavior beyond that which can be explained on a rational basis.

It appears reasonable to assume, at this point, that the formation of perceptions of mental disorders, whether they be fearful as described above or highly sophisticated, is determined to a great extent by the social environment in which an individual is reared. The basis for this assumption is the fact that social experience has definitely been found to affect the perception of other phenomena. A classic example of the effect of social environment on
perception was recorded in the study of Bruner and Goodman (1947) in which coins were judged by groups of poor and rich children. In every case the poor children overestimated the size of the coins considerably more than did the rich children.

Knowledge of Mental Disorders

In general, the public's knowledge of mental disorders has been found to be neither highly structured nor highly crystallized. Respondents in a study reported by Nunnally (1961) did not have logically grouped patterns of opinions, and they were unsure, being readily willing to change their responses. The subjects differed most from the experts in that they felt a person could control his abnormal impulses or be taught good mental health.

Although the majority of the respondents in a study by Ramsey and Seipp (1948) cited emotional difficulties as causes of mental disorders, the higher the educational level, the more often emotional and physical difficulties were cited. On the other hand, the lower the educational level, the more often environmental and behavioral causes such as alcoholism and overeating were cited. In support of these findings, Nunnally (1961) and Woodward (1951) found that better educated and younger age groups had more humanitarian and scientific views of the mentally disturbed than did those older and less educated.
An Ecological Approach to Treatment

Recent interest in the relationship between the social environment and mental disorders has precipitated a new innovation in the treatment of the mentally disturbed. Known as "the Clarinda Plan" (Garcia 1960) or "the Kansas Plan" (Jackson and Smith 1961), this approach to treatment would distribute patients through mental hospitals on an ecological basis, in consideration of the geographical area and socio-cultural unit inhabited by the patient prior to hospitalization. Thus treatment can be modified to meet the social requirements for the patient's successful return to his community.

Ecological treatment has the added advantage of allowing for an increased decentralization of the hospital staff in which communication with community agencies and personnel are simplified for each unit of the hospital. Instead of every treatment unit in the hospital working with every community served by the hospital, permanent communications can be instituted on a personal basis between individual units and the communities they serve.

Despite the utilization of this plan in Iowa (Garcia 1960), Kansas (Jackson and Smith 1961), Utah (Kiger 1964), and California (Rogers and Downing 1964) with considerable success, there has been little recorded in the literature regarding research with variables relevant to such organization. Therefore, further research on ecological differences
and their relationship to mental disorders appears to be a prerequisite to the inauguration of an ecological organization of the mental hospitals in Louisiana.

Louisiana's Cultural Dichotomy

When Louisiana was acquired by the United States, the southern portion of the state was thickly populated by people of French descent and culture. Today, the descendents of these people constitute a very important part of Louisiana's population. To a greater extent than any other large group of non-English speaking people in the United States, the French Louisianians have maintained their language, culture, religion, and mode of living (Smith and Hitt 1952). In fact, the culture of these people is clearly distinguishable from the citizens of northern Louisiana, among whom the Anglo-Saxon tradition predominates. It would be naive to propose that these are the only cultural differences within Louisiana; however, they are the most widely used in classifying the population of the state and, therefore, present an excellent subject for exploratory research on the utility of the ecological treatment of the mentally disturbed in Louisiana.

The early basis of these two radically different cultures can be traced to the manner in which the various parts of what is the State of Louisiana was colonized. With the landing of Pierre Le Moyne Sieur D'Iberville on the coast
of Louisiana in 1699, French people began colonizing the coastal region. Later in 1755, the Acadians were banished by the English from Nova Scotia (Winzerling 1955). Many of these, after finding living conditions in New England unsatisfactory, made their way across country to the Mississippi River and joined their fellow Frenchmen in Louisiana (Saucier 1943). Upon arriving near Plaquemine, Louisiana, they wound their way along the bayous, then up Bayou Teche until they reached Post de Attakapas, now St. Martinville, Louisiana (Griffin 1959). Some settled there, while others pushed across the southern Louisiana prairie westward.

North Louisiana, in contrast, was colonized by people from the southeastern United States. According to Trout (1955), these settlers were part of the westward movement that traveled the "Natchez Trace," one of the early routes which stretched in a southwesterly direction across the southeastern United States to Natchez, Mississippi, then westward across Louisiana toward Natchitoches, Louisiana.

Among the French people of Louisiana, the family and the Roman Catholic church form strong bonds of solidarity within the community. The family is generally large and a highly integrated organization (Parenton 1938). The family concept of solidarity is often extended into the functioning of local government in the sense that local officials express the desire to "take care of my people." This same
welfare sentiment is expressed among the older people who refer to their old age assistance as pensions from the government. Much of this sentiment can be attributed to the teaching of the church which designates itself as the repository of salvation to which each member contributes and also from which each member reaps benefits. A similar emphasis was reported by Hughes, et al (1960) of the inhabitants in the French village of Lavalee in Canada.

The presence of concern for the welfare of community members does not mean that hard work is not expected and rewarded in the French culture. The weaving of these two concepts is probably best expressed in the following sentiment recorded by Hughes, et al (1960): "People should not only work hard, they should enjoy their work and feel satisfied."¹ Thus, while there are certain duties one must perform in life, gaiety and fun are also perceived as a part of the scheme of things. In most French communities, for example, the most important event enjoyed by both young and old is the weekly dance (Parenton 1938).

Community life among the people of the Anglo-Saxon tradition is also greatly influenced by the church; however, in this case it is Protestant. In contrast to the Roman Catholic church, the Protestant church is extremely specific

in the "dos" and "don'ts" with regard to personal conduct. This influence is evident in the fact that in many communities and whole parishes (counties), the possession of alcoholic beverage is illegal. In addition, much of the recreation is confined to that offered by the churches.

Individual initiative is a predominant motive in the Anglo-Saxon culture. This ideology which emphasizes work as a mandatory social virtue is usually called the Protestant Ethic (Weber 1930). Basically, the importance of "this world" and one's work as a "calling" and an emphasis upon industrious habits, punctuality, and willingness to perform duties without special pay is affirmed. Behind all the exhortations to economic virtue lies the idea that economic salvation runs parallel to spiritual salvation in every important aspect. Hence, one who labors earnestly, uncomplainingly, and diligently is doing God's work on earth; and the anxiety that arises from not knowing whether one is chosen is removed by the symbols of successful performance in this world.

The secularization of the Protestant Ethic is directly reflected in the favorable judgments of the Anglo-Saxon community as a reward for success. By the same token, failure is defined as an unwillingness to work and punished as failure. Among many residents of North Louisiana the receipt of welfare assistance is considered to be a sign of laziness. A sharp distinction is made, for example, between
those community members receiving social security benefits and those receiving welfare assistance. The former is considered to be a pension that is earned while the latter is not.²

In summary, these two cultures manifest a marked difference in their values. While both expect and reward hard work, the culture in which the Anglo-Saxon tradition predominates stresses individual initiative, and French culture amplifies work for the sake of the group. Vogt (1955) has noted a similar difference between Mormons and Texans in that the Mormons stressed community cooperation while individual independence and competition were assigned more importance by the Texas culture.

Racial Differences

As in most southern states, it is impossible to study communities in Louisiana without considering racial differences. These differences which are quite apparent in living quarters, social interaction, and economic conditions, also express themselves in every facet of community life. For these reasons it was felt that a realistic study of cultural differences in Louisiana and their relationship to mental disorders should consider differences between Negro and whites within these cultures.

²These sentiments were gathered from interviews among some residents of Winnfield, Louisiana.
One of the most interesting contrasts found among Negroes and whites is in family life. While white families are patriarchal, at least in an economic sense, Negro families have been found to be matriarchal and highly unstable in their organization. In a study of Negroes in New Orleans, Rohrer and Edmonson (1960) noted that the matriarchal family arrangement among Negroes was instituted by the practices of plantation owners under the system of slavery. Following the emancipation of the slaves in the United States, differential racial discrimination toward Negro men and women made a patriarchal family almost an impossibility. Rohrer and Edmonson further discovered that the matriarchal family organization of the Negro is continued because of the economic independence of the female member of the family and emotional ties to the mother which have been strengthened by recurrent personal and family crises. For these reasons, mother-daughter bonds among Negroes were found to be stronger than those of husband and wife.

Much has been recorded of the Negro as a minority group (Myrdal 1962, Rohrer and Edmonson 1960, and Pettigrew 1964). In particular, a major area of interest for these and other authors has been the response of the Negro to his situation. Allport (1958), for example, theorized that members of minority groups tend to respond to their situation in two ways, depending on their personality orientation. The first of these includes aggressive outgoing attacks on the source
of discrimination. The second involves an introverted response. The former leads to slyness, strengthening in-group ties and outward aggression while the latter suggests withdrawal, self hate, passivity, sympathy with all victims, and denial of membership in one's own group. Myrdal (1962), in a comprehensive volume on the American Negro, has indicated that Negro responses to life closely approximate Allport's theory. Most common among the Negro's responses, reported by Myrdal, was his defeatist attitude (at least in private). Aggression among Negroes was found to be both open and subtile. The more subtile forms of aggression included laziness, carelessness, unreliability, petty stealing, and shielding Negro criminals. Generally, he reported that Negroes did not feel morally obligated to whites.

Other authors, notably Brody and Derbyshire (1963), Steckler (1957), and White (1966), have recorded strong prejudicial and authoritarian attitudes in Negro subjects. According to them the Negro, through mechanisms such as reaction formation, repression, and denial, is dealing with hostile impulses which if discharged could lead to disastrous consequences. Therefore, objects of lessor importance tend to receive the brunt of their displaced hostility.

Findings such as these in conjunction with the negative attitudes of Negroes toward the mentally ill discovered by Whatley (1959), suggest that differential effects should be recorded in studies comparing Negroes and whites on attitudes,
perception, knowledge, and reported incidences of mental disorders.

Methods of Data Collection

Any review of the literature on community surveys will reveal that a variety of techniques and methodologies have been used. Among these were observation, questionnaires, interviews, and sociometric techniques. While these have been effective, the social scientist should always be willing to modify methods, define new ones, or borrow from other disciplines. It was in this tradition that the present study utilized the biographical informational blank.

Biographical Information Blank

For many years business firms have been requiring that job applicants give detailed information of a biographical nature. The basic assumption of this practice was that past experience has a direct relevance for future behavior. Perhaps Guthrie (1944) stated this most aptly when he wrote:

"When we know how men adjust themselves, through learning, to their situation and know also the situations to which they have been exposed, have the record of their adjustments, we know the men themselves..."3

---

Dailey (1960) made a similar point in his argument that a life history may be considered to be personality from an operational standpoint.

Though the application blank had been used in one form or another before the 1920's, all too often it was used in a superficial and unsystematic manner. In many situations interviewers merely scanned the blank for items considered pertinent as a departure for the employment interview. The true utility of biographical information as a selection tool was not realized until L. G. Andrews (1922), with the Bureau of Personnel Research of Carnegie Institute of Technology, developed a method of grading application blanks. By this method he was able to provide a systematic, quantifiable means for discriminating between successful and non-successful salesmen with biographical data.

Since the work of Andrews (1922), the biographical information blank has been used quite successfully. Despite this success, the instrument has not been without its critics. Toops (1959), for example, pointed out the danger of using biographical information without seeking logical relations. Dunnette (1962) in this same vein was concerned that many investigators were more interested in achieving statistical prediction than in gaining understanding of the dynamics of success which was suggested by the data. These arguments, while having made an important point regarding the indiscriminate use of correlational techniques, did not
question the valid function of correlational psychology. As Cronbach (1957) has indicated, correlational procedures can be useful in studying that which man has not yet learned to control or may never be able to control.

The reliability of biographical information has been discussed by Owens et al. (1962) and Siegel (1954, 1956a and 1956b). Because of the heterogeneous nature of biographical information, they maintained that test-retest reliability could be increased through the use of brief items, numbers to define options, escape items as alternatives and items that were pleasant.

The advantages of the biographical information blank suggested that it could be successful as a tool for community description. For example, the information measured by the biographical information blank includes a wide variety including sex, age, socio-economic status, and family relationships. In addition, items may either be of a factual nature or may measure preferences, attitudes, and interpretations of experience.

Purpose

With the purpose of investigating the variables related to the ecological treatment of the mentally disturbed, this study compared two communities in Louisiana manifesting two extremes in cultural differences, i.e., French and Anglo-Saxon, on their attitudes, perception, knowledge, and
reported incidences of mental disorders.

It was hypothesized that

1. The people of the two cultures would differ in their biographical make up, perception, and reported incidences of mental disorders

2. People of the French culture would have more accepting attitudes toward the mentally disturbed, i.e., their attitudes would be benevolent, adhere to the mental hygiene movement's principles, and view love deprivation as the basic cause of mental disorder

3. People of the Anglo-Saxon culture would exhibit more negative attitudes toward the mentally disturbed, i.e., their attitudes would be authoritarian and restrictive

4. Negroes of the two communities would differ from whites in their biographical make up, perception, and reported incidences of mental disorders

5. Negroes of the two communities would have more negative attitudes than whites, i.e., their attitudes would be more authoritarian and restrictive than whites.
METHODOLOGY

Subjects

The subjects of this experiment were adults (18 years or older) selected from one hundred households of both St. Martinville and Winnfield, Louisiana (see Appendices A and B for descriptions of these communities), half of whom were Negroes and half whites, making a total of two hundred subjects. Using cluster sampling as a technique, a preliminary survey of the dwelling units denoting house type and racial make up of their inhabitants was made by the author for both communities. On the basis of the survey each community was divided into twenty neighborhood areas and from each of these twenty neighborhood areas a proportionate number of households were randomly selected for study.

Interview Schedule

The study utilized a biographical information blank, the Opinion About Mental Illness Scale, (Cohen and Struening, 1962 and 1964), a questionnaire that measured knowledge of mental disorders and three case descriptions.

The biographical information blank (see Appendix C) consisted of seventy-seven items designed to obtain biographical and normative data. Some of the items were chosen from biographical inventories currently in use and others
were designed by the author to differentiate the normative behavior of the two communities.

The Opinion About Mental Illness Scale, developed by Cohen and Struening (1962 and 1964) (see Appendix D) consisted of fifty-one Likert type items. This scale measured the following five factors:

A. Authoritarianism - Mental patients were seen as unpredictable and dangerous, thus, should be confined behind closed doors. This factor is similar to what is measured by the California F-Scale.

B. Benevolence - This factor indicated a kindly, paternalistic orientation toward patients who were seen as unruly children needing gentle care and supervision. This paternalistic view of patients had its origin in religion and humanism rather than scientific or professional dogma.

C. Mental Hygiene Ideology - This factor contrasted with Benevolence in its close adherence to the mental hygiene movement's principles; summarized as "patients are people." Its tenets included humanitarianism, the efficacy of treatment, and a general tender-mindedness.

D. Social-Restrictiveness - This factor's emphasis was on the sharp restriction of mental patients
both during and after hospitalization for the purpose of protecting society, but particularly the family unit.

E. Interpersonal Etiology - Early love deprivation was viewed as the basic cause of mental disorders by respondents whose scores were high on this factor.

Cohen and Struening (1962 and 1964) have reported that the correlations between factors were under .30 except the correlation between authoritarianism and mental hygiene ideology which was .39. The coefficients of internal consistency for each of the five subscales were found to be .49 for benevolence and .82 for authoritarianism with those for mental hygiene ideology and interpersonal etiology being .60. Social restrictiveness scores had the lowest reliability with a coefficient of .21.

In order to measure the subject's knowledge of mental health, a seventeen-item test was constructed (see Appendix E). Items were of a true-false nature and were designed to measure the subject's general knowledge of the causes, prognosis, and prevalence of mental disorders.

In addition, three case descriptions were used (see Appendix F). These descriptions were approximately one paragraph long and described the behavioral symptoms of a paranoid, depressive, and schizophrenic. The paranoid and depressive cases were adopted from a study of Woodward
(1951) while the schizophrenic description was constructed by the author. With each case description, two open-ended questions were used. They were: "What is the matter with this person?" and "What should be done about him or her?"

Procedure

The interviewers for the study were eight male college juniors and seniors on summer vacation secured through the Alexandria branch of the Louisiana Employment Service. Of the twelve who applied for the positions, three were eliminated after the initial interview because of their personal appearances. A fourth resigned after completing one day's work.

In order to familiarize the interviewers with the task they were to perform, a two hour training session was held. During this time the interview schedule was examined in detail and instruction was given in interviewing techniques. In order to be certain that the interviewers were using similar methods, a debriefing session of an hour's length was held with each interviewer following his first period of work.

Prior to the first work period, each interviewer was given a letter introducing him as being from Louisiana State University and doing research on people's attitudes. With this and an interview schedule, they approached an adult member of the households selected by cluster sampling.
described above. In order to facilitate the establishment of rapport, the interviewers introduced themselves, with the letter if needed, and explained the nature of their business in general terms stressing the confidentiality of the information obtained in the interview. If the respondent refused to cooperate, the interviewer closed the interview as quickly and diplomatically as possible. Following a refusal, the interviewer selected another household on the face of the same block which approximated the house type of the individual who refused. Assignment of the households to the interviewer for the two communities was done on a random basis.

After the interviewer perceived that he had established sufficient rapport, the subject was presented the interview schedule in the following order: twenty-four items on the biographical information blank, the three case descriptions, twenty-five additional biographical items, the Opinion About Mental Illness Scale, eleven biographical items, the knowledge of mental illness questionnaire, and then the remaining biographical items.

A month after the initial interviews were completed, ten per cent of the respondents of each community were randomly selected and this group was re-interviewed to test the reliability of the information obtained.

In order to compare the reported incidences of mental disorders from St. Martin and Winn Parishes, the following
data were obtained from the statistical division of the Louisiana State Department of Hospitals: rate of admissions, re-admissions, duration of hospitalization, age on admission, race, sex, and diagnosis for the ten year period of 1955-1965. The information was compiled on the parish level because the data were catalogued on this basis by the Louisiana State Department of Hospitals.
RESULTS

Biographical Information

After the interviews were completed, the answers elicited by the biographical information blank were recorded by community and race. Since the number of items was large it was decided that those showing less than fifty per cent agreement, in the test-retest of ten per cent of the sample, would be considered unreliable, and, therefore, would not be used in comparing communities or race. The results of the test-retest comparison, displayed in Table 1, show that the amount of agreement ranged from twenty-five to one hundred per cent while the average agreement for all items was 60.6 per cent. Fifty-seven of the seventy-seven items were found to have better than fifty per cent agreement and were included in the study.

In order to determine which items significantly differentiated responses from the two communities and of the two races, each choice of every item was treated as a binary item, thus yielding three hundred and ninty-six bits of information. The statistical significance of the difference between communities and race for each bit of information was determined by an extension of the 2 x 2 tables of Finney, Ratcha, Bennet, and Hsu (1963) to provide for an N of two hundred. By this method critical limits for significance were
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set at the P=.05 level. These results, which are displayed in Appendices G and H, indicated that sixty bits of information differentiated the responses of the communities and forty-eight items discriminated between Negroes and whites.

Community Characteristics

A cursory examination of the discriminating items shows that the two communities differed in family life, modes of entertainment, upward mobility via education, and social interaction.

Family life in the two communities differed on several points. For example, the size of the family in Winnfield was smaller than that of St. Martinville, with a significantly greater number of people living alone. Another contrasting characteristic of the families in the two communities was that of mobility. Winnfield's families tended to be more mobile than those of St. Martinville, with nearly forty percent of the sample having lived in more than four communities. That there were strong family bonds in St. Martinville was indicated by the fact that parents from this community spent more leisure time with their children and a majority of them tended to talk over problems with their mates. Although in families of both communities the mother was the predominate disciplinarian, there were more homes in St. Martinville in which the father retained this role. In both communities physical punishment was utilized; however, verbal
The remonstration was used more often in St. Martinville.

The population of Winnfield was predominately Protestant and verbally expressed their acceptance of the ecclesiastical prohibitions against certain modes of entertainment such as dancing, drinking, and gambling; yet a significant number of people reported that they did not attend church as regularly as was reported by the people of St. Martinville. In addition there was a tendency for people in Winnfield to suppress their feelings when angry. While Winnfield had a group which felt depressed at least once a day, there was also a significant number from that city who described themselves as being the life of the party.

Education was not held in as high esteem in St. Martinville as it was in Winnfield. This conclusion was based upon several factors. Not only did more people in St. Martinville report that their parents did not attend school, but many were functionally illiterate (less than five years of school) themselves; and a majority of the respondents from this community had read no books in the past year. In contrast, Winnfield had more people who were educated at the graduate level; consequently, more people in that community had yearly earnings between five and ten thousand dollars. While in school they also tended to carry more job responsibilities than the respondents from St. Martinville.
In general, the sample from St. Martinville had fewer friends than that of Winnfield; however, these friendships formed the basis for learning how to smoke and dance. In characterizing their dating habits, a majority of the sample from St. Martinville described themselves as dating as often as most people, while the sample from Winnfield felt that their dating habits were less frequent than average.

These results tend to support the contrast described in the introduction, i.e., the strong family bonds in the French culture and the individualism found in that of the Anglo-Saxon.

Racial Characteristics

The results obtained for Negroes and whites on the biographical information blank were tested for statistical significance in the same manner described above for the community data. Forty-eight bits of information, recorded in Appendix H, showed significant differences between the races. A logical grouping of these bits of information showed that Negroes and whites differed in the following general areas: economic, family, upward mobility via education, social interaction, and self concepts.

From an economic standpoint, Negroes were far below whites. This was indicated by the fact that seventy per cent of the Negro sample had earnings of less than three thousand dollars per year while only twenty-six per cent
of the white sample was in this category. When the two races were compared on the basis of the number whose annual earnings were in excess of five thousand dollars, forty-eight per cent of the whites were included in this category, however, Negroes were represented by only one per cent of their number.

Families of the two racial groups differed in several respects. There were more separations and divorces and a larger number of people living in each home among Negroes than whites. Problems were discussed with mothers in Negro families while whites talked over problems with their spouses. Negro fathers were generally viewed as domineering, and whites described their fathers as being formal individuals. Child rearing practices also were found to differ for the two groups. This was evident in the fact that Negroes danced at a younger age, and whites began smoking and were married much older than Negroes. In response to questions regarding their early upbringing, a significantly larger group of whites described their home experiences as being harmonious. Representatives of both races felt that their parents were interested in their dating behavior; however, Negroes felt that their parents were more inquisitive when they returned home.

Negroes also manifested less mobility via education than did whites. This was found to be true for present as well as past generations. For the most part Negro mothers and fathers
did not attend school and approximately thirty per cent of the Negro respondents had less than a fifth grade education. Conversely, white mothers and fathers tended to be educated at the high-school level, and twenty-two per cent of the white respondents had received college training.

In social interaction there were three differentiating bits of information. Negroes had fewer friends, dated less, and were more direct in correcting personal habits of friends which were annoying, than whites.

The self concepts of the two races differed in that whites viewed self-development as a major source of self-satisfaction. As to their general outlook toward life, whites felt that luck had been with them all the time. Negroes, in contrast, tended to feel depressed once a week and indicated that they had experienced more than their share of bad breaks.

These characteristics, differentiating the races, were in the direction of the expected differences described in the introductory statement of this study.

**Attitudes and Knowledge**

The scores obtained by the people of the two communities, both Negro and white, on the five subscales of the *Opinion About Mental Illness Scale* and the knowledge test were analyzed using a double classification analysis of variance. In every case critical limits were set at the $P=.05$ level;
however, where the findings exceeded these limits the actual levels were reported. These results are contained on the following pages.

Authoritarianism

Table 2 records the summary table for the analysis of variance performed on the scores received on authoritarianism. The analysis indicated that there were no significant community effects on authoritarianism. It did indicate, however, that both race and race x community effects were significant. The F obtained for the race effect was 48.10 which, with 1 and 196 df, was significant at the P=.001 level. Analysis of community x race interaction yielded an F of 4.03 with 1 and 196 df which is significant at the P=.05 level. The means for each of these effects, recorded in Table 3, show that Negroes were more authoritarian in their attitudes toward the mentally disturbed than whites in both communities.

In order to locate the source of the interaction the simple effects for community and race were tested using the critical difference method of Linquist (1953). These results shown in Table 3, indicate that whites in St. Martinville and Winnfield were equally authoritarian; yet Negroes in Winnfield were more authoritarian than their counterpart in St. Martinville. A graphic presentation of these interaction effects are located in Figure 1.
TABLE 2
SUMMARY OF ANALYSIS OF VARIANCE FOR
AUTHORITARIANISM AS A FUNCTION OF
COMMUNITY AND RACE  N=200

<table>
<thead>
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<td>Race</td>
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<td>2534.72</td>
<td>2534.72</td>
<td>48.10**</td>
</tr>
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<td>212.18</td>
<td>212.18</td>
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* P=.05
** P=.001
TABLE 3
MEANS AND DIFFERENCES BETWEEN MEANS FOR THE SIMPLE EFFECTS WITHIN THE INTERACTION EFFECTS FOR AUTHORITARIANISM
N=200 df=1 and 196

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<th>St. Martinville</th>
<th>Differences for Community</th>
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<tr>
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<td>37.11</td>
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<td>Differences for race</td>
<td>9.11*</td>
<td>5.06*</td>
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* P=.05
Figure 1. The Interaction of Race and Community Effects on Authoritarianism
Benevolence

The summary table shown in Table 4 indicates that the community and race effect Fs were 9.29 and 37.83. For 1 and 196 df these were significant at the $P = .005$ and $P = .001$ levels, respectively. Race x community interaction proved not to be significant. Examination of the means located in Table 5 reveals that the sample from Winnfield was more benevolent toward the mentally disturbed than that of St. Martinville. In addition whites from both communities were more benevolent than Negroes.

Mental Hygiene Ideology

Analysis of the community effect on mental hygiene ideology yielded an F of 9.31 which was significant at the $P = .005$ level for 1 and 196 df. As shown in Table 6 both race and race x community effects were not significant. The sample from Winnfield proved to have attitudes toward the mentally disturbed which were more in accord with mental hygiene movement's ideology than the respondents from St. Martinville. The means of scores obtained on mental hygiene ideology as a functioning of community and race are recorded in Table 7.

Social Restrictiveness

Table 8 presents the summary of the analysis of variance run on social restriction as a function of race and community. The race effect yielded an F of 12.92 which was
TABLE 4
SUMMARY OF ANALYSIS OF VARIANCES FOR BENEVOLENCE AS A FUNCTION OF COMMUNITY AND RACE N=200

<table>
<thead>
<tr>
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<td>Total</td>
<td>199</td>
<td>9783.35</td>
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</tbody>
</table>

* P=.005
** P=.001
### TABLE 5
MEANS OF BENEVOLENCE SCORES AS A FUNCTION OF RACE AND COMMUNITY  N=200

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<td>50.10</td>
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<td>Total</td>
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* P = .005
TABLE 7
MEANS OF MENTAL HYGIENE IDEOLOGY SCORES AS A FUNCTION OF COMMUNITY AND RACE N=200

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TABLE 8
SUMMARY OF ANALYSIS OF VARIANCE FOR SOCIAL RESTRICTIVENESS AS A FUNCTION OF COMMUNITY AND RACE N=200

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<td>Within cells</td>
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<td>Total</td>
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* P = .001
significant at the $P=.001$ level. While the race x community interaction was not significant, the $F$ obtained for the community effect was 15.18 and was significant at the $P=.001$ level. An examination of the means of the scores obtained on social restrictiveness by community and race (see Table 9) indicates that respondents from Winnfield were more restrictive in their attitudes toward the mentally disturbed than those from St. Martinville. Similarly, Negroes were found to be more restrictive than whites.

Interpersonal Etiology

In comparing race and community effects on interpersonal etiology it was discovered that both main and interaction effects were not significant. The summary table of the analysis of variance of these effects are presented in Table 10 and their corresponding means are displayed in Table 11.

Knowledge

A comparison of race and community on knowledge of mental disorders indicated that race and race x community effects were significant at the $P=.001$ level. The $F$ for the race effect was 33.30 and that for the interaction was 56.76 (see Table 12). The means for these findings, recorded in Table 13, show that Negroes had less knowledge of mental disorders than whites.
TABLE 9

MEANS OF SCORES ON SOCIAL RESTRICTIVENESS AS
A FUNCTION OF COMMUNITY AND RACE N=200

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<td>27.64</td>
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<td>Negro</td>
<td>33.24</td>
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TABLE 10

SUMMARY OF ANALYSIS OF VARIANCE FOR INTERPERSONAL ETIOLOGY AS A FUNCTION OF COMMUNITY AND RACE N=200

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<tr>
<td>Community</td>
<td>1</td>
<td>19.84</td>
<td>19.84</td>
<td>.68</td>
</tr>
<tr>
<td>Race</td>
<td>1</td>
<td>25.20</td>
<td>25.20</td>
<td>.86</td>
</tr>
<tr>
<td>Community x race</td>
<td>1</td>
<td>19.85</td>
<td>19.85</td>
<td>.68</td>
</tr>
<tr>
<td>Within cells</td>
<td>196</td>
<td>5755.70</td>
<td>29.37</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>5820.59</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 11**
MEANS OF SCORES ON INTERPERSONAL ETIOLOGY AS A FUNCTION OF COMMUNITY AND RACE N=200

<table>
<thead>
<tr>
<th></th>
<th>Winnfield</th>
<th>St. Martinville</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10.22</td>
<td>10.22</td>
</tr>
<tr>
<td>Negro</td>
<td>10.89</td>
<td>10.26</td>
</tr>
</tbody>
</table>
### TABLE 12
SUMMARY OF ANALYSIS OF VARIANCE FOR KNOWLEDGE OF MENTAL DISORDERS AS A FUNCTION OF COMMUNITY AND RACE

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>1</td>
<td>.08</td>
<td>.08</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>1</td>
<td>106.58</td>
<td>106.58</td>
<td>33.30*</td>
</tr>
<tr>
<td>Community x race</td>
<td>1</td>
<td>181.62</td>
<td>181.62</td>
<td>56.76*</td>
</tr>
<tr>
<td>Within cells</td>
<td>196</td>
<td>627.64</td>
<td>3.20</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>915.92</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* P = .001
**TABLE 13**

MEANS AND DIFFERENCES BETWEEN MEANS FOR SIMPLE EFFECTS WITHIN THE INTERACTION EFFECTS OF KNOWLEDGE OF MENTAL DISORDERS

N=200 df=1 and 196

<table>
<thead>
<tr>
<th></th>
<th>Winnfield</th>
<th>St. Martinville</th>
<th>Differences for community</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9.82</td>
<td>9.68</td>
<td>.14</td>
</tr>
<tr>
<td>Negro</td>
<td>8.18</td>
<td>8.40</td>
<td>.22</td>
</tr>
<tr>
<td>Differences for race</td>
<td>1.64*</td>
<td>1.28*</td>
<td></td>
</tr>
</tbody>
</table>

* P=.05
In order to locate the source of interaction, critical difference tests were computed on the simple effects of community and race. These data located in Table 13 and graphically presented in Figure 2 show that the interaction does not affect interpretation of the main race effect.

Reliability of Scales

The reliability of the attitude subscales and the knowledge test was measured with Pearson Product Moment correlations of the test-retest scores obtained for ten per cent of the sample. The correlation coefficients obtained were as follows: authoritarianism .75, benovelse .65, mental hygiene ideology .46, social restrictiveness .60, interpersonal etiology .52, and the knowledge test .64.

Perception of Mental Disorders

The responses given to the open-ended questions following the three case descriptions were typed on 3 x 5 cards and grouped according to their content for each of the six questions. Each group was then given a category title, descriptive of its content. In order to test the reliability of the categories, five judges independently sorted the cards into the categories and a measure of their agreement was obtained. The interjudge reliability was below 95 per cent agreement in only two sets of categories and these were 85 and 88 per cent. The categories with the number of responses given to each are recorded in Tables 14 through 16.
Figure 2. The Interaction of Race and Community Effects on Knowledge of Mental Disorders
TABLE 14
COMMUNITY DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR PARANOID BEHAVIOR  N=200

Case 1  
Mrs. B

<table>
<thead>
<tr>
<th>Question 1. What is wrong with Mrs. B?</th>
<th>Question 2. What should be done about her?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Categories</strong></td>
<td><strong>Response Categories</strong></td>
</tr>
<tr>
<td></td>
<td><strong>St. M W</strong></td>
</tr>
<tr>
<td>Lack of trust</td>
<td>59 50</td>
</tr>
<tr>
<td>Mentally disturbed</td>
<td>12 26</td>
</tr>
<tr>
<td>Misperception</td>
<td>5 2</td>
</tr>
<tr>
<td>Lack of understanding</td>
<td>4 4</td>
</tr>
<tr>
<td>Don't know</td>
<td>4 2</td>
</tr>
<tr>
<td>Nothing</td>
<td>4 2</td>
</tr>
<tr>
<td>Selfish</td>
<td>3 1</td>
</tr>
<tr>
<td>Menopause</td>
<td>3 0</td>
</tr>
<tr>
<td>Inferiority complex</td>
<td>2 2</td>
</tr>
<tr>
<td>Lack of enough association with people</td>
<td>2 2</td>
</tr>
<tr>
<td>Worry</td>
<td>1 0</td>
</tr>
<tr>
<td>Childish</td>
<td>1 1</td>
</tr>
<tr>
<td>Frustrated</td>
<td>0 4</td>
</tr>
<tr>
<td>Controlled by devil</td>
<td>0 2</td>
</tr>
<tr>
<td>Guilty</td>
<td>1 1</td>
</tr>
<tr>
<td>Totals</td>
<td>100 100</td>
</tr>
</tbody>
</table>

Average agreement of five judges 95 per cent

Average agreement of five judges 97 per cent
### TABLE 15

COMMUNITY DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR DEPRESSIVE BEHAVIOR $N=200$

<table>
<thead>
<tr>
<th>Case 2</th>
<th>Mr. G</th>
</tr>
</thead>
</table>

#### Question 1. What is wrong with Mr. G?  
#### Question 2. What should be done about him?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>St.</th>
<th>M</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally disturbed</td>
<td></td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Lack of initiative</td>
<td></td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Lack of self-confidence</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Worried-anxious</td>
<td>3</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Disappointed</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hurt pride</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Childish</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Family solution</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Persecuted</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Incapable</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tired</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>St.</th>
<th>M</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention for psychiatric problem</td>
<td>31</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Get a job</td>
<td>27</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Family solution</td>
<td>13</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>2</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Talk with someone</td>
<td>13</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Self-control</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Rest</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Love - understanding</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Average agreement of five judges 85 per cent  
Average agreement of five judges 95 per cent
TABLE 16
COMMUNITY DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR SCHIZOPHRENIC BEHAVIOR
N=200

Case 3
Billy

<table>
<thead>
<tr>
<th>Question 1. What is wrong with Billy?</th>
<th>Question 2. What should be done about him?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Categories</td>
<td>St.</td>
</tr>
<tr>
<td>Mentally disturbed</td>
<td>40</td>
</tr>
<tr>
<td>Shy</td>
<td>13</td>
</tr>
<tr>
<td>Socially Mal-adjusted</td>
<td>9</td>
</tr>
<tr>
<td>Poor rearing</td>
<td>9</td>
</tr>
<tr>
<td>Nothing</td>
<td>5</td>
</tr>
<tr>
<td>Don't know</td>
<td>6</td>
</tr>
<tr>
<td>Lonely, hurt</td>
<td>6</td>
</tr>
<tr>
<td>Selfish</td>
<td>5</td>
</tr>
<tr>
<td>Inferiority complex</td>
<td>4</td>
</tr>
<tr>
<td>Guilty</td>
<td>1</td>
</tr>
<tr>
<td>Pessimistic</td>
<td>1</td>
</tr>
<tr>
<td>Childish</td>
<td>2</td>
</tr>
<tr>
<td>Worries too much</td>
<td>0</td>
</tr>
<tr>
<td>Stubborn</td>
<td>0</td>
</tr>
<tr>
<td>Stubborn</td>
<td>0</td>
</tr>
<tr>
<td>Devil</td>
<td>0</td>
</tr>
<tr>
<td>Naughty</td>
<td>0</td>
</tr>
<tr>
<td>Conceited</td>
<td>0</td>
</tr>
<tr>
<td>Sensitive</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>100</td>
</tr>
</tbody>
</table>
Community Differences in Perception

The data show that in none of the three cases presented did a majority of the subjects perceive the behavior exhibited to be that of a mentally disturbed individual. However, in every case except case I (Mrs. B), mentally disturbed was used more than any other category. In general, the number of people who recognized the mental disorders were greater among the subjects from Winnfield than from St. Martinville; but the absolute difference was slight.

In nearly every case the solution recommended most was that help should be sought from some professional in the mental health field. However, a majority of the respondents suggested that solutions could be found with the family, friends, or in some type of self help. Generally the data indicate that there was little difference in the remedies presented by the two community groups.

Racial Differences in Perception

The responses of the Negroes and whites were separated and recorded in Tables 17 through 19. A majority of these responses for both races indicated that the behavior of Case I (Mrs. B) exhibited lack of trust. The second most frequent response was that the woman was mentally disturbed. The responses for the two races differed primarily in that a greater number of whites recommended professional help for the woman and a greater number of Negroes viewed punishment
TABLE 17
RACIAL DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR PARANOID BEHAVIOR N=200

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Mrs. B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1. What is wrong with Mrs. B?</td>
<td>Question 2. What should be done about her?</td>
</tr>
<tr>
<td><strong>Response Categories</strong></td>
<td><strong>W</strong></td>
</tr>
<tr>
<td>Lack of trust</td>
<td>57</td>
</tr>
<tr>
<td>Mentally disturbed</td>
<td>17</td>
</tr>
<tr>
<td>Lack of understanding</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
</tr>
<tr>
<td>Misperception</td>
<td>4</td>
</tr>
<tr>
<td>Not enough association with people</td>
<td>4</td>
</tr>
<tr>
<td>Nothing</td>
<td>3</td>
</tr>
<tr>
<td>Inferiority complex</td>
<td>3</td>
</tr>
<tr>
<td>Menopause</td>
<td>3</td>
</tr>
<tr>
<td>Frustrated</td>
<td>2</td>
</tr>
<tr>
<td>Selfish</td>
<td>2</td>
</tr>
<tr>
<td>Controlled by devil</td>
<td>0</td>
</tr>
<tr>
<td>Childish</td>
<td>1</td>
</tr>
<tr>
<td>Worried</td>
<td>0</td>
</tr>
<tr>
<td>Guilty</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>100</td>
</tr>
</tbody>
</table>

Average agreement of five judges 95 per cent

Average agreement of five judges 85 per cent
### TABLE 18

**RACIAL DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR DEPRESSIVE BEHAVIOR  N=200**

<table>
<thead>
<tr>
<th>Case 2</th>
<th>Mr. G.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question 1. What is wrong with Mr. G?</th>
<th>Question 2. What should be done about him?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Categories</strong></td>
<td><strong>Response Categories</strong></td>
</tr>
<tr>
<td></td>
<td>W</td>
</tr>
<tr>
<td>Mentally disturbed</td>
<td>34</td>
</tr>
<tr>
<td>Lack of self-confidence</td>
<td>21</td>
</tr>
<tr>
<td>Lack of initiative</td>
<td>15</td>
</tr>
<tr>
<td>Worried-anxious</td>
<td>3</td>
</tr>
<tr>
<td>Incapable</td>
<td>7</td>
</tr>
<tr>
<td>Nothing</td>
<td>5</td>
</tr>
<tr>
<td>Disappointed</td>
<td>3</td>
</tr>
<tr>
<td>Angry</td>
<td>3</td>
</tr>
<tr>
<td>Childish</td>
<td>3</td>
</tr>
<tr>
<td>Hurt pride</td>
<td>3</td>
</tr>
<tr>
<td>Family problem</td>
<td>0</td>
</tr>
<tr>
<td>Persecuted</td>
<td>2</td>
</tr>
<tr>
<td>Disgusted</td>
<td>0</td>
</tr>
<tr>
<td>Tired</td>
<td>0</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

Average agreement for five judges 85 per cent

Average agreement for five judges 95 per cent
TABLE 19
RACIAL DIFFERENCES IN FREE RESPONSES TO OPEN-ENDED QUESTIONS OF DIAGNOSIS AND REMEDY FOR SCHIZOPHRENIC BEHAVIOR
N=200

Case 3
Billy

<table>
<thead>
<tr>
<th>Question 1. What is wrong with Billy?</th>
<th>Response Categories</th>
<th>W</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally disturbed</td>
<td>44</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Poor rearing</td>
<td>16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Socially mal-adjusted</td>
<td>15</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Shy</td>
<td>4</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Selfish</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Lonely, hurt</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Inferiority complex</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Childish</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Stuck-up</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Naughty</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Devil</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Stubborn</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Worries too much</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pessimistic</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Guilty</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2. What should be done about him?</th>
<th>Response Categories</th>
<th>W</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention for psychiatric problem</td>
<td>50</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Association with friends</td>
<td>13</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>18</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td>4</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Whipping</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Talk with someone</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Love and affection</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Stimulate interest</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Average agreement of five judges 88 per cent

Average agreement of five judges 96 per cent
as the proper solution.

In response to questions presented after Case II (Mr. G) more Negroes than whites described the man as being mentally disturbed. Whites frequently thought that the man lacked self confidence and initiative. Frequent responses of Negroes were that the man was worried and lacked initiative. Both races thought that the man should seek professional help, get a job, or talk with someone. More whites than Negroes suggested that he should get professional attention for his mental problem.

The most frequent occurring responses given by Negroes in diagnosing Case III (Billy) were that he was mentally disturbed and shy, in that order. Whites, in contrast, diagnosed the problem as a mental disturbance, poor learning, and social maladjustment. Both races indicated that the boy should seek help from professionals, the family, or friends. While more whites looked to professional help, more Negroes felt that nothing should be done.

In general, Negroes and whites appeared to recognize mental disturbances about as equally as well. There was a slight tendency for whites to recommend professional help, while Negroes sought other solutions to mental problems.

**Reported Incidences of Mental Disorders**

Information on rate of admissions, readmissions, age on admission, race, sex, and diagnosis of mental patients from
St. Martin and Winn Parishes for 1955-1965 were obtained from the statistical division of the State Department of Hospitals.

In comparing admissions and readmissions for the two parishes it can be seen in Table 20 that St. Martin Parish had a greater number of admissions than Winn Parish. However, when compared on a per capita basis (1960 population), Winn Parish had a .017 per capita admission rate while the St. Martin Parish per capita admission rate was .011. Conversely the readmission rate for St. Martin Parish (47.4 per cent) was found to be higher than that for Winn Parish (43.2 per cent).

A comparison of the ages of patients admitted to mental hospitals from the two parishes, presented in Table 20, revealed that the average age on admissions from St. Martin Parish was 38.6 years, and 35.7 years for Winn Parish. A division of these admissions by sex and race from the two parishes showed that the number of white males admitted from Winn Parish was nearly double that of the white females. During that same period the admission rate for these two groups from St. Martin Parish were approximately equal.

Data recorded on Negro admission rates showed that Negroes from St. Martin Parish were admitted to mental hospitals at half the rate of whites. By comparison, the rate of Negro admissions from Winn Parish was only one-fourth as large as that of whites.
TABLE 20

ADMISSION RATE, READMISSIONS, RACE, SEX, AND DISCHARGE INFORMATION ON MENTAL PATIENTS FROM WINN AND ST. MARTIN PARISHES BETWEEN 1955 - 1965

<table>
<thead>
<tr>
<th>Admissions and Readmissions</th>
<th>Winn Parish</th>
<th>St. Martin Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>First admission</td>
<td>156</td>
<td>162</td>
</tr>
<tr>
<td>Readmissions</td>
<td>115</td>
<td>146</td>
</tr>
<tr>
<td>Total admissions</td>
<td>271</td>
<td>308</td>
</tr>
<tr>
<td>Readmissions as per cent of total admissions</td>
<td>43.2</td>
<td>47.4</td>
</tr>
<tr>
<td>Per capita admissions</td>
<td>.017</td>
<td>.011</td>
</tr>
<tr>
<td>Average age on admission</td>
<td>35.7</td>
<td>38.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race and Sex of Admissions</th>
<th>Winn Parish</th>
<th>St. Martin Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>White male</td>
<td>141</td>
<td>107</td>
</tr>
<tr>
<td>White female</td>
<td>79</td>
<td>108</td>
</tr>
<tr>
<td>Negro male</td>
<td>22</td>
<td>46</td>
</tr>
<tr>
<td>Negro female</td>
<td>29</td>
<td>47</td>
</tr>
</tbody>
</table>
In order to compare types of diagnoses for the two parishes (see Table 21), totals were obtained from each diagnostic category and these were converted into percentages of the total number of admissions. The data showed that a larger portion of the Winn Parish admissions to mental hospitals were diagnosed as acute and chronic brain syndromes with drug or alcohol intoxication and personality disorders. In contrast, St. Martin Parish had a larger portion of convulsive disorders, involutional disorders, schizophrenic reactions, and mental deficiencies.
### TABLE 21

**NUMBER OF MENTAL PATIENTS IN EACH DIAGNOSTIC CATEGORY ACCORDING TO THEIR PARISH RESIDENCE FOR THE PERIOD OF 1955 - 1965**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Winn Parish</th>
<th>St. Martin Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Per cent of total</td>
</tr>
<tr>
<td>Undiagnosed</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Acute brain syndrome</td>
<td>14</td>
<td>5.1</td>
</tr>
<tr>
<td>Alcohol or drug intoxication</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td>Chronic brain syndrome</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol or drug intoxication</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Chronic brain syndrome</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>15</td>
<td>5.5</td>
</tr>
<tr>
<td>Involutional psychotic and affective disorders</td>
<td>17</td>
<td>6.3</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>72</td>
<td>26.5</td>
</tr>
<tr>
<td>All other psychotic disorders</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Psycho-physiologic antonomic and visceral disease</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychoneurotic disorders</td>
<td>20</td>
<td>7.4</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>78</td>
<td>28.8</td>
</tr>
<tr>
<td>Mental deficiencies</td>
<td>7</td>
<td>2.6</td>
</tr>
<tr>
<td>Diagnosis deferred</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>271</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
DISCUSSION

Although this study was not designed to uncover any causal relationships between social environment and mental disorders its results did point up deep rooted cultural contrasts which have bearing on the prevention, treatment, and aftercare of mental disorders and thus should be considered in the development of an ecological treatment program for the mentally disturbed.

Cultural Contrasts

The major areas of contrast recorded in the biographical information for the French and Anglo-Saxon communities were family life, modes of entertainment, mobility via education, and social interaction. It appears theoretically tenable that these areas of contrast can be explained by the two entirely different systems of values found in the two communities. On one hand the value system exhibited in the French community was anchored in strong family sentiments whose firm loyalties were extended to the community much as the series of concentric circles described by Allport (1958). On the other hand, the Anglo-Saxon community's value system, being firmly attached to the Protestant Ethic, stressed the virtues of individual accomplishment with success or failure as a valid index of the individual's worth.
The importance of the French family in St. Martinville was readily apparent in its large size, the leisure time spent with children and the lack of mobility among most of the respondents. In addition, the response received by the interviewers in the French community gave evidence of the transferral of these family sentiments to the community as a whole. The people of the French community were suspicious of the interviewers; much as an in-group would hold any outsider in suspicion. Approximately twenty per cent of those people approached in the French community refused to cooperate with the interviewers, while only ten per cent refused in the Anglo-Saxon community. The interviewers were also harassed by local police in St. Martinville until the mayor's office was approached by an influential member of the community with an explanation of their purpose. This occurred despite the fact that each interviewer carried official identification. Subsequently, it was learned that typical expressions of the French regarding an outsider are that "he is an American" and "he is not like us."

The strong in-group sentiment can also explain the lack of mobility via education among the French. Because English was utilized as the language of the school system the feeling developed among many of the French that the schools were not their own. Consequently they felt little incentive to attend. This was compounded by the fact that a child coming from a home in which little, if any, English was spoken
would encounter additional difficulty in his adjustment to school.

That entertainment had an important part in the life of the French may also be attributed to the strong family sentiments. Work is accomplished not for itself, but for the family's benefit; consequently, when work is completed there is plenty of time for many modes of entertainment condemned in the Anglo-Saxon culture--such as gambling, drinking, and dancing. In fact, these activities are the primary attraction of the week for the gathering of friends.

Just as the French community's value system was expressed in the daily activities of its people so was the value of individual initiative found in the activities of the Anglo-Saxon community of Winnfield. In the family life of these people, individualism was expressed in the large number of people who lived alone, the high mobility rate and the lack of importance placed upon spending a great deal of leisure time with their children. Following this trend of thought, mobility could be an indication of the dissatisfaction with prospects for advancement in one area and the complimentary feeling that more could be accomplished in some other community. In the same manner living alone could indicate a desire to do for one's self and leisure time spent with children may be considered as time which could be employed for more utilitarian purposes.
Individualism was also evident in the modes of entertainment rejected by the people of the Anglo-Saxon community. Self restraint was practiced in that a majority of the respondents from the community verbally accepted the church's prohibition on dancing, drinking, and gambling. This self control was also expressed in the number from Winnfield who suppressed their anger. Not only did these sentiments of the people of the Anglo-Saxon community express their individualistic spirit but it was also exhibited in their general lack of participation in church activities.

That achievement was important to the people of Winnfield may be found in the educational attainment of the people in comparison with those of St. Martinville. In addition to the larger group who completed college in Winnfield, there were more from that city who had been employed at part-time jobs during their earlier years in school.

The people who were depressed and those who were the life of the party were relatively small groups in Winnfield. Each of these may be interpreted as being extreme responses to the individualism found in the community. One group had wholly accepted the values, yet could not attain the goals, and consequently they were depressed. On the other extreme, there were those, who, rejecting the value system, functioned independently of the community values.
Attitudes and Knowledge

Despite the lack of support for the specific hypotheses regarding the attitudes of the two communities, there was ample evidence to sustain the general hypotheses, i.e., that the people of the French culture were more accepting of the mentally disturbed while members of the Anglo-Saxon community were more negative. Contrary to expectations, no difference was found between the communities in authoritarianism yet the Anglo-Saxon community exhibited more benevolence and were in favor of restricting the mentally disturbed. At first glance these two factors seem to be contradictory, however, in reality they are complimentary. Because the mentally disturbed cannot function for useful purposes in society and are a disrupting influence, they should be restricted. Thus restriction may be interpreted as being for the good of the individual as well as the community; particularly if it can be accomplished in a way which is both benevolent and humane.

Conversely, the French community's attitudes toward the mentally disturbed were more accepting because the mentally disturbed individuals were viewed as members of the in-group with problems. Restriction of a mentally disturbed individual for them would mean rejection of one's own.

It was also indicated in the results that the Anglo-Saxon community tended to display attitudes which were compatible with those engendered by the mental health movement.
This may be explained by the fact that Winnfield had a higher level of educational attainment than St. Martinville (see Appendices A and B). Since the people of Winnfield read more than those in St. Martinville it would be safe to assume that they would be familiar with the material circulated on behalf of mental health in the past decade. Yet in spite of this familiarity, there was a basic contradiction in that the role considered to be proper for the mentally disturbed was highly restricted. It goes without saying that this dilemma proposes an excellent subject for further experimentation in which the behavior of community members toward the mentally disturbed could be compared with verbally expressed attitudes on the subject.

The knowledge test failed to distinguish members from the two communities. While this could mean that there was no difference in the knowledge of mental disorders among members of the two communities, this conclusion should be formulated with some reservation because of the brevity and the nature of the test. It is not unreasonable to propose that a few true-false statements are an inadequate means of measuring differing levels of knowledge in a field as complicated as mental health, particularly if the groups being measured do not present gross contrasts in their knowledge of mental health.
Perception

Contrary to our prediction, there was little difference between the communities in their perception of the mentally disturbed. In fact, a majority of the samples in both communities failed to recognize that the cases described were mentally disturbed. If Star's (1955) theory is correct, that only behavior which is considered antagonistic is regarded by the general public as being mentally disturbed, then the behavior described in this study may have not been sufficiently antagonistic to be classified by them as being indicative of mental disturbance. This was supported by the rational reasons given for the behavior. For example, many said "Mrs. B. did not trust others enough" or, "Mr. G. lacked self confidence and initiative," and "Billy was lonely and hurt."

Reported Incidences of Mental Disorders

As recorded in Table 21, per capita admissions to mental hospitals from Winn Parish were greater than those of St. Martin Parish. The readmission rate, however, from St. Martin Parish was larger. This appears to be in general agreement with the theoretical proposals regarding the strong in-group bonds within the French community. In conjunction with the uncertainties of mental disorders and hospitalization, these sentiments lead to a reluctance to use hospitalization as a means of solving the problems.
presented in the irrational behavior of a family member. However, once hospitalization has been utilized as a solution, desensitization of the family to the hospital environment leads them to view this as the place where the "sick" family member can obtain proper care. As a result, should deviant behavior present itself at a later time rehospitalization is considered as a primary solution.

The presence of a large number of young people and males among the admissions from Winn Parish may be linked to the value system of that area. An individualistic system, particularly in its extreme, may be a source of stress for both of these groups of the general population. For those of younger ages it may take the form of restrictions placed on entertainment and dating behavior. In the case of the male in this system his role may take on quite stressful proportions since males have the responsibility of caring for family needs. Aspirations not achieved in a system requiring individual initiative may either lead to stronger drives for success, or in some cases, extreme feelings of guilt which could develop into extensive emotional disorders.

Although this study made no attempt to study specific relationships between diagnoses of mental disorders and social environment, there were some differences in the prevalence of certain types of disorders found among mental patients from the parishes in which the two communities are located. From the study of the biographical information
given by the respondents, it is evident that the dispro-
portionate number of chronic brain syndromes with drug and
alcoholic intoxication and personality disorders being
admitted to mental hospitals from Winn Parish may be due
to the people's lack of tolerance for the behavior presented
in these disorders. However, the larger proportion of
convulsive disorders, involutional disorders, schizophrenic
reactions, and mental deficients from St. Martin Parish may
not be so easily related to information gathered within St.
Martinville. At this point it seems reasonable to hypoth-
esize that these results could be related to heredity,
cultural definitions of "sick" roles, or stress factors
within the culture itself.

Racial Contrasts

Examination of the results obtained for the two races
indicated that Negroes were more authoritarian, less bene-
volent and more restrictive in their attitudes, and had less
knowledge of mental disorders than whites. From this it
must be concluded with Whatley (1959) that the Negro commu-
nity provides a poor environment for recovering mental
patients:

The authoritarianism of Negroes may be explained as
scapegoating, or, a reduction of the aggression resulting
from their economic and social conditions. In accord with
this position the Negro who is labeled mentally disturbed
is not just another Negro but a "mentally disturbed Negro." This term denotes an irrational individual who is to be feared and becomes the object of displaced aggression with little chance of retaliation. This does not mean that deviant behavior is unacceptable to the Negro community. On the contrary, deviant behavior is tolerated among Negroes to a greater extent than among whites, particularly before the individual is brought for professional help. This was particularly noticeable in the relatively small number of Negroes who were committed to mental hospitals from the two areas. Any unwillingness to accept mental health treatment could be due to the Negro’s concept of mental health treatment as being another facility of the white establishment. Thus, committing a Negro to a mental hospital is met with the same reluctance with which Negroes denounce Negro criminals, as noted by Myrdal (1962). Yet, once the individual has been committed to a hospital he is labeled as being mentally disturbed and, therefore, is dealt with in an authoritative manner. These concepts were given additional support by the findings that Negroes and whites recognized deviant behavior in the cases described about equally as well; however, Negroes tended to find solutions other than consultation with professionals in the mental health field.

There can be little doubt that these authoritarian attitudes found among Negroes were fostered by the caste system in which they live. The limited economic and
educational advantages, as well as the restricted nature of the social interactions of the Negro, tend to contribute to the lack of factual knowledge regarding mental disorders. Without factual information there is little to counteract the strong negative attitudes displayed toward the mentally disturbed by Negroes.

Community x Race Interaction

In studying race by community, it was evident that there was a differential response recorded for Negroes from the two communities. The data recorded in Figure 1, for example, indicated that Negroes in Winnfield were more authoritarian than Negroes in St. Martinville. In addition, the information on mental hospital admissions shown in Table 20 indicates that Negro mental hospital admissions from Winn Parish were approximately half of those for St. Martin Parish, despite the fact that Negroes made up a similar portion of the population of both parishes. Logically it could be argued that the authoritarianism and reluctance to utilize mental health facilities by Negroes in Winnfield were displaced responses to their situation within the community. According to this argument the position of the Negro is more precarious in Winnfield because the aggressive behavior necessary for the individualistic accomplishments valued in that community are incongruent with the proper role accorded to Negroes. In turn, the lack of success of the Negro lead
to much of the dispondency, lack of ambition, and the matr­
riarchal family focus similar to that recorded by Myrdal
(1962) and Pettigrew (1964). In one sense the Negro becomes
engrossed in a vicious cycle of alienation in which attain­
ment of community goals are somewhat hopeless—at least for
a large part of the Negro population. Lack of ambition and
other similar responses of the Negro have a tendency to
reinforce the community's expectations of him. The result
is frustration and the channeling of aggression toward
objects of least consequence, who in this case were the
mentally disturbed.

Additional evidence suggests that the Negro has been
assimilated into St. Martinville to a greater degree than in
Winnfield. First the attitudes toward mental disorders of
the two races were more homogenous in St. Martinville than in
Winnfield. That this is indicative of greater assimilation
was corroborated by the findings of Brody and Derbyshire
(1962) in which Negroes having more contact with whites
tended to have attitudes congruent with those of whites.
Secondly, the preliminary survey of the two communities re­
vealed that Negro neighborhoods were more readily defined
in Winnfield than in St. Martinville. As in Winnfield, St.
Martinville had neighborhoods which were distinctly Negro,
however, there were also neighborhoods occupied by both races.
These findings when considered together indicate that the two
communities differed in the degree to which Negroes are
incorporated into community life and this has had a differential effect upon the attitudes of Negroes toward the mentally disturbed.

**Implications for Mental Health Planning**

Despite the limited scope of this study, the findings did indicate that there was some basis for an ecological division of mental hospitals in the State of Louisiana. Primarily they pointed up contrasts between the French and Anglo-Saxon cultures in areas of mobility, family relationships, and social interaction generally considered important in the treatment of mental disorders. However, in order for the reorganization of mental hospitals to proceed on a realistic basis, further study should be made of these and other cultural differences within the state prior to such a reorganization.

From the difference in cultures described above it is apparent that different social skills are important to a successful adjustment in each community. When considered with the results of Frye and Culpepper (1966) which showed that social agility was the single most important factor in the successful return to the community by mental patients, these findings have important implications for variation in present methods of milieu therapy. Instead of a broad therapy program designed for all mental patients, an efficient program should incorporate the teaching of basic social
skills geared to facilitate adjustment to the social environment of the patient prior to hospitalization. Some of these skills might include differences in food preparation habits, entertainment, and approaches to social interaction.

The findings also indicate a need for completely different mental health education programs for each community. In the French community education was found to be needed regarding the efficacy of early treatment. There was also some indication that such a program would benefit by the utilization of people who were members of the in-group. Conversely, an educational program in the Anglo-Saxon community should underscore the value of the former mental patient as a contributor to society.

The differences recorded between the two races both in their attitudes and biographical information emphasize the need for professionals in the mental health field who are acutely aware of Negro problems. They strongly suggest the need for a greater utilization of Negro professionals in the care and treatment of the mentally disturbed.

**Implications for Future Research**

This study provided ample stimuli for further research which may be fruitful. It was evident that other cultural dimensions in Louisiana need to be studied with their implications for the cause and treatment of mental illness. In particular, study should be made of the factors involved in
the readmission rate for these cultures. Another study should compare French and Anglo-Saxon patients and non-patients on several psychological dimensions with the purpose of relating these to elements of each culture. Most important of all, a pilot study should be made to discover the effects of ecological treatment of mental disorders. Such a study would be necessary for the full implementation of an effective treatment program designed to provide short term intensive treatment as well as to reduce the number of chronic readmissions to mental hospitals.
SELECTED BIBLIOGRAPHY


Trout, R. O. "The People of North Louisiana." A paper read at the third annual meeting of the North Louisiana Historical Association, Ruston, Louisiana, April 23, 1955.


APPENDICES
APPENDIX A

ST. MARTINVILLE

St. Martinville is the parish seat of St. Martin Parish in South Louisiana. It has a population of 6,468, of which 48.7 per cent is non-white and 95 per cent Roman Catholic. Of that portion of the population which is twenty-five years or older, 33.9 per cent is functionally illiterate (less than five years of school) and approximately 6.5 per cent have four years of college. The median number of school years completed in the adult population is 5.7. The major occupational groups in St. Martinville include laborers, 25 per cent; operatives, 18 per cent; craftsmen, 17 per cent; and professionals, 9 per cent. The median family income is $2,894 per year. Approximately 52 per cent of the families have annual incomes under $3,000 and 4.7 per cent have incomes above $10,000. (Public Affairs Research Council, 1965).

The voting record of St. Martinville is liberal, with Johnson carrying 62.6 per cent of the votes in 1964 (Public Affairs Research Council, 1964). In 1960 the Democrats carried 78 per cent, Republicans 12.1 per cent and States'

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aThese statistics represent statistics compiled during the 1960 census.

83
Rights 9.9 per cent of the electorate (Public Affairs Research Council, 1960).
APPENDIX B

WINNFIELD

Winnfield, the parish seat of Winn Parish is located in North Central Louisiana. It has a population of 7,022,\(^a\) of which 45.2 per cent is non-white and 98 per cent Protestant. Of the adults over twenty-five years of age, 24.4 per cent are functionally illiterate, and approximately 6.5 per cent of the adult population has completed four or more years of college. The median number of school years completed is 8.8 years. Winnfield's major occupational groups include laborers, 20 per cent; operatives, 24 per cent; craftsmen, 24 per cent; and professionals, 8 per cent. The median family income is $3,050. Approximately 49.2 per cent of the families of Winn have annual incomes under $3,000 and 6.2 per cent have incomes of $10,000 or more.

The voting behavior of Winn is quite conservative. In the 1964 presidential election 78.5 per cent of the electorate voted for Goldwater (Public Affairs Research Council, 1964). In the 1960 election the votes were Democratic 27.1 per cent, Republican 44.9 per cent and States' Rights 28 per cent (Public Affairs Research Council, 1960).

\(^a\)These statistics represent statistics compiled during the 1960 census.
APPENDIX C

BIOGRAPHICAL INFORMATION BLANK

Name_________________________ Age____ Sex____ Race____
Community______________________

1. How many times have you been married?
   ( 1) None
   ( 2) Once
   ( 3) Two or more times

2. How many persons live in your home?
   ( 4) One
   ( 5) Two or three
   ( 6) Four or five
   ( 7) More than five

3. With whom do you live?
   ( 8) Alone
   ( 9) With wife (husband)
   (10) With one or both parents
   (11) With other relatives
   (12) Other

4. Which type of person do you most dislike?
   (13) Talkative
   (14) Bashful
   (15) Homely
   (16) Stuck up
   (17) Stupid
   (18) Cannot say

5. In regard to other people you know, you feel:
   (19) Not as capable as most of them
   (20) As capable as most of them
   (21) More capable than some of them
   (22) More capable than almost all of them

6. How did you learn to smoke:
   (23) From parents
   (24) Watching others, taught self
   (25) Taught by friends
   (26) From older brother or sister
(27) None of these
(28) Do not smoke

7. During your teens, as compared with others of your sex, your rate of progress through school was:
(29) Much more rapid than most
(30) Just a little faster than most
(31) About the same as most
(32) Just a little slower than most
(33) Did not go to school

8. The place in which you spent the most time during your early life was a:
(34) Farm
(35) Town of less than two thousand
(36) Town of two thousand or more, but less than ten thousand
(37) City of ten thousand to one hundred thousand
(38) City larger than one hundred thousand

9. When bothered by some difficult problem, with whom do you usually talk it over?
(39) Father
(40) Mother
(41) Friend
(42) Old adult, but not parent
(43) Wife or husband
(44) Public official
(45) No one
(46) Pastor

10. When dating, the number of evenings a week that you would go out socially was:
(47) Less than one
(48) One
(49) Two
(50) Three
(51) Four or more

11. During your teens, your parents and you got along:
(52) Very well, agreed on almost everything
(53) Better than most; we rarely had disagreements
(54) About average; as well as other family groups
(55) Not very well; had many disagreements
(56) Not at all; almost never agreed
(57) Didn't live with parents at that time

12. During most of the time before you were 18, with whom did you live?
(58) Both parents
(59) One parent
13. How often do you drink beer, wine or liquor?
   (62) Never
   (63) Daily
   (64) Weekly
   (65) Monthly

14. What have you done (or would you do) if a friend had personal habits which you dislike?
   (66) Be friendly and hope he would improve
   (67) Ask him directly to stop, if he were annoying you
   (68) Ignore him and his habits as much as possible
   (69) None of the above

15. In how many different cities, towns, or townships have you lived?
   (70) One to three
   (71) Four to six
   (72) Seven to nine
   (73) Ten to twelve
   (74) Thirteen or more

16. How much education did your father have?
   (75) Never went to school
   (76) Grade school
   (77) High school (uncompleted)
   (78) High School (completed)
   (79) College
   (80) Graduate degree (M.A., M.S., Ph.D., etc.)
   (81) Don't know

17. During your school years, about how many different members of the opposite sex did you date?
   (82) One or two
   (83) Three to five
   (84) Six to ten
   (85) More than ten
   (86) Did not date at that time

18. How often did you go steady in school?
   (87) Once
   (88) Two or three times
   (89) Four or five times
   (90) More than six times
   (91) Did not go steady
19. What has been your experience with people?
   (92) There is a lot of good in all people
   (93) There is some good in most people
   (94) People are about as good as they have to be
   (95) A surprising number of people are mean and dishonest
   (96) Most people are just no good

20. How often do you get together with friends?
   (97) One or more times a week
   (98) Once or twice a month
   (99) Few times during a year
   (100) Almost never spend time socially with friends

21. Religion in your home was considered as:
   (101) An integral part of your home life
   (102) One of several factors which were important
   (103) A relatively unimportant factor
   (104) Something to be left out of your family life

22. What do you feel has been your major accomplishment?
   (105) Family activities
   (106) Community activities
   (107) Development of yourself
   (108) Development of your social activities
   (109) Something else

23. How do you regard your neighbors?
   (110) Not interested in your neighbors
   (111) Like them, but seldom see them
   (112) Visit in each others' home occasionally
   (113) Spend a lot of time together

24. How were you usually punished as a child?
   (114) Punished physically (whipping)
   (115) Fussed at or deprived of something
   (116) Told how you should have acted
   (117) Warned not to do it again, but seldom punished
   (118) Sent to bed

25. How well do you like to be with people in a social meeting?
   (119) Enjoy being with people very much, very rarely like to be by yourself
   (120) Usually enjoy being with other people, prefer to be by self only occasionally
   (121) Like being with other people sometimes, and at other times like to engage in private activities
   (122) Prefer to engage in private activities, and only occasionally like to be with other people
26. In your relations with other people, do you try to:
   (123) Please other people at any cost
   (124) Please other people if it doesn't go against your own feelings
   (125) Act according to your own feelings without regard to others' feelings

27. About how often do you feel depressed?
   (126) Never
   (127) About once every day
   (128) Once a week
   (129) Seldom feel depressed

28. How often do you tell other people your troubles?
   (130) Never
   (131) Not very often, prefer not to burden others with them.
   (132) Occasionally, to a few people
   (133) Occasionally, to a number of people you can trust
   (134) Almost always discussed them with others

29. How old are the majority of your friends today?
   (135) About your own age, as a rule
   (136) About three to five years younger
   (137) About three to five years older
   (138) No consistent age pattern

30. How many close friends do you have today?
   (139) None that fit that description
   (140) One or two
   (141) Three to four
   (142) Five to seven
   (143) Eight or more

31. While in school, how often did your parents appear to take an interest in how you were doing in your classes?
   (144) Never
   (145) Once in a great while
   (146) Frequently
   (147) Always
   (148) Did not go

32. Would you describe your father as:
   (149) A "pal" who was more like an older companion than a parent
   (150) A formal sort of person
   (151) A domineering person who gave you close attention and supervision
(152) A person with other interests that seemed to detract from his attention to the family
(153) Cannot remember father

33. During your teens, when your family was together for an evening, you would usually:
(154) Talk over subjects of general interest
(155) Talk about the personal problems you had during the day
(156) Play games together
(157) Watch television or listen to the radio
(158) Read, work puzzles, write, etc.
(159) Concerned yourselves with your own activities
(160) Do something else

34. As a young person, when you returned home from a date, your parents usually:
(161) Asked you many questions
(162) Were interested but did not ask many questions
(163) Did not seem interested
(164) Had retired for the night
(165) Did not date

35. Which one of the following was most characteristic of your father while you were growing up?
(166) He was a strict person, with strong moral convictions
(167) He was a strict person, but not highly moralistic
(168) He was a person of average morals and strictness
(169) He was a person who was forced to modify his convictions
(170) He was a person not concerned about moral issues
(171) Cannot remember father

36. Which one of your parents did the discipling?
(172) Father
(173) Mother
(174) Both
(175) Neither
(176) Someone else

37. How often are you late for appointments or work?
(177) Never late
(178) Seldom late
(179) Usually about five minutes late
(180) Almost always more than five minutes late

38. Who taught you to dance?
(181) Parents
(182) Brothers or sisters
(183) Other relatives  
(184) Friends  
(185) None of these taught me to dance  
(186) Do not know how to dance  

39. The number of books you have read in the past year is about:  
(187) None  
(188) One or two  
(189) Three or four  
(190) Five to nine  
(191) Ten or more  

40. When did you first learn to dance?  
(192) Age twelve  
(193) Thirteen to Seventeen  
(194) Eighteen to twenty-one  
(195) Over twenty-one  
(196) Do not dance  
(197) Cannot dance  

41. The way you act when you become angry is to:  
(198) Storm around for a while letting off steam  
(199) Try not to show that you are angry  
(200) Talk it over with someone  
(201) Try to keep away from everybody for a while  
(202) Never let your temper get the best of you  

42. How often do you usually gamble for money?  
(203) More than once a week  
(204) Once or twice a month  
(205) Less than twice a year  
(206) Never  

43. You feel dissatisfied with yourself:  
(207) Frequently  
(208) Occasionally  
(209) Rarely  
(210) Hardly ever  

44. Which one of these characteristics bother you least in people you meet?  
(211) Bragging  
(212) Shyness  
(213) Lack of initiative  
(214) Trying to get something for nothing  
(215) Being very competitive  
(216) Cannot say
45. What is your present marital status?
   (217) Single
   (218) Married, no children
   (219) Married, one or more children
   (220) Widowed
   (221) Separated or divorced

46. How old were you when you married:
   (222) Not married
   (223) Less than eighteen years old
   (224) Eighteen to twenty years old
   (225) Twenty-one to twenty-five years old
   (226) Twenty-six to thirty years old
   (227) Over thirty-one years old

47. How far did you go in school?
   (228) Did not go to school
   (229) Up to fifth grade
   (230) Fifth through eighth grade
   (231) Ninth through tenth grade
   (232) Eleventh through twelfth grade
   (233) College (two years or less)
   (234) College (more than two, but did not graduate)
   (235) College graduate
   (236) Graduate school

48. Which of the following describes you best:
   (237) Difficult to really get to know
   (238) Have some really close friends and a number of acquaintances
   (239) Friendly, easy going and have lots of friends
   (240) Fairly jolly; the life of the party
   (241) I find it difficult to describe myself

49. Which of the following do you smoke most often?
   (242) Cigarettes
   (243) Pipe
   (244) Cigar
   (245) Don't smoke

50. Before you were eighteen years of age, how many times did your parents move from one house to another?
   (246) Never
   (247) Once
   (248) Two or three times
   (249) Four or more times
   (250) Moved every year or so
51. Who was your father's favorite child?
   (251) Your brother
   (252) Your sister
   (253) Yourself
   (254) He was impartial
   (255) You were an only child
   (256) Did not know father

52. How comfortable are you with other people?
   (257) Always at ease in a social situation
   (258) Usually at ease in all social situations
   (259) Generally at ease, but occasionally feel uncomfortable in social situations
   (260) Only occasionally at ease in a social situation, and quite often feel uncomfortable

53. With which church are you affiliated?
   (261) Baptist
   (262) Roman Catholic
   (263) Pentecostal
   (264) Church of Christ
   (265) Other Protestant
   (266) None
   (267) Jewish

54. In the past ten years, at how many jobs has your father been employed:
   (268) One job
   (269) Two jobs
   (270) Three or more jobs
   (271) He is retired (ten years or longer)
   (272) He has been dead for ten years or longer

55. How much schooling did your mother have?
   (273) Never went to school
   (274) Grade school
   (275) High school (uncompleted)
   (276) High school (completed)
   (277) College
   (278) Graduate degree (M.A., M.S., Ph.D., etc.)
   (279) Do not know

56. Who was your mother's favorite child?
   (280) Your brother
   (281) Your sister
   (282) Yourself
   (283) She was impartial
   (284) You were an only child
   (285) Do not know mother
57. How would you describe your mother?
   (286) A well-intentioned, but overly-possessive person as far as you were concerned
   (287) A rather formal sort of person
   (288) A person with other interests that seems to detach from her attention to the family
   (289) A rather flightly and unpredictable person
   (290) A very consistent person, you could count on her to meet similar situations always in the same way
   (291) An easy-going person who took problems and situations in stride
   (292) A moody person
   (293) None of the above
   (294) Did not know her

58. Did your parents live together all the time you were growing up?
   (295) Yes
   (296) No, because one died
   (297) No, because they both died
   (298) No, because they were separated
   (299) No, because they were divorced

59. During your last couple of years in school, the number of hours a week you averaged on part-time paid jobs was:
   (300) None
   (301) One to five
   (302) Six to ten
   (303) Eleven to fifteen
   (304) Sixteen or more

60. When you were a child and broke something trying to see "what makes it tick" what did your parents do?
   (305) Became angry and punished you
   (306) Tried to explain to you that it was wrong, becoming angry only in certain instances
   (307) Usually said little or nothing about it
   (308) Tried to help you find the answers you were looking for
   (309) Cannot say

61. At what age did you start drinking alcoholic beverages?
   (310) Thirteen to sixteen
   (311) Seventeen to twenty-one
   (312) Twenty-one or over
   (313) Never drink
62. At what age did you begin to smoke?
   (314) Twelve or younger
   (315) Thirteen to sixteen
   (316) Seventeen to twenty-one
   (317) Twenty-one or over
   (318) Never smoked

63. While you were growing up, your brothers and sisters and you:
   (319) Got along very well together
   (320) Quarreled occasionally
   (321) Rarely agreed on anything
   (322) Didn't quarrel, but we didn't have much to do with one another
   (323) You were an only child
   (324) Did not live with them

64. With regard to taking risks, which best describes you?
   (325) Hardly ever take risks
   (326) Sometimes take a risk
   (327) Generally take a risk
   (328) I'm a gambler at heart

65. How often have you changed residence in the past five years?
   (329) Not at all
   (330) Once
   (331) Twice
   (332) Three times
   (333) Four or more times

66. How would you characterize your present home?
   (334) Extremely happy
   (335) More happy than most
   (336) About average
   (337) A little less happy than average
   (338) Extremely unhappy

67. Which one of the following techniques of disciplining a child would you use most frequently?
   (339) Denying the child some material pleasure
   (340) Encouraging the child by pointing out good behavior
   (341) Leaving decisions up to the child after discussion
   (342) Trying to reason with the child
   (343) Punishing or spanking the child, letting him know why
68. What did you usually do during your school days when you found problems hard to understand?
   (344) Asked teachers for help
   (345) Asked parents for help
   (346) Asked schoolmates for help
   (347) Gave closer attention in class
   (348) Did some reading on your own
   (349) Dug until the problem was solved
   (350) Never had trouble understanding
   (351) Other, or some combination of the above

69. When someone around you is disturbed about a personal problem, which one of the following do you usually do?
   (352) Leave him alone, avoid the subject
   (353) Offer advice and suggest a possible solution
   (354) Sympathize with him
   (355) Encourage him to talk it out with you
   (356) Something else

70. How do you feel about your share of happiness in life?
   (357) Have had nothing but bad breaks
   (358) Have had about an even share of luck
   (359) Have had more than your share of bad breaks
   (360) Have had more good breaks than bad ones
   (361) Luck has been your way practically all the time

71. Under usual conditions, how often do you attend church?
   (362) Every Sunday
   (363) At least three times a month
   (364) Once or twice a month
   (365) On special occasions, such as Easter
   (366) Do not attend church

72. How old were you when you went on your first date?
   (367) Ten to thirteen years old
   (368) Thirteen to fifteen years old
   (369) Fifteen to seventeen years old
   (370) Older than seventeen years
   (371) Never dated

73. At what age did you first gamble for money?
   (372) Twelve or younger
   (373) Thirteen to sixteen
   (374) Seventeen to twenty-one
   (375) Twenty-one or over
   (376) Never gambled for money

74. On the average, how many hours per week did, or do you and your children do things together in your leisure time?
   (377) Less than one hour
(378) One to three hours
(379) Four to seven hours
(380) More than seven hours
(381) Have no children

75. You make friends:
   (382) As easily as most people
   (383) More easily than most people
   (384) Less easily than most people
   (385) Much more difficult for me to make friends than for most people

76. In comparison with other members of your sex, during your teens you dated:
   (386) Less often than most
   (387) Just a little more often than most
   (388) About as often as most
   (389) Much more often than most
   (390) Did not date at that time

77. Your family's approximate earnings per year are:
   (391) Less than six hundred dollars
   (392) Six hundred to twelve hundred dollars
   (393) Twelve hundred to three thousand dollars
   (394) Three thousand to five thousand dollars
   (395) Five thousand to ten thousand dollars
   (396) Above ten thousand dollars
The statements that follow are opinions or ideas about mental illness and mental patients. By mental illness, we mean the kinds of illness which bring patients to mental hospitals, and by mental patients we mean mental hospital patients. There are many differences of opinion about this subject. In other words, many people agree with each of the following statements while many people disagree with each of these statements. We would like to know what you think about these statements. Each of them is followed by six choices:

strongly agree not sure but not sure but disagree strongly disagree
agree probably agree probably disagree disagree

Please check (/) in the space provided that choice which comes closest to saying how you feel about each statement. You can be sure that many people, including doctors, will agree with your choice. There are no right or wrong answers: we are interested only in your opinion. It is very important that you answer every item. Please do NOT sign your name.

* * * * *

1. NERVOUS BREAKDOWNS USUALLY RESULT WHEN PEOPLE WORK TOO HARD.

strongly agree not sure but not sure but disagree strongly disagree
agree probably agree probably disagree disagree

2. MENTAL ILLNESS IS AN ILLNESS LIKE ANY OTHER.

strongly agree not sure but not sure but disagree strongly disagree
agree probably agree probably disagree disagree

3. MOST PATIENTS IN MENTAL HOSPITALS ARE NOT DANGEROUS.

strongly agree not sure but not sure but disagree strongly disagree
agree probably agree probably disagree disagree

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NEW YORK, N.Y. 10016
4. ALTHOUGH PATIENTS DISCHARGED FROM MENTAL HOSPITALS MAY SEEM ALL RIGHT, THEY SHOULD NOT BE ALLOWED TO MARRY.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

5. IF PARENTS LOVED THEIR CHILDREN MORE, THERE WOULD BE LESS MENTAL ILLNESS.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

6. IT IS EASY TO RECOGNIZE SOMEONE WHO ONCE HAD A SERIOUS MENTAL ILLNESS.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

7. PEOPLE WHO ARE MENTALLY ILL LET THEIR EMOTIONS CONTROL THEM: NORMAL PEOPLE THINK THINGS OUT.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

8. PEOPLE WHO WERE ONCE PATIENTS IN MENTAL HOSPITALS ARE NO MORE DANGEROUS THAN THE AVERAGE CITIZEN.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

9. WHEN A PERSON HAS A PROBLEM OR A WORRY, IT IS BEST NOT TO THINK ABOUT IT, BUT KEEP BUSY WITH MORE PLEASANT THINGS.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

10. ALTHOUGH THEY USUALLY AREN'T AWARE OF IT, MANY PEOPLE BECOME MENTALLY ILL TO AVOID THE DIFFICULT PROBLEMS OF EVERYDAY LIFE.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

11. THERE IS SOMETHING ABOUT MENTAL PATIENTS THAT MAKES IT EASY TO TELL THEM FROM NORMAL PEOPLE.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree

12. EVEN THOUGH PATIENTS IN MENTAL HOSPITALS BEHAVE IN FUNNY WAYS, IT IS WRONG TO LAUGH ABOUT THEM.

strongly agree  not sure but  not sure but  disagree  strongly
agree  probably agree  probably disagree  disagree
13. MOST MENTAL PATIENTS ARE WILLING TO WORK.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

14. THE SMALL CHILDREN OF PATIENTS IN MENTAL HOSPITALS SHOULD NOT BE ALLOWED TO VISIT THEM.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

15. PEOPLE WHO ARE SUCCESSFUL IN THEIR WORK SELLDOM BECOME MENTALLY ILL.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

16. PEOPLE WOULD NOT BECOME MENTALLY ILL IF THEY AVOIDED BAD THOUGHTS.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

17. PATIENTS IN MENTAL HOSPITALS ARE IN MANY WAYS LIKE CHILDREN.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

18. MORE TAX MONEY SHOULD BE SPENT IN THE CARE AND TREATMENT OF PEOPLE WITH SEVERE MENTAL ILLNESS.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

19. A HEART PATIENT HAS JUST ONE THING WRONG WITH HIM, WHILE A MENTALLY ILL PERSON IS COMPLETELY DIFFERENT FROM OTHER PATIENTS.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

20. MENTAL PATIENTS COME FROM HOMES WHERE THE PARENTS TOOK LITTLE INTEREST IN THEIR CHILDREN.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___

21. PEOPLE WITH MENTAL ILLNESS SHOULD NEVER BE TREATED IN THE SAME HOSPITAL AS PEOPLE WITH PHYSICAL ILLNESS.

strongly agree ___ not sure but ___ not sure but ___ disagree ___ strongly disagree

agree ___ probably agree ___ probably disagree ___
22. ANYONE WHO TRIES HARD TO BETTER HIMSELF DESERVES THE RESPECT OF OTHERS.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

23. IF OUR HOSPITALS HAD ENOUGH WELL TRAINED DOCTORS, NURSES, AND AIDES, MANY OF THE PATIENTS WOULD GET WELL ENOUGH TO LIVE OUTSIDE THE HOSPITAL.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

24. A WOMAN WOULD BE FOOLISH TO MARRY A MAN WHO HAS HAD A SEVERE MENTAL ILLNESS, EVEN THOUGH HE SEEMS FULLY RECOVERED.

<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

25. IF THE CHILDREN OF MENTALLY ILL PARENTS WERE RAISED BY NORMAL PARENTS, THEY WOULD PROBABLY NOT BECOME MENTALLY ILL.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

26. PEOPLE WHO HAVE BEEN PATIENTS IN A MENTAL HOSPITAL WILL NEVER BE THEIR OLD SELVES AGAIN.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

27. MANY MENTAL PATIENTS ARE CAPABLE OF SKILLED LABOR, EVEN THOUGH IN SOME WAYS THEY ARE VERY DISTURBED MENTALLY.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

28. OUR MENTAL HOSPITALS SEEM MORE LIKE PRISONS THAN LIKE PLACES WHERE MENTALLY ILL PEOPLE CAN BE CARED FOR.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

29. ANYONE WHO IS IN A HOSPITAL FOR A MENTAL ILLNESS SHOULD NOT BE ALLOWED TO VOTE.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

30. THE MENTAL ILLNESS OF MANY PEOPLE IS CAUSED BY THE SEPARATION OR DIVORCE OF THEIR PARENTS DURING CHILDHOOD.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure But Agree</th>
<th>Not Sure But Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
31. THE BEST WAY TO HANDLE PATIENTS IN MENTAL HOSPITALS IS TO KEEP THEM BEHIND LOCKED DOORS.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

32. TO BECOME A PATIENT IN A MENTAL HOSPITAL IS TO BECOME A FAILURE IN LIFE.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

33. THE PATIENTS OF MENTAL HOSPITALS SHOULD BE ALLOWED MORE PRIVACY.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

34. IF A PATIENT IN A MENTAL HOSPITAL ATTACKS SOMEONE, HE SHOULD BE PUNISHED SO HE DOESN'T DO IT AGAIN.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

35. IF THE CHILDREN OF NORMAL PARENTS WERE RAISED BY MENTALLY ILL PARENTS, THEY WOULD PROBABLY BECOME MENTALLY ILL.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

36. EVERY MENTAL HOSPITAL SHOULD BE SURROUNDED BY A HIGH FENCE AND GUARDS.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

37. THE LAW SHOULD ALLOW A WOMAN TO DIVORCE HER HUSBAND AS SOON AS HE HAS BEEN CONFINED IN A MENTAL HOSPITAL WITH A SEVERE MENTAL ILLNESS.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

38. PEOPLE (BOTH VETERANS AND NON-VETERANS)-WHO ARE UNABLE TO WORK BECAUSE OF MENTAL ILLNESS SHOULD RECEIVE MONEY FOR LIVING EXPENSES.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree

39. MENTAL ILLNESS IS USUALLY CAUSED BY SOME DISEASE OF THE NERVOUS SYSTEM.

strongly agree      not sure but probably agree not sure but probably disagree strongly disagree
agree              probably agree probably disagree
40. REGARDLESS OF HOW YOU LOOK AT IT, PATIENTS WITH SEVERE MENTAL ILLNESS ARE NO LONGER REALLY HUMAN.

strongly agree not sure but probably agree probably disagree disagree
agree probably agree probably disagree disagree

41. MOST WOMEN WHO WERE ONCE PATIENTS IN A MENTAL HOSPITAL COULD BE TRUSTED AS BABY SITTERS.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

42. MOST PATIENTS IN MENTAL HOSPITALS DON'T CARE HOW THEY LOOK.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

43. COLLEGE PROFESSORS ARE MORE LIKELY TO BECOME MENTALLY ILL THAN ARE BUSINESS MEN.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

44. MANY PEOPLE WHO HAVE NEVER BEEN PATIENTS IN A MENTAL HOSPITAL ARE MORE MENTALLY ILL THAN MANY HOSPITALIZED MENTAL PATIENTS.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

45. ALTHOUGH SOME MENTAL PATIENTS SEEM ALL RIGHT, IT IS DANGEROUS TO FORGET FOR A MOMENT THAT THEY ARE MENTALLY ILL.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

46. SOMETIMES MENTAL ILLNESS IS PUNISHMENT FOR BAD DEEDS.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

47. OUR MENTAL HOSPITALS SHOULD BE ORGANIZED IN A WAY THAT MAKES THE PATIENT FEEL AS MUCH AS POSSIBLE LIKE HE IS LIVING AT HOME.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree

48. ONE OF THE MAIN CAUSES OF MENTAL ILLNESS IS A LACK OF MORAL STRENGTH OR WILL POWER.

strongly agree not sure but not sure but disagree strongly
agree probably agree probably disagree disagree
49. THERE IS LITTLE THAT CAN BE DONE FOR PATIENTS IN A MENTAL HOSPITAL EXCEPT TO SEE THAT THEY ARE COMFORTABLE AND WELL FED.

   strongly  agree  not sure but  not sure but  disagree  strongly
   agree  probably agree  probably disagree  disagree

50. MANY MENTAL PATIENTS WOULD REMAIN IN THE HOSPITAL UNTIL THEY WERE WELL, EVEN IF THE DOORS WERE UNLOCKED.

   strongly  agree  not sure but  not sure but  disagree  strongly
   agree  probably agree  probably disagree  disagree

51. ALL PATIENTS IN MENTAL HOSPITALS SHOULD BE PREVENTED FROM HAVING CHILDREN BY A PAINLESS OPERATION.

   strongly  agree  not sure but  not sure but  disagree  strongly
   agree  probably agree  probably disagree  disagree

PLEASE CHECK BACK AND MAKE SURE THAT YOU HAVE NOT LEFT OUT ANY STATEMENTS OR PAGES OF STATEMENTS

PLEASE MAKE SURE YOU COMPLETE THE FOLLOWING PAGE
52. AGE ____  
53. SEX: Male ____ Female ____

54. HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED? ____

55. MARITAL STATUS: Married ____ Single ____ Divorced ____ Other ____

56. WHAT IS YOUR OCCUPATION?

__(01)___ Clerk-typist
__(02)___ Dietitian
__(03)___ Kitchen Worker
__(04)___ Maintenance Worker (Janitor, Groundskeeper, Laundry, etc.)
__(05)___ Nurse
__(06)___ Nursing Assistant or Psychiatric Aide
__(07)___ Physician (Non-psychiatric)
__(08)___ Physical Medicine and Rehabilitation Therapist
__(09)___ Psychiatrist
__(10)___ Psychiatric Resident
__(11)___ Psychologist
__(12)___ Psychology Trainee
__(13)___ Skilled Trade (Electrician, Carpenter, Seamstress, Cook)
__(14)___ Social Worker
__(15)___ Student Nurse
__(16)___ Ward Secretary
__(17)___ Other (Write in) ________________________________________

57. RELIGIOUS PREFERENCE:

__(01)___ Baptist
__(02)___ Catholic
__(03)___ Congregationalist
__(04)___ Episcopalian
__(05)___ Jewish
__(06)___ Lutheran
__(07)___ Methodist
__(08)___ Quaker
__(09)___ Presbyterian
__(10)___ No Preference
__(11)___ Church of the Latter Day Saints
__(12)___ Other (Write in) ________________________________________

58. ____________________________________________________________

59. ____________________________________________________________

60. ____________________________________________________________

61. ____________________________________________________________

THANK YOU FOR YOUR COOPERATION
APPENDIX E

KNOWLEDGE OF MENTAL ILLNESS QUESTIONNAIRE

1. Sometimes mental illness can be traced back to an old infection or head injury.

2. Only as a last resort should a person be sent to a mental hospital.

3. There is something about mentally ill people that makes it easy to tell them from normal people.

4. A person has the best chance of getting well if he goes to the hospital at the first sign of mental illness.

5. Once a person has been mentally ill, he really can never be normal and healthy again.

6. Children of a mentally ill person have as good a chance as anyone else of staying emotionally healthy.

7. You are either mentally ill, or you are not; there is no in-between.

8. One of the main causes of mental illness is the lack of moral strength.

9. One in every ten persons in the United States is now suffering from some form of mental illness.


11. People who become mentally ill have little will power.

12. Physical rest will not prevent a mental disorder.

13. Early adulthood is more of a danger period for mental illness than later years.

14. Mental health is largely a matter of trying hard to control the emotions.

15. People who keep themselves occupied with pleasant thoughts seldom become mentally ill.
16. Mental health is one of the most important national problems of today.

17. Almost any disease that attacks the nervous system is likely to bring on insanity.
APPENDIX F

CASE DESCRIPTIONS

Mrs. B\(^a\) had always been a little suspicious and inclined to take the worst view of things, but she had led a fairly happy married life until she began to accuse her husband of not loving her any more. When she saw him speak politely to an attractive widow next door, Mrs. B. waited until he left, got hold of a gun and then went over and threatened to kill the widow. Mrs. B's husband had done nothing wrong and did not know what to do about her.

1. What was wrong with Mrs. B?
2. What should be done about her?

Mr. G\(^a\) is a fifty-two year old machinist who had always been a hard worker and worried a lot about making both ends meet for his large family. One day his job at the plant was given to someone else and he was told by his employer that he was no longer needed. After that happened he became very depressed, accused himself of being a complete failure and worthless to his family. He refused to look for another job or take an interest in anything and finally

tried to commit suicide.

1. What is wrong with Mr. G?
2. What should be done about him?

Billy is an eighteen year old living on a farm. He has very few friends and spends most of his time in his room or in the yard with his turkeys. His parents have encouraged him to go out with friends, but their efforts have been in vain. He tells them that he prefers being alone. Once, when the family was attending a church picnic, Billy became so upset that he walked three miles to his home, went to his room and sat on the floor in a corner. When his parents tried to discuss the incident, he would not speak and refused to eat his supper.

1. What is wrong with Billy?
2. What should be done about him?
<table>
<thead>
<tr>
<th>Choice No.</th>
<th>City with most positive answers</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>W</td>
<td>How many times have you been married? (Two or more times)</td>
</tr>
<tr>
<td>5</td>
<td>W</td>
<td>How many persons live in your home? (Two or three)</td>
</tr>
<tr>
<td>8</td>
<td>W</td>
<td>With whom do you live? (Alone)</td>
</tr>
<tr>
<td>25</td>
<td>StM</td>
<td>How did you learn to smoke? (Taught by friends)</td>
</tr>
<tr>
<td>43</td>
<td>StM</td>
<td>When bothered by some difficult problem, with whom do you usually talk it over? (Wife or husband)</td>
</tr>
<tr>
<td>47</td>
<td>W</td>
<td>When dating, the number of evenings a week you went out socially was? (Less than one)</td>
</tr>
<tr>
<td>62</td>
<td>W</td>
<td>How often do you drink beer, wine, or liquor? (Never)</td>
</tr>
<tr>
<td>63</td>
<td>StM</td>
<td>How often do you drink beer, wine, or liquor? (Daily)</td>
</tr>
<tr>
<td>65</td>
<td>StM</td>
<td>How often do you drink beer, wine, or liquor? (Monthly)</td>
</tr>
<tr>
<td>69</td>
<td>StM</td>
<td>What have you done (or would you do) if a friend had personal habits which you disliked? (None of the above)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>City with most positive answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>70</td>
<td>StM</td>
<td>In how many different cities, towns, or townships have you lived? (One to three)</td>
</tr>
<tr>
<td>71</td>
<td>W</td>
<td>In how many different cities, towns, or townships have you lived? (Four to six)</td>
</tr>
<tr>
<td>72</td>
<td>W</td>
<td>In how many different cities, towns, or townships have you lived? (Seven to nine)</td>
</tr>
<tr>
<td>73</td>
<td>W</td>
<td>In how many different cities, towns, or townships have you lived? (Ten to twelve)</td>
</tr>
<tr>
<td>74</td>
<td>W</td>
<td>In how many different cities, towns, or townships have you lived? (Thirteen or more)</td>
</tr>
<tr>
<td>75</td>
<td>StM</td>
<td>How much education did your father have? (Never went to school)</td>
</tr>
<tr>
<td>115</td>
<td>StM</td>
<td>How were you usually punished as a child? (Fussed at or deprived of something)</td>
</tr>
<tr>
<td>127</td>
<td>W</td>
<td>About how often do you feel depressed? (About once every day)</td>
</tr>
<tr>
<td>141</td>
<td>StM</td>
<td>How many very close friends do you have today? (Three to four)</td>
</tr>
<tr>
<td>143</td>
<td>W</td>
<td>How many very close friends do you have today? (Eight or more)</td>
</tr>
<tr>
<td>147</td>
<td>W</td>
<td>While in school how often did your parents appear to take an interest in how you were doing in classes? (Always)</td>
</tr>
<tr>
<td>172</td>
<td>StM</td>
<td>Which one of your parents did the disciplining? (Father)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>City with most positive answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>178</td>
<td>StM</td>
<td>How often are you late for appointments or work? (Seldom late)</td>
</tr>
<tr>
<td>184</td>
<td>StM</td>
<td>Who taught you to dance? (Friends)</td>
</tr>
<tr>
<td>186</td>
<td>W</td>
<td>Who taught you to dance? (Do not know how to dance)</td>
</tr>
<tr>
<td>187</td>
<td>StM</td>
<td>The number of books you have read in the past year is about: (None)</td>
</tr>
<tr>
<td>193</td>
<td>StM</td>
<td>When did you first learn to dance? (Thirteen to seventeen)</td>
</tr>
<tr>
<td>196</td>
<td>W</td>
<td>When did you first learn to dance? (Do not dance)</td>
</tr>
<tr>
<td>197</td>
<td>W</td>
<td>When did you first learn to dance? (Cannot dance)</td>
</tr>
<tr>
<td>198</td>
<td>StM</td>
<td>The way you act when you become angry is to: (Storm around for awhile letting off steam)</td>
</tr>
<tr>
<td>199</td>
<td>W</td>
<td>The way you act when you become angry is to: (Try not to show that you are angry)</td>
</tr>
<tr>
<td>203</td>
<td>StM</td>
<td>How often do you usually gamble for money? (More than once a week)</td>
</tr>
<tr>
<td>204</td>
<td>StM</td>
<td>How often do you usually gamble for money? (Once or twice a month)</td>
</tr>
<tr>
<td>206</td>
<td>W</td>
<td>How often do you usually gamble for money? (Never)</td>
</tr>
<tr>
<td>220</td>
<td>W</td>
<td>What is your present marital status? (Widowed)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>City with most positive answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>229</td>
<td>StM</td>
<td>How far did you go in school? (Up to the fifth grade)</td>
</tr>
<tr>
<td>236</td>
<td>W</td>
<td>How far did you go in school? (Graduate school)</td>
</tr>
<tr>
<td>240</td>
<td>W</td>
<td>Which of the following describes you best? (Fairly jolly, the life of the party?)</td>
</tr>
<tr>
<td>248</td>
<td>W</td>
<td>Before you were eighteen years of age, how many times did your parents move from one house to another? (Two or three times)</td>
</tr>
<tr>
<td>251</td>
<td>W</td>
<td>Who was your father's favorite child? (Your brother)</td>
</tr>
<tr>
<td>261</td>
<td>W</td>
<td>With what church are you affiliated? (Baptist)</td>
</tr>
<tr>
<td>262</td>
<td>StM</td>
<td>With what church are you affiliated? (Roman Catholic)</td>
</tr>
<tr>
<td>265</td>
<td>W</td>
<td>With what church are you affiliated? (Other Protestant)</td>
</tr>
<tr>
<td>273</td>
<td>StM</td>
<td>How much schooling did your mother have? (Never went to school)</td>
</tr>
<tr>
<td>304</td>
<td>W</td>
<td>During your last couple of years in school, the number of hours a week you averaged on a part-time job was: (Sixteen or more)</td>
</tr>
<tr>
<td>312</td>
<td>StM</td>
<td>At what age did you start drinking alcoholic beverages? (Twenty-one or over)</td>
</tr>
<tr>
<td>313</td>
<td>W</td>
<td>At what age did you start drinking alcoholic beverages? (Never drink)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>City with most positive answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>319</td>
<td>W</td>
<td>While you were growing up your brothers and sisters and you: (got along well together)</td>
</tr>
<tr>
<td>330</td>
<td>StM</td>
<td>How often have you changed residence in the past five years? (Once)</td>
</tr>
<tr>
<td>331</td>
<td>W</td>
<td>How often have you changed residence in the past five years? (Twice)</td>
</tr>
<tr>
<td>332</td>
<td>W</td>
<td>How often have you changed residence in the past five years? (Three times)</td>
</tr>
<tr>
<td>359</td>
<td>W</td>
<td>How do you feel about your share of happiness in life? (Have had more than your share of bad breaks)</td>
</tr>
<tr>
<td>361</td>
<td>W</td>
<td>How do you feel about your share of happiness in life? (Luck has been your way practically all the time)</td>
</tr>
<tr>
<td>364</td>
<td>W</td>
<td>Under usual conditions how often do you attend church? (Once or twice a month)</td>
</tr>
<tr>
<td>375</td>
<td>StM</td>
<td>At what age did you first gamble for money? (Twenty-one or over)</td>
</tr>
<tr>
<td>376</td>
<td>W</td>
<td>At what age did you first gamble for money? (Never gambled for money)</td>
</tr>
<tr>
<td>379</td>
<td>W</td>
<td>How many hours per week do you and your children do things together in leisure time? (Four to seven hours)</td>
</tr>
<tr>
<td>380</td>
<td>StM</td>
<td>How many hours per week do you and your children do things together in leisure time? (More than seven hours)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>City with most positive answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>388</td>
<td>StM</td>
<td>In comparison with other members of your sex during your teens you dated (About as often as most)</td>
</tr>
<tr>
<td>395</td>
<td>- W</td>
<td>Your family's approximate earnings per year are (Five thousand to ten thousand dollars)</td>
</tr>
</tbody>
</table>
### APPENDIX H

**Biographical Items Significantly Differentiating Responses for Negro and White N=200**

<table>
<thead>
<tr>
<th>Choice No.</th>
<th>Race with most answers</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Negro</td>
<td>How many times have you been married? (Two or more)</td>
</tr>
<tr>
<td>5</td>
<td>White</td>
<td>How many persons live in your home? (Two or three)</td>
</tr>
<tr>
<td>7</td>
<td>Negro</td>
<td>How many persons live in your home? (More than five)</td>
</tr>
<tr>
<td>40</td>
<td>Negro</td>
<td>When bothered by some difficult problem, with whom do you usually talk it over? (Mother)</td>
</tr>
<tr>
<td>43</td>
<td>White</td>
<td>When bothered by some difficult problem, with whom do you usually talk it over? (Wife or husband)</td>
</tr>
<tr>
<td>47</td>
<td>Negro</td>
<td>When dating, the number of evenings a week you would go out socially was? (Less than one)</td>
</tr>
<tr>
<td>49</td>
<td>White</td>
<td>When dating, the number of evenings a week you would go out socially was? (Two)</td>
</tr>
<tr>
<td>55</td>
<td>White</td>
<td>During your teens, your parents and you got along? (Not very well; had many disagreements)</td>
</tr>
<tr>
<td>66</td>
<td>White</td>
<td>What have you done (or would you do) if a friend has personal habits which you dislike? (Be friendly and hope he would improve)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>Race with most answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>67</td>
<td>Negro</td>
<td>What have you done (or would you do) if a friend had personal habits which you dislike? (Ask him directly to stop, if he were annoying you)</td>
</tr>
<tr>
<td>75</td>
<td>Negro</td>
<td>How much education did your father have? (Never went to school)</td>
</tr>
<tr>
<td>107</td>
<td>White</td>
<td>What do you feel has been your major accomplishment? (Development of yourself)</td>
</tr>
<tr>
<td>117</td>
<td>White</td>
<td>How were you usually punished as a child? (Warned not to do it again, but seldom punished)</td>
</tr>
<tr>
<td>128</td>
<td>Negro</td>
<td>How often do you feel depressed? (Once a week)</td>
</tr>
<tr>
<td>140</td>
<td>Negro</td>
<td>How many very close friends do you have? (One or two)</td>
</tr>
<tr>
<td>150</td>
<td>White</td>
<td>Would you describe your father as: (A formal sort of person)</td>
</tr>
<tr>
<td>151</td>
<td>Negro</td>
<td>Would you describe your father as: (A domineering person who gave you close attention and supervision)</td>
</tr>
<tr>
<td>161</td>
<td>Negro</td>
<td>As a young person, when you returned home from a date, your parents usually: (Asked you many questions)</td>
</tr>
<tr>
<td>162</td>
<td>White</td>
<td>As a young person, when you returned home from a date, your parents usually: (Were interested but did not ask many questions)</td>
</tr>
<tr>
<td>181</td>
<td>White</td>
<td>Who taught you to dance? (Parents)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>Race with most answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>190</td>
<td>White</td>
<td>The number of books you have read in the past year is about: (Five to nine)</td>
</tr>
<tr>
<td>192</td>
<td>Negro</td>
<td>When did you first learn to dance? (Age twelve or younger)</td>
</tr>
<tr>
<td>205</td>
<td>White</td>
<td>How often do you usually gamble for money? (Less than twice a year)</td>
</tr>
<tr>
<td>218</td>
<td>Negro</td>
<td>What is your present marital status? (Married, no children)</td>
</tr>
<tr>
<td>221</td>
<td>Negro</td>
<td>What is your present marital status? (Separated or divorced)</td>
</tr>
<tr>
<td>226</td>
<td>White</td>
<td>How old were you when you were married? (Twenty-six to thirty years old)</td>
</tr>
<tr>
<td>228</td>
<td>Negro</td>
<td>How far did you go in school? (Did not go to school)</td>
</tr>
<tr>
<td>229</td>
<td>Negro</td>
<td>How far did you go in school? (Up to fifth grade)</td>
</tr>
<tr>
<td>233</td>
<td>White</td>
<td>How far did you go in school? (College, two years or less)</td>
</tr>
<tr>
<td>234</td>
<td>White</td>
<td>How far did you go in school? (College, more than two years, but did not graduate)</td>
</tr>
<tr>
<td>236</td>
<td>White</td>
<td>How far did you go in school? (Graduate school)</td>
</tr>
<tr>
<td>261</td>
<td>Negro</td>
<td>With what church are you affiliated? (Baptist)</td>
</tr>
<tr>
<td>270</td>
<td>Negro</td>
<td>In the past ten years, at how many jobs has your father been employed? (Three or more jobs)</td>
</tr>
<tr>
<td>273</td>
<td>Negro</td>
<td>How much schooling did your mother have? (Never went to school)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>Race with most answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td>275</td>
<td>White</td>
<td>How much schooling did your mother have? (High school, uncompleted)</td>
</tr>
<tr>
<td>298</td>
<td>Negro</td>
<td>Did your parents live together all the time you were growing up? (No, because they were separated)</td>
</tr>
<tr>
<td>313</td>
<td>Negro</td>
<td>At what age did you begin drinking alcoholic beverages? (Never drink)</td>
</tr>
<tr>
<td>317</td>
<td>White</td>
<td>At what age did you begin to smoke? (Twenty-one or over)</td>
</tr>
<tr>
<td>330</td>
<td>Negro</td>
<td>How often have you changed residence in the past five years? (Once)</td>
</tr>
<tr>
<td>359</td>
<td>Negro</td>
<td>How do you feel about your share of happiness in life? (Have had more than your share of bad breaks)</td>
</tr>
<tr>
<td>360</td>
<td>White</td>
<td>How do you feel about your share of happiness in life? (Have had more good breaks than bad ones)</td>
</tr>
<tr>
<td>361</td>
<td>White</td>
<td>How do you feel about your share of happiness in life? (Luck has been your way practically all the time)</td>
</tr>
<tr>
<td>375</td>
<td>White</td>
<td>At what age did you first gamble for money? (Twenty-one or over)</td>
</tr>
<tr>
<td>391</td>
<td>Negro</td>
<td>Your family's approximate earnings per year are: (Less than six hundred dollars)</td>
</tr>
<tr>
<td>392</td>
<td>Negro</td>
<td>Your family's approximate earnings per year are: (Six hundred to twelve hundred dollars)</td>
</tr>
<tr>
<td>Choice No.</td>
<td>Race with most answers</td>
<td>Item</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>393</td>
<td>Negro</td>
<td>Your family's approximate earnings per year are: (Twelve hundred to three thousand dollars)</td>
</tr>
<tr>
<td>395</td>
<td>White</td>
<td>Your family's approximate earnings per year are: (Five thousand to ten thousand dollars)</td>
</tr>
<tr>
<td>396</td>
<td>White</td>
<td>Your family's approximate earnings per year are: (Above ten thousand dollars)</td>
</tr>
</tbody>
</table>
VITA

Glenn Paul Fournet was born on November 19, 1934 to Phillip Hobson and Leone Fournet in St. Martinville, Louisiana. In 1954 he married the former Ruby Ellen Cooper and they have one child, Monique Leone.

The author attended public schools in Lafayette and Iberia parishes, graduating from the New Iberia High School in 1952. After attending the University of Southwestern Louisiana for two years he entered Louisiana State University where he received the Bachelor of Arts degree in 1956. In 1959, following his receipt of the Bachelor of Divinity degree from the New Orleans Baptist Theological Seminary, he assumed the duties of pastor of the First Baptist Church of Cameron, Louisiana, where he served until 1961. At that time he was accepted into the graduate program of the Department of Psychology at Louisiana State University, subsequently receiving the Master of Arts degree in Psychology in 1964. During the period from 1961 to 1964 the author also served as pastor of the Grand Bayou and Catahoula Baptist missions located in the Atchafalaya basin, St. Martin Parish, Louisiana.

Following the completion of course requirements for the Doctor of Philosophy degree in Psychology at Louisiana State University in 1965, the author became assistant
coordinator of the Hospital Improvement Project at Central Louisiana State Hospital, Pineville, Louisiana. Currently he is affiliated with the Southeastern Psychological Association and the Central Louisiana Psychological Association.
EXAMINATION AND THESIS REPORT

Candidate: Glenn Paul Fournet

Major Field: Psychology

Title of Thesis: Cultural Correlates with Attitudes, Perception, Knowledge, and Reported Incidences of Mental Disorders

Approved:

[Signatures]

Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

December 12, 1966