

A COMMUNITY IMAGE STUDY OF THE MENNINGER FOUNDATION

by

94
349 5839

JEAN LANGE

B.A., Kansas State University, 1967

A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

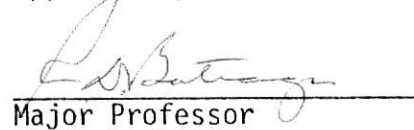
Department of Journalism and Mass Communications

KANSAS STATE UNIVERSITY

Manhattan, Kansas

1973

Approved by:


Major Professor

LD
2668

T4
1973

L36

C.2

Document

TABLE OF CONTENTS

	PAGE
INTRODUCTION.....	1
REVIEW OF THE LITERATURE.....	8
THE METHOD.....	13
THE FINDINGS.....	18
SUMMARY, CONCLUSIONS, AND DISCUSSION.....	41
APPENDICES.....	56
Appendix A--The Questionnaire.....	57
Appendix B--Calculation of the Sample.....	61
Appendix C--Cluster Card.....	62
Appendix D--Totalled Responses to 40 Statements About the Menninger Foundation.....	63

LIST OF TABLES

TABLE I	-- PERCENTAGE OF YES AND NO RESPONSES TO ALL STATEMENTS OF A QUESTIONNAIRE USED TO MEASURE COMMUNITY IMAGE OF THE MENNINGER FOUNDATION.	PAGE 20
TABLE II	-- PERCENTAGE OF YES AND NO RESPONSES TO STATEMENTS ABOUT QUALITY OF SERVICES OF THE MENNINGER FOUNDATION.	23
TABLE III	-- PERCENTAGE OF YES AND NO RESPONSES TO STATEMENTS ABOUT ATTITUDES TOWARD COST AND MANAGEMENT AT THE MENNINGER FOUNDATION.	24
TABLE IV	-- PERCENTAGE OF YES AND NO RESPONSES TO QUESTIONNAIRE STATEMENTS ABOUT SERVICES OFFERED AT THE MENNINGER FOUNDATION.	26
TABLE V	-- PERCENTAGE OF YES AND NO RESPONSES TO ISOLATED STATEMENTS ABOUT THE MENNINGER FOUNDATION.	27
TABLE VI	-- PERCENTAGE OF CORRECT RESPONSES TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	28
TABLE VII	-- PERCENTAGE OF CORRECT RESPONSES AT VARIOUS INCOME LEVELS TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	30
TABLE VIII	-- PERCENTAGE OF CORRECT RESPONSES AT VARIOUS EDUCATION LEVELS TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	33
TABLE IX	-- PERCENTAGE OF CORRECT RESPONSES AT VARIOUS AGE LEVELS TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	34
TABLE X	-- PERCENTAGE OF CORRECT RESPONSES BY MALES AND FEMALES TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	35

TABLE XI	-- PERCENTAGE OF CORRECT RESPONSES BY OCCUPATIONAL CATEGORIES TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	PAGE 36
TABLE XII	-- PERCENTAGE OF CORRECT RESPONSES BY RELIGIOUS CATEGORIES TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	37
TABLE XIII	-- PERCENTAGE OF CORRECT RESPONSES BY RACE TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION.	37

ACKNOWLEDGEMENTS

I would like to express my appreciation to The Menninger Foundation for its financial contribution to this study; to Dr. Robert Haywood for his provision of computer resources; to my major professor, Dr. Robert Bontrager, who convinced me that individual interviews would be the key to making this an effective project; to Bill and Jean McCauley, who interviewed Topekans for seven long days and nights; and to Jeanne Stuart, who typed the manuscript.

I am grateful to my father, who has always believed education was next in line after godliness and cleanliness, and to my mother, who endures the effects of his philosophy.

But most of all, I want to thank my friend Ann Ukena, who made me believe, while still in high school, that anything was possible, and who, by sharing with me her knowledge of statistics, made this so.

INTRODUCTION

The Menninger Foundation (TMF) is a non-profit institution for treatment, prevention, research and education in psychiatry situated in Topeka, Kansas.

In 1925 Dr. William Menninger returned from medical school and an internship at Bellvue Hospital in New York to join his brother, Dr. Karl Menninger, and his father, Dr. C.F. Menninger, in a partnership, establishing "The Menninger Diagnostic Clinic." The clinic began in a farmhouse on the west edge of Topeka.

Only a year later the Drs. Menninger established the Southard School to provide residential psychiatric treatment for children, and a new hospital building in 1927 and development of farm outbuildings for recreation initialed the expansion of the clinic.¹

The Foundation since has grown to an organization occupying many acres of land, employing 900 persons, treating about 150 persons in long-term hospital care, providing residential treatment for about 60 children and dispersing outpatient treatment for many more.

Major expansion began with the founding of a school of psychiatry in 1954 under the auspices of the Veterans Administration and in connection with the V.A. Hospital in Topeka. Although a few psychiatrists had been trained earlier by Dr. Karl, the Veterans' program brought 100 students in one year to Topeka.

In the early 1960s the West Campus was purchased from the Security Benefit Administration. The buildings--an old hospital, an orphanage, an old folks home--were converted to offices for prevention, research, administration and education. The clinic facilities remain on the old site.

During World War II Dr. Will was director of the Neuropsychiatry Consultant Division of the Office of the Surgeon General, and after the war became involved, with Dr. Karl, in upgrading the facilities in Kansas for the mentally ill. Dr. Will spoke to 27 state legislatures, telling the story of "the revolution in mental health treatment" in Kansas.²

Such activity brought great prestige to The Menninger Foundation. Filming a program for "The Twentieth Century," Walter Cronkite spoke of Topeka as a town of meat-packing, railroading and wheat farming. Yet, he said, "Half a world away from Freud's Vienna" the Drs. Menninger had created a psychiatric capital.³

But despite continuing national publicity and prestige, the image of TMF in the community is a disputable one. While local professionals and lay community leaders recognize the value of the institution, they also are irritated by it. A conservative Topeka weekly newspaper, The Pictorial Times, in a series on the Foundation, pointed out that

There is no institution in the city of Topeka which has brought it greater reknown than The Menninger Foundation. The reputation of the Foundation as a school for training psychiatrists is world-wide, as are the reputations of the members of the illustrious Menninger family. Originally founded in 1919, the Menninger Clinic, as it is known in the early years, was incorporated as a "non-profit" foundation in 1941. This highly cherished non-profit status has meant that over the years the Foundation has not had to pay one cent in income taxes, corporation or property taxes--an issue that has become a sore point for many Topeka citizens....

Perhaps more than any other profession, psychiatry is viewed with considerable distrust and suspicion by laymen. Some of this is ill-informed, no doubt. However, there is growing reason to believe that the behavioral sciences, and psychiatry in particular, are gaining greater and greater control over the daily lives of the American people.⁴

While the journalistic credibility of this particular weekly may need examining, it is assumed that the paper speaks at least for some citizens in the Topeka community. The daily newspaper, The Topeka Capital-Journal, however, has not been reserved in its praise. In an editorial commenting on a Menninger Foundation annual meeting, Oscar Stauffer, the publisher, wrote

Most Topekans have seen Menninger's grow from a few small buildings on West Sixth Street until today its reputation is so far flung that there is scarcely a country where the Foundation has not been mentioned....

At times there have been of course occasions when certain individuals have been difficult to fit into life's mosaic but the Menninger Foundation's history is replete with a record of nobility.

Suffice it to say, that so far as I know in like institutions nowhere has there been more happiness gained in human dividends.⁵

Knowledge about the Foundation's services had never been measured, as such, but in the summer of 1963 the Topeka Welfare Planning Council conducted a door-to-door survey in Shawnee County to determine the knowledge of people in the community concerning the mental health resources.⁶

One question asked what agency the person would refer a child to if a child they knew had fallen down the steps when very young and has since been slow in learning to talk. Only 11.4 per cent of the overall population said the Menninger Foundation. However, only one other agency ranked higher--the Family Service and Guidance Center, with 12.9 per cent. More than 45 per cent of the respondents said they didn't know.

In regard to a question about problem drinking, 4.4 per cent of the respondents said they would refer the person to TMF. Almost 81 per cent said Alcoholics Anonymous would be the appropriate source, and 4.4 per cent replied Topeka State Hospital. Family Service and Guidance Center was mentioned by 3.4 per cent of the respondents.

The response to where to refer an emotionally disturbed person was 52.5 per cent to Topeka State Hospital; 42.6 per cent to TMF; 5.9 per cent to Family Service and Guidance Center; and 18.7 per cent didn't know.

For family counseling, only 2.9 per cent would refer persons to TMF. Family Service and Guidance Center and the County Welfare Department rated higher. Again, 48 per cent said they did not know.

If required to respond to a friend who said she was going to kill herself, only 2.5 per cent said they would contact TMF. More than 76 per cent said they would call the police; 7.4 per cent mentioned Topeka State Hospital; 2.5 per cent mentioned Family Service and Guidance Center; and 14.2 per cent said they did not know.

These percentages reflect the number of respondents who mentioned a particular agency and therefore add up to more than 100 per cent in each case. Many respondents listed more than one profession or agency. Interestingly enough, the percentages did not always show an increase as socio-economic class increased. For example, while 33.3 per cent of the respondents designated as being in the high socioeconomic class suggested the Menninger Foundation as a source of help with mental retardation, only 22.2 per cent suggested it for emotionally disturbed persons. In the case of mental retardation, the percentage increased with socio-economic class; in the case of emotionally disturbed persons, it decreased as socio-economic class rose.⁷

Because of varying, and sometimes not very positive, attitudes toward mental health and mental hospitals, Menninger programs have succeeded, failed, been partially successful, have been questioned, and have been avoided because of inadequate knowledge of the public's need and reaction. While patient studies and surveys of professionals have been informally obtained, no systematic effort had ever been aimed toward determining the community image of the Foundation. The purpose of this study is to make that effort--to determine the expressed attitude of Topekans toward The Menninger Foundation.

Some information on this subject was obtained through non-random interviews in a 1948 study, for which the Foundation engaged Raymond Rich, Associates, to survey the Foundation and community with "specific recommendations for a promotional program."⁸ Part of the survey included interviews with prominent Topekans and persons in the medical community who were not associated with the Foundation.

The result of that report was to pinpoint four areas of criticism from the community: (1) The Foundation is predominantly alien and Semitic in personnel; (2) The Foundation is anti-religious and anti-moral; (3) The Foundation is a radical and subversive center; and (4) The Foundation has no plan and no business-like management.⁹

The firm commented

It is only sensible to face the fact, unpleasant as it is, that the Foundation is a focus for the prejudice of some persons in the Topeka community. Of the people interviewed, only a few did not look on this as a problem to the fore and one which the Foundation must endeavor to work out. Such prejudice as it does exist is sometimes exaggerated by staff members who react exaggeratedly--either by acts or statements that are tactlessly critical of the community, or withdrawing from it and behaving, as one staff member expressed it, as displaced persons. There is, of course, no pat approach to a solution of so complex a problem.¹⁰

The anti-moral charge was leveled through "loose statements" that the Foundation's physicians encourage immoral behavior and base "their advice solely on physical factors and leave out moral and spiritual considerations."¹¹

Many persons interviewed, even those not critical of mental institutions, said a coordinated business-like plan for future development was badly needed.

"I've never been able to find out what their plans are," one man said. Another said, "They pick up one project, pursue it awhile, drop it, and pick up another." A third man said, "They do things on the spur of the moment. There is no thought out plan practically geared to what Topeka would feel it reasonable to support." Repeatedly, the need for adequate business management was instanced, and questions raised respecting the effect of Dr. Will's absences on the administration of the Foundation.¹²

The medical community added several complaints to those of the lay community: (1) Patients are referred to the Foundation by doctors and are not heard of again if they are able to pay for the Foundation's treatment; (2) Patients are referred, 'ripped open,' nothing is done and the patient is back in the doctor's lap worse off than he was when he was referred; (3) A number of the doctors on the Foundation's staff are non-citizens, and hence not eligible for licensing to practice in Kansas, save under special arrangement.¹³

In addition to specific criticism, the firm found that the attitude toward psychiatry in general affected the attitude toward the Foundation.

We should have expected that the presence of the Foundation would have brought about a degree of psychiatric understanding in Topeka beyond that generally obtained. People were said to think of the Foundation in terms of a 'nut house.' One man referred to it as 'a gilded castle for queer folk.'

Even among responsible people, there was evidence that the Foundation was viewed in the old sense of an insane asylum, with all the negation and fear which that implies. 'I don't know anything about psychiatry and I don't want to,' one man said. Psychiatry was thought of as something remote and mysteriously terrible: in terms of gross insanity, not in degrees of mental difficulty from which few are immune. A more substantial question was raised by keener minds: Is psychiatry a racket, or is it effective? What are the results of psychiatric treatment? What does the Foundation accomplish for the people who go there?¹⁴

While there is, as Rich Associates said, no pat solution, these images have continued to haunt the Foundation. Coupled with the rumor that it is a wealthy place for wealthy people, the criticisms are ever considered as programs are determined and public relations efforts detailed. While many of the rumors are untrue (According to the TMF annual report, for example, the Foundation operated in the red during fiscal year 1972-73) the images have never been dispelled and knowledge about them is scarce.

The purpose of this study, then, was to determine how, in 1973, almost 30 years after the Raymond Rich informal survey, Topeka views the Foundation.

REVIEW OF THE LITERATURE

No solid body of literature on image studies of corporations, institutions or Foundations exists. Most literature referring to corporate image deals with products or the employment patterns of a specific organization. Mental health literature deals with attitudes toward mental health, the acceptance or rejection of mentally healthy or mentally ill persons, or program evaluation. In addition, some studies have evaluated the degree of mental illness in a community.

The three landmark studies in mental health service evaluation are the Midtown Manhattan Study,¹⁵ the Boston Hospital Study by Ryan,¹⁶ and the "Image of Mental Health Services" study in New York.¹⁷

The Manhattan study, "Mental Health in the Metropolis," attempted to determine the number and degree of mentally ill persons in the New York area. The study, conducted over an extended period of time through personal interviews, is an interesting probe into the vast need for services, but is not appropriate to this particular study except in a general framework.

In Ryan's study of Boston, efforts were made to determine the number of emotionally disturbed and to determine how many of those people received help. It was found that although Boston had a complex of training centers, "one of the most important in the country, and indeed, in the world," only 20 to 25 per cent of staff time was used for direct patient services.¹⁸ The Boston study indicated that the

amount and quality of service a person received depended on income, education, color and residence. The primary point of the study, therefore, was to show that Boston's wide range of facilities simply did not meet the people's needs.¹⁹

The New York study conducted by Columbia University staff revealed that mental health services there were ranked at a relatively low level, with the exception of high income groups.²⁰

With the increased importance of Community Mental Health Centers, the significance of public attitudes toward mental health has increased.

An American Journal of Psychiatry review of the literature shows that studies until the late 1950s (Cumming, Nunnally, Allen, Bingham, Ramsey, Siepp and Star) indicated the public was generally uninformed.²¹ The Cummings report stated that the "community's remarkable tolerance for deplorable conditions in mental hospitals" was due to attitudes involving "denial, isolation and insulation of mental illness."²² Despite educational programs, Cummings said, the general population felt less guilt if they could send close friends and relatives to a state institution rather than deal with them at home, and that ignoring the problem reaffirmed "the solidarity of the social system in which the norms are not violated."²³

Although studies showed a continuing trend toward humanitarian and scientific treatment of the mentally ill, it was not until the late 1950s that much improvement in individual attitudes was found. "Many positive concepts of mental health had been accepted and people showed a willingness to admit their illness and seek psychiatric help."²⁴

In 1960 several surveys reported different findings. The final Action for Mental Health report in 1961, published by the Joint

Commission on Mental Illness and Health, was greatly influenced by old studies. It painted a negative picture, with a "major lack of recognition of mental illness as illness and a predominant tendency toward rejection of both mental patients and those who treat them."²⁵

However, Lemkau and Crocetti, sampling a Baltimore, Md., population, reported the public was "fairly well informed" and showed "understanding and tolerance for the mentally ill."²⁶ Subsequent studies have confirmed these findings.

In the survey of auto workers employed at General Motors in Baltimore, Crocetti found

Only two fellow workers out of each 100 said they would be definitely unwilling to work with a person because he was a former mental patient. When seeking a roommate, only 15 per cent definitely would reject him solely on the basis of his psychiatric history. And in courtship only 13 per cent would definitely reject him because he was an ex-mental patient. Members of few ethnic groups or religious groups in the United States encounter such a small degree of rejection.

There is evidence, that for at least a decade the public has accepted mental illness as illness, that it looks to the medical profession for the treatment of this illness, and that it is optimistic about the outcome of such treatment...The time may have come to write a belated epitaph to the long-vanished 'closed ranks.'²⁷

The study closest in content to this author's study was done by Baker, Schulberg and O'Brien with social workers employed by Boston State Hospital. Baker pointed out that although perception of persons has long been subject for study, "the problem of how organizations are perceived remains relatively unstudied."²⁸

Baker, et. al. chose to work with social workers because they are the traditional links to the community. The workers agreed that many in the community still believed the hospital was "very remote and

a place for crazy people." Some said local residents thought the hospital "asked much and gave little" to the community. But others thought that "those members of the community who had more opportunity to learn about the good work of the hospital had more positive perceptions."²⁹

Workers believed that the image was improving and when an unfortunate incident occurred, such as a rape, it took the hospital less time to regain its image than in years past. "The policy is one of wait and see rather than outright rejection."³⁰

The study also revealed the image of the hospital in the community probably was slightly more positive than the social workers perceived it to be, and that most of the criticism by other agencies was about admission policies and procedures.³¹

While private institutions, such as the Foundation, face many of the same negative images that public institutions face, they have their own problems also. Hollingshead was aware of these and stated

Psychiatric treatment in a private mental hospital is so expensive that only a small percentage of the population can afford even the cheapest ones for more than a few months. Nevertheless, families make great sacrifices to keep mentally ill members in private institutions as long as possible. Unfortunately, some institutions exploit persons who prefer a private place to commitment to a state hospital, even though the level of care they receive may be no better....However, the exceptional private hospital that makes an effort to practice the best kind of psychiatry is also having increasing difficulty maintaining its standards as a considerable proportion of the clientele that patronized it in past years is being treated by private practitioners at far less cost. The changing nature of psychiatric practice, that is, the use of two polar methods, drugs and psychotherapy, may force the 'better' hospitals to broaden their 'exclusive' orientation. In the long run, all 'good' hospitals will need public support to enable them to become therapeutic communities.³²

The problems of the private hospital have forced administrators to pay greater attention to public relations--to scientific public relations. Lane defines the term new public relations, but states that moving toward it means "to adopt a scientifically validated theory and leave behind reliance on publicity programs and counsel based more or less on intuitive judgments."³³

Watkins and Vandemack have noted that management usually has little information about the characteristics, motivation, sense of values and attitudes of customers. In this case, the same could be said of information about consumers of mental health services. "Most managers," they said, "speak in generalities, quoting opinions and individual biases that may or may not have validity in their trading areas. Many firms are extremely conscious of an area that businessmen label as 'firm image.' There has been great concern by many firms concerning their image from the customer viewpoint, yet judgments relating to it have been most subjective. There has been generally little direct correlation of image with either accepted performance standards of the industry or with goals of the individual firm."³⁴

THE METHOD

Definitions

Defining image proved to be one of the most difficult tasks of the research project. Enis defined image as "the whole of all sensory perceptions and thought interrelationships associated with an entity by one individual. An image is an abstraction, a simplification of reality by the individual so that he can think about the totality of the entity in question."³⁵

Since it obviously would be impossible to measure "all sensory perceptions and thought interrelationships" of every member of the sample, image was operationally defined as the response to the questionnaire. A total image was not sought--instead, the responses to individual questions were evaluated to obtain a representative opinion with regard to a number of myths about The Menninger Foundation.

The purpose of measuring such an image was to fulfill a function defined by Robinson as that which "measures, evaluates and interprets the attitudes of various relevant publics."³⁶

The study was intended to provide the information with which the organization could fulfill three more functions Robinson defines as part of public relations: 1) assists management in defining objectives for increasing public understanding and acceptance of the organization's products, plans, policies and personnel; 2) equates these objectives with the interests, needs and goals of the relevant publics; and

3) develops, executes and evaluates a program to earn public understanding and acceptance.³⁷

Referring to the measuring function, Robinson said, "This portion of the definition shows that survey research, among other techniques, is a prerequisite to the function of measuring, evaluating and interpreting."³⁸

Sampling Technique

The method selected was that of the personal interview. Although a mail questionnaire approach was contemplated, the uncertainty of response and the psychiatric nature of the questions indicated the personal interview would be more satisfactory. The Hollingshead study,³⁹ the Midtown Manhattan study,⁴⁰ the Boston Hospital Study by Ryan,⁴¹ and the mental health image study in New York⁴² all made use of the personal interview.

Interviews were conducted during a one-week period in mid-September, 1973, by three interviewers: the author; a young woman familiar with the city through community work with boy and girl scouts and with civic theater; and a young man, also familiar with the community.

The equal interval cluster sampling technique was adapted from Backstrom and Hursh.⁴³ The sample precision was set for estimates of 6 per cent tolerable error with confidence that the estimates are reliable in 95 samples out of 100. This margin or error required a sample of 267 housing units. The sample was increased by 10 per cent to 294 units to account for persons not-at-home, vacant houses and refusals.⁴⁴

A sampling technique of random housing units was selected to avoid the bias of city directory lists, telephone lists and property tax lists. Census data were used to compute the sample.⁴⁵

For ease in interviewing, a cluster approach was used. Each cluster contained three housing units each; 98 clusters were selected. The selection process involved first finding a skip interval. Backstrom and Hursh define the skip interval as a "systematic skipping device to insure that sample clusters are dispersed geographically, and to give each cluster a known chance to be in the sample. It is necessary to base the interval on the total number of housing units rather than on the number of blocks because" of wide variations in the number of housing units per block.⁴⁶

To find the skip interval, the total number of housing units (43,700) was divided by the number of sample clusters (98). The resulting skip interval was 446. A starting point (159) was randomly drawn from a table of random numbers. Consecutive additions of the skip interval were made until 98 clusters had been chosen.

A random number table was used to determine a starting point on each block. (See Appendix B.) Because of the random choice of block corners, direction of moving around the block did not need to be varied. Interviewers were directed to move clockwise, unless doing so would involve counting more than half the units on the block. These computations were made in advance for the interviewers.

At this point blocks were designated on the census map and a cluster card was typed for each cluster. The directions on the card were extremely explicit to avoid error on the part of the interviewers. (See Appendix C.)

Interviewers were instructed to read the questionnaire to any individual answering the door who was more than 21 years of age. A card requesting demographic data then was handed to the person who had

been interviewed. Cards were numbered to correspond with questionnaires for later evaluation.

Interviewers were instructed to make no substitutions. If a person was not at home, interviewers returned four times at different time periods on different days to try to find someone more than age 21 at home. Names of the interviewees were not taken.

The Questionnaire

Questionnaire items were devised from the author's own knowledge of myths about The Menninger Foundation,⁴⁷ from conversations with several staff persons, and from other studies dealing with mental hospitals. Historical material about the Foundation also was consulted.

Questions were grouped so they appeared in a natural context as much as possible and questions which seemed particularly sensitive or controversial were placed last in each grouping, in the hope the answers would be less biased.⁴⁸ Some questions were inserted as cross checks and others were taken from the Souelman scale.⁴⁹

The questionnaire was pretested by the author through interviews with ten adults. After refining the questionnaire, it again was tested in a newswriting class at Washburn University of Topeka.

Statistical Analysis

The questionnaire involved two kinds of statements--those with correct and incorrect answers (1-16), that is factual statements, and those with no correct answers, that is opinion statements. The first 20 statements required yes and no answers, and the second 20 asked for scaled responses from strongly agree to strongly disagree. The third part of the questionnaire elicited demographic data.

It was decided to tabulate the percentage of correct responses to statements 1-16 by levels of education, income, race, sex, age and religious affiliation.

In addition, the sample was to be divided into two parts (respondents whose family incomes were less than \$10,000 and those whose family incomes were \$10,000 or greater) and a z score and correlation coefficients computed in regard to correct response to statements 1-16.

The same technique was to be applied to statement 17, dividing the sample into two groups, those answering yes and those answering no. Again, z scores were to be computed on the basis of positive responses (strongly agree or agree) to statements 18, 22, 24, 28, 31, 32, 34, 35, 37, 38, 39 and 40. A z score also was to be computed, using the percentage of correct responses on statements 1-16.

Again, a z score was to be computed, treating persons who knew someone who worked at the Foundation and those who did not as samples from separate populations and examining their correct responses to statements 1-16.

Correlation coefficients were to be determined comparing responses to statement 28 to responses to statement 38, and comparing responses to statement 22 to responses to statement 37.

THE FINDINGS

The people of Topeka seem to have a generally favorable image of The Menninger Foundation. They scored high on "knowledge" statements (1-16), voiced a high opinion of the quality of services, but saw the institution as expensive--much more expensive, for example, than the state hospital a few blocks away.

The Response to the Questionnaire

Of the 294 housing units designated, persons at 246 of those units actually completed questionnaires. Five more persons completed the first two parts of the questionnaire, but refused to give any demographic information. At 20 housing units, interviewers were refused. Most of these homes were in the lower income area of town, and a high percentage of them were housing units assigned to the only male interviewer. The author speculated that the refusals were partially due to the nature of the neighborhood and also due to the interviewer being male.

In addition, twenty-three interviews were not completed because the housing units selected were either vacant or the occupants were not at home during any of the four visits of the interviewers.

All findings are based on totally completed questionnaires, that is, on 246 respondents, representing 84 per cent of the total sample. While 84 per cent represents a high response (the New York Image Study obtained only a higher slightly response)⁵⁰, a limitation of the results

may be that the majority of refusals came from the lower economic group. This factor was considered in interpreting the findings.

The interviewers in most cases were greeted by residents willing to cooperate without undue explanation. The study was introduced as a student project, and in most cases the interviewers felt this was valuable in obtaining responses. Each interviewer definitely pointed out that the study, while it was examining attitudes toward the Menninger Foundation, was not sponsored by the Foundation nor being conducted by it.

Because there were only three interviewers, a high consistency in the style of interviewing was maintained. Most interviews were conducted between the hours of 4 and 9 p.m., between 9 a.m. and 6 p.m. Saturday and 1 to 5 p.m. Sunday.

Interviewers met each day to discuss any problems they might have had and to plan for the next day's interviews.

Pre-tests eliminated most problems inherent in the phrasing of particular statements. However, Statement 18 often was answered with a qualifying phrase--"If I could afford it," or "No, because I couldn't afford it." The same qualifying phrase often was used in replying to Statement 38.

One can only speculate that if the question had been phrased, "Money considerations aside, etc." the people who replied "Yes, if I could afford it," probably would still say yes, and those who said "No, I couldn't afford it," probably would still say no. However, that is only a speculation, and this reservation about the question should be considered when interpreting results.

In addition, some persons being interviewed were in doubt as to whether "advanced training for medical doctors" included psychiatric

training. However, the interviewers felt this doubt did not influence to a great degree the response to the question.

The open-ended question, "What is your general impression of The Menninger Foundation?" did not prove as valuable as expected. Answers often fell into the category of "I guess it's okay," or "I don't think much about it," or "I really don't have one." The question proved valuable only in isolated cases, such as the woman who had known Dr. Will Menninger, or the policeman who believed "the Foundation harbors criminals."

Tabulations

Table I indicates the responses, expressed in percentages, of those persons completing questionnaires (246).

TABLE I⁺

PERCENTAGE OF YES AND NO RESPONSES TO ALL STATEMENTS OF A QUESTIONNAIRE
USED TO MEASURE COMMUNITY IMAGE OF THE MENNINGER FOUNDATION

*PART I.	YES	NO
1. It employs about 1,000 persons.	70	30
2. In Topeka since before 1940.	93	7
3. Non-profit organization.	59	41
4. All land tax-free.	64	36
5. Most doctors foreign-born.	37	63
6. Provides advanced training for M.D.s	78	22
7. Employees there earn more than in other Topeka firms.	35	65
8. Most doctors \$50,000 or more annually.	30	70
9. Provides low cost care.	25	75
10. Some doctors work part-time in public schools.	69	31

TABLE I (continued)

*PART I.	YES	NO		
11. It trains ministers.	83	17		
12. Provides marriage counseling.	74	26		
13. Includes research department.	93	7		
14. Includes hospital for adults.	97	3		
15. Includes hospital for children.	94	6		
16. A person can receive help there w/out entering hospital.	94	60		
17. I know someone treated there.	40	60		
18. If I, or family, had emotional problems, would go there for help.	55	45		
19. I or family employed there.	2	98		
20. Someone I know works there.	48	52		
PART II.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
21. Good business management.	4	92	4	0
22. Money-hungry institution.	2	27	68	3
23. Many Topekans give money to it.	1	58	41	0
24. Financed primarily through fees.	1	68	31	0
25. It should have to pay taxes.	9	70	20	1
26. Doctors earn more than other doctors in Topeka.	4	53	42	1
27. Most patients from Topeka.	0	11	87	1
28. Only wealthy can afford.	4	56	38	2
29. More expensive than state hospital.	12	82	6	0
30. People with low incomes can afford.	0	39	57	4
31. Patients lead country club life.	1	23	74	2

TABLE I (continued)

PART II.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
32. Most patients get well.	0	70	30	0
33. Many movie stars patients there.	4	72	24	0
34. Well-designed treatment programs.	7	92	1	0
35. Best M.H. hospital in U.S.	6	68	26	0
36. Prestige steadily increasing.	4	84	12	0
37. Treatment programs ineffective.	0	7	87	6
38. First place I'd go for help.	2	38	56	4
39. Most patients might as well give up hope.	0	4	74	22
40. Employees gossip about patients.	3	28	191	24

+Questions have been abbreviated in tables. See Appendices for complete questionnaire.

*Statements 1-16 have correct and incorrect answers, that is, they measure knowledge, not opinion. For correct answers, see Table VI, p.28.

In sorting through responses to statements 1-16, it is not difficult to tell which facts about the Foundation are best known. More than 90 per cent of the respondents were aware that The Menninger Foundation has been in Topeka since before 1940; that it includes a research department, a hospital for adults, and a hospital for children; and that a person can receive help from the Foundation without entering the hospital.

By dividing all statements into categories of Quality of Services, Attitudes Toward Cost and Management, Services Offered, and Isolated Statements, it is easier to examine the responses. The following tables

group such questions. For the purpose of comparison, strongly agree and agree answers on Part II have been combined, as have disagree and strongly disagree answers. They are reported here as yes and no answers, similar to answers in Part I. Questions are abbreviated in the interest of space.

Quality of Services

TABLE II
PERCENTAGE OF YES AND NO RESPONSES TO STATEMENTS ABOUT
QUALITY OF SERVICES OF THE MENNINGER FOUNDATION

STATEMENT	YES	NO
18. If I or family needed help, I would go there.	55	45
32. Most patients get well.	70	30
34. Well-designed treatment programs.	99	1
35. Best M.H. Hospital in U.S.	74	26
36. Prestige steadily increasing.	87	11
37. Programs are ineffective.	7	93
38. If I needed help, first place I would go.	40	60
39. Most patients might as well give up hope.	4	96

In regard to quality of services, the most favorable response was to statements 34 (99 per cent of respondents saying the Foundation has well-designed treatment programs to help people with a variety of emotional illnesses) and 39 (96 per cent of respondents saying no to "Patients might as well give up hope.").

The least favorable response was in terms of the Foundation as an initial source of help. Forty per cent of the respondents said they would go to the Foundation initially as a source of help; 60 per cent replied they would not.

A sizeable majority (70 per cent) of the respondents said "Most patients there get well," and only seven per cent said treatment programs at the Foundation were ineffective. Seventy-four per cent of the respondents indicated they thought the Foundation was the "best mental hospital in the United States," and 87 per cent said its prestige was steadily increasing.

Attitudes Toward Cost and Management

TABLE III

PERCENTAGE OF YES AND NO RESPONSES TO STATEMENTS ABOUT ATTITUDES
TOWARD COST AND MANAGEMENT AT THE MENNINGER FOUNDATION

STATEMENT	YES	NO
3. Non-profit organization.	59	41
4. All land tax-free.	64	36
8. Doctors there earn \$50,000 plus	30	70
9. Provides low cost care.	25	75
7. Employees there earn more.	35	65
21. Good business management.	94	4
22. Money-hungry institution.	29	71
23. Many Topekans give money to it.	59	41
24. Financed primarily through fees.	69	31
26. Doctors earn more than others in Topeka. ⁵⁷		43
28. Only wealthy can afford.	60	40

TABLE III (continued)

STATEMENT	YES	NO
29. More expensive than state hospital.	94	6
30. People with low incomes can afford.	39	61

In responses to questions of knowledge, it is obvious that the most confusion exists about the non-profit status of the Foundation and over whether the Foundation pays taxes on all of its land. Fifty-nine per cent saw it as a non-profit organization, which it is, but 64 per cent said all land is tax-free, which it is not.

Topekans view the Foundation as an expensive place. They tend to believe that doctors at the Foundation earn more money than other doctors in Topeka (57 per cent said they do); that only the wealthy can afford it (60 per cent said yes); that it is more expensive than the state hospital (94 per cent said yes); and that low cost care is not available (75 per cent said it is not).

However, only 29 per cent of the respondents viewed it as a money-hungry institution, and 94 per cent believe it has good management.

Services Offered

Topekans are extremely knowledgeable about what services the Foundation offers, as evidenced in Table IV.

TABLE IV

PERCENTAGE OF YES AND NO RESPONSES TO QUESTIONNAIRE STATEMENTS
ABOUT SERVICES OFFERED AT THE MENNINGER FOUNDATION

STATEMENT*	YES	NO
6. Advanced Training for M.D.s	78	22
8. Work part-time in schools	69	31
9. Trains ministers.	83	17
10. Marriage counseling.	74	26
12. Hospital for adults.	97	3
13. Hospital for children	94	6
16. Can Receive help outside hospital.	94	6

*The correct response to each statement is yes.

The most visible of the services is the adult hospital, and second is the hospital for children, being named as services offered by 97 and 94 per cent of the respondents. The ministerial training program was more visible than training for physicians or part-time work in the schools. Eighty-three per cent of the respondents said the Foundation did train ministers. However, all those who were aware of the ministerial program were not necessarily aware of marriage counseling services, which are provided by the ministers. Work in the public schools had the lowest visibility, with only 69 per cent of the respondents indicating they were aware of that work. Ninety-four per cent of the respondents were aware that a person did not have to be hospitalized to receive help.

Isolated Statements

Some of the statements in the questionnaire were not designed to be grouped. These should provide some speculation as to whether the

Foundation has changed--or its image has changed--since the Raymond Rich, Associates report conducted in the 1940s.⁵¹ How these findings compare to those of the Rich report will be discussed in the next chapter.

TABLE V
PERCENTAGE OF YES AND NO RESPONSES TO ISOLATED STATEMENTS
ABOUT THE MENNINGER FOUNDATION

STATEMENT	YES	NO
2. In Topeka before 1940.	93	7
5. Physicians are foreign-born.	37	63
27. Most patients are from Topeka.	11	89
31. Patients lead country club life.	24	76
33. Many movie stars patients.	76	24
40. Employees gossip about patients.	13	87

From these statements, it appears that Topekans do not see The Menninger Foundation as a Topeka institution in that 89 per cent did not believe most patients were from Topeka and 76 per cent believe many movie stars have been patients here. However, only 24 per cent said patients lead a country club life. Respondents seemed to believe in the confidentiality of the patient relationship, as evidenced by an 87 per cent response that employees do not gossip about patients.

Only 37 per cent of the respondents said they believed most of physicians are foreign-born, and 93 per cent said they believed The Menninger Foundation had been in Topeka since 1940.

Knowledge Questions

The first 16 statements on the questionnaire were statements to determine knowledge, and therefore had "correct" answers. Table VI shows those statements, the correct answers, and the percentage of correct answers achieved by respondents as a whole.

TABLE VI

PERCENTAGE OF CORRECT RESPONSES TO SIXTEEN KNOWLEDGE
STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENT	CORRECT RESPONSE	PER CENT CORRECT
1. Employs 1,000.	Yes	70
2. In Topeka before 1940.	Yes	93
3. Non-profit organization.	Yes	59
4. All land tax-free.	No	36
5. Doctors foreign-born.	No	63
6. Provides Advanced Training for M.D.s.	Yes	78
7. Employees earn more than....	No	65
8. Most M.D.s earn \$50,000 plus.	No	70
9. Provides Low cost care.*	No	75
10. Work part-time in schools.	Yes	69
11. Trains ministers.	Yes	83
12. Provides marriage counseling.	Yes	74
13. Includes research department.	Yes	93
14. Includes hospital for adults.	Yes	97
15. Includes children's hospital.	Yes	94
16. Can receive help w/out hospital.	Yes	94

*Some problems exist in determining the correct answer to this question.

No low-cost care is provided for inpatients. Low cost care is available to outpatients in terms of a sliding scale of fees. However, that fee still could be considered unmanageable for persons with low incomes. Also, some difficulty in defining "low cost care" was experienced. The inclusion of this statement as a knowledge, rather than opinion, statement might be seen as a limitation of the study.

More than 90 per cent of the respondents were aware that The Menninger Foundation has been in Topeka since before 1940; that it includes a research department, a hospital for adults, and a hospital for children; and that a person can receive help from the Foundation without entering the hospital.

It is not difficult, therefore, to tell which facts about the Foundation are best known. The previous summary of statements by subject groups further delineates this response.

In addition, the percentage of correct responses was summarized by income, age, occupation, religious affiliation, sex and education.

Table VII shows the percentage of correct responses obtained by respondents falling into the eleven income groups.

TABLE VII

PERCENTAGE OF CORRECT RESPONSES AT VARIOUS INCOME
LEVELS TO SIXTEEN KNOWLEDGE STATEMENTS ABOUT
THE MENNINGER FOUNDATION

STATEMENTS:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Income Groups	No. in Group																

Under \$5,000	(57)	64	91	50	43	52	75	59	52	78	75	78	70	94	94	94	89
\$5-\$5,999	(21)	76	100	76	33	57	66	61	80	90	57	71	71	80	95	95	90
\$6-\$6,999	(16)	68	100	56	37	75	75	50	50	75	50	62	68	93	100	93	87
\$7-\$7,999	(21)	76	95	76	23	57	85	57	66	85	66	76	61	85	95	90	90
\$8-\$8,999	(19)	78	89	63	42	78	73	63	94	68	57	73	63	84	100	89	100
\$9-\$9,999	(14)	57	71	35	28	64	71	64	85	71	78	92	64	92	100	85	100
\$10-\$11,999	(20)	60	85	40	50	65	80	70	55	70	85	90	85	95	100	95	75
\$12-\$14,999	(32)	65	96	56	21	65	78	62	71	71	62	84	71	93	93	90	100
\$15-\$24,999	(34)	75	91	64	38	61	82	76	79	58	79	100	85	100	97	97	100
\$25-\$49,999	(11)	63	100	72	36	63	90	81	100	81	54	90	90	100	100	100	100
\$50,000 plus	(1)	100	100	100	0	100	0	100	100	100	0	100	100	100	100	100	100

Generalizations cannot be made for the above \$50,000 group as that group contained only one respondent. Respondents consistently were most confused about question four: "All of its land is tax-free." (The statement had the lowest correct response, with one exception. The \$10,000 to \$11,999 group answered statement three-- It is a non-profit organization--correctly less often than statement four.)

The sample was divided into two income groups (those with family incomes of less than \$10,000 and those with family incomes of \$10,000 or more) which were treated as samples from separate populations. The samples provided sufficient evidence to reject the hypothesis that the populations would respond to the statements in the same way. ($Z = -2.77$, significant at the .006 level.)

The 148 respondents with an income of less than \$10,000 answered correctly 62 per cent of the time; the 98 respondents with incomes of more than \$10,000 answered correctly 78 per cent of the time. ($p_1 = .62$; $p_2 = .78$) The z score (-2.77) indicated the two populations were significantly different, with people of incomes lower than \$10,000 answering significantly fewer correct statements than people with incomes of \$10,000 or above.

The correlation coefficient of income and the number of statements responded to correctly indicated that as income rises, the proportion of correct answers also rises. ($r = .165$; $z = 2.66$, significant at the .0078 level.)

Table VIII shows the percentage of correct statements by education levels. Several groups are not represented in the table

because of the few respondents in those groups. (Group I - none; Group II - 1; Group VIII - 5.) (Table page 33.)

Again, statement four (All land is tax-free) was consistently answered correctly the least often. The correlation coefficient ($r = .22588$; $z = 3.6$, significant at the .002 level) was significant, indicating that as education rises, the percentage of questions answered correctly also rises.

However, in contrast to the results of education and income, age did not significantly correlate to the percentage of correct responses ($r = .7181$; $z = 1.13$). Table IX shows the breakdown of questions answered correctly in age groups. (Table page 34.)

Correlation coefficients were not computed for statements 1-16 and categories of occupation, religion or race. Dividing these categories and computing differences would be suspect, as the male/female ratio does not adequately represent the proportions in the population of Topeka. Neither does the religious breakdown adequately represent the population (no Jewish individuals were interviewed and Protestants outnumbered Catholics by about 5 to 1). Race more adequately represented the population proportions, but nearly all the refusals were made by Blacks, making the Black sample almost one of self-selection, and therefore non-representative.

Occupational categories were not felt by the author to be definitive enough to make statistical claims. However, no blatant relationships are evidenced by the tables.

TABLE VIII

PERCENTAGE OF CORRECT RESPONSES AT VARIOUS EDUCATION LEVELS TO
SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENTS Education Levels	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
No. in Group																
G.S. Grad	(10)	90	100	50	30	40	90	60	30	70	70	90	90	90	100	70
Some H.S.	(25)	60	92	48	44	60	72	76	60	84	64	84	92	96	96	84
H.S. Grad	(109)	69	92	69	34	58	69	54	65	78	65	70	63	86	95	94
Some College	(66)	69	89	54	37	68	81	72	80	74	75	92	84	100	98	95
College Grad	(30)	70	93	66	33	66	90	76	86	60	63	96	70	100	93	96

TABLE IX
 PERCENTAGE OF CORRECT RESPONSES AT VARIOUS AGE LEVELS TO SIXTEEN
 KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION

Age Levels	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
STATEMENTS No. in Group																
21-24 (41)	60	85	51	51	68	80	65	68	65	70	68	56	90	92	90	92
25-44 (105)	72	88	58	38	67	74	69	77	76	61	77	70	90	97	94	90
45-64 (80)	75	100	68	27	57	82	56	66	77	73	92	80	95	97	94	90
65 plus (20)	50	95	35	30	40	65	65	50	75	80	100	95	100	100	90	95

TABLE X
 PERCENTAGE OF CORRECT RESPONSES BY MALES AND FEMALES TO SIXTEEN
 KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Male (89)	65	94	58	31	58	80	57	67	71	61	78	68	87	96	94	85
Female (197)	71	91	58	38	64	75	68	71	76	72	84	75	95	96	92	97

TABLE XI
 PERCENTAGE OF CORRECT RESPONSES BY OCCUPATIONAL CATEGORIES TO
 SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Profes. (31)	74	96	74	38	67	90	64	80	67	77	100	83	100	100	96	100
Farmer (1)																
Manager (11)	63	81	45	54	63	90	45	81	63	63	90	90	100	100	100	72
Clerical (24)	54	91	70	37	50	60	50	54	66	66	70	54	91	87	91	95
Sales (32)	75	93	56	37	62	75	65	75	87	56	68	65	90	100	90	96
Service (13)	76	84	46	69	69	100	46	61	69	69	69	69	84	100	100	92
Laborer (14)	78	100	50	35	64	64	42	42	85	50	57	50	78	85	85	71
Homemaker (83)	72	91	57	32	66	69	73	78	83	73	87	77	93	97	90	96
Craftsman (14)	57	85	64	21	57	85	78	71	57	57	85	71	85	92	100	92
Other (23)	65	95	47	26	47	82	65	47	56	78	86	82	95	100	100	86

TABLE XII

PERCENTAGE OF CORRECT RESPONSES BY RELIGIOUS CATEGORIES TO
SIXTEEN KNOWLEDGE STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Catholic (35)	85	97	71	42	62	88	68	71	68	62	80	68	91	94	97	88
Protestant (190)	68	92	56	34	63	74	64	72	76	71	85	74	92	97	92	93
Other (21)	52	80	52	42	47	85	52	47	71	57	57	66	100	95	95	95

TABLE XIII

PERCENTAGE OF CORRECT RESPONSES BY RACE TO SIXTEEN KNOWLEDGE
STATEMENTS ABOUT THE MENNINGER FOUNDATION

STATEMENTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Black (16)	81	93	59	56	43	75	50	56	81	50	62	56	93	100	93	87
White (223)	68	91	58	34	62	77	65	71	74	70	85	75	93	96	93	94
Other (7)	71	100	71	42	85	85	42	57	71	42	28	42	71	85	100	57

Tables X, XI, XII and XIII (Pages 35, 36 and 37) show breakdowns by sex, occupation, religion and race.

Although no statistical studies were made on occupation vs. correct answers, it is interesting to note that the professional category does not ensure the highest answers.

In order to determine whether knowing a person who is or who has been treated at The Menninger Foundation was significantly related to answers to various questions, persons answering yes to statement 17 and persons answering no were treated as samples from separate populations. The purpose was to determine whether people answering yes answered other questions differently than did people answering no.

For example, persons who answered yes to statement 17 (I know someone who is or who has been treated at The Menninger Foundation) more often said they would go there for help if they or a member of their family had emotional difficulties (statement 18) than persons answering no. A z score was computed (3.8901) and determined to be significant at the .0001 level.

Also, people who said yes to statement 17 more often said yes to statement 35. (It is the best mental health hospital in the United States.) ($z = 2.2630$, significant at the .02 level.)

Likewise, people answering yes to statement 17 more often said it would be the first place they would go for help (statement 37) than people answering no to statement 17. ($z = 3.6412$, significant at the .0002 level.)

However, no significant difference in the groups of people replying yes or no to statement 17 were found in the analyses of

responses to questions 22 (it is a money-hungry institution.); 24 (It is financed primarily through fees which patients pay.); 28 (Only wealthy families can afford to send a patient there); 31 (Patients there lead a country club life.); 32 (Most patients there get well.); 34 (It has well-designed treatment programs.); 37 (Its treatment programs are ineffective); 39 (Most patients there might as well give up hope); and 40 (Its employees gossip about the patients.).

In other words, it appears that people are more willing to classify the Foundation as the best if they know someone who has been treated there, and they are more willing to go there themselves. However, knowing someone who has been treated there does not seem to have any relationship to opinion about specific qualities of the Foundation.

Those persons answering statement 17 yes seem to be no different than those persons answering it no when compared to the total number of questions (1-16) they answered correctly. In other words, knowing a patient does not necessarily affect the level of a person's general knowledge about the Foundation.

A z score also was computed, treating those persons who knew someone who worked there and those who did not as samples from separate populations, but no significant difference was found in the number of correct answers on statements 1-16. ($z = .3091$).

Those answering statement 28 (Only wealthy families can afford to send a patient there) as yes and those answering no were treated as samples from separate populations in regard to their response to

statement 38 (If I needed psychiatric help, it is the first place I would go.). The z score computed ($z = -3.3358$, significant at the .0008 level) showed that those who saw it as a place only for the wealthy were less willing to say TMF would be their first choice of treatment.

Also, a correlation coefficient ($-.2788$) showed that as persons tended to strongly agree that only the wealthy could afford to go to the Foundation they more often tended to strongly disagree that it is the first place they would go for psychiatric help.

Likewise, people who tended to strongly agree that it is a money-hungry institution also tended to strongly agree that the treatment programs are ineffective. (correlation coefficient = .2420)

SUMMARY, CONCLUSIONS, AND DISCUSSION

The purpose of this study was to probe the stated knowledge and attitudes of Topekans toward the Menninger Foundation to describe the image of the institution in the community. It is hoped that this evaluation will help the Foundation to "measure, evaluate and interpret the attitudes of various relevant publics,"⁵² and further that it will help the management to fulfill Robinson's three functions of public relations: defining objectives, equating the objectives with the needs of the public, and developing and evaluating a program to earn public understanding and acceptance.⁵³

Summary

That The Menninger Foundation enjoys a high degree of prestige in its own community certainly is indicated by the findings of this study, particularly when one considers the high level of knowledge about the Foundation evidenced by the persons interviewed here.

Respondents scored high on "knowledge questions" (statements 1-16), voiced a high opinion of the quality of services, but saw the institution as expensive--much more expensive, for example, than the state hospital a few blocks away.

More than 90 per cent of the respondents were aware that the Foundation has been in Topeka since before 1940; that it includes a research department, a hospital for adults, and a hospital for children; and that a person can receive help from the Foundation

without entering the hospital. Most respondents believed the Foundation had well-designed treatment programs and only four per cent believed "Patients might as well give up hope."

The Foundation was seen as the best mental health hospital in the United States by 74 per cent of the respondents, and 87 per cent believed its prestige is steadily increasing.

Confusion does exist about the non-profit status of the Foundation, and 64 per cent of the respondents erroneously believe that all Menninger land is tax-free.

The most visible of the services is the adult hospital, and second is the hospital for children. The ministerial training program is more visible than training for physicians or part-time work in the schools. However, all those who were aware of ministerial training are not necessarily aware of marriage counseling services, which are provided by the ministers.

It appears that Topekans view the Foundation as an institution for non-Topekans, since 89 per cent of the respondents *did not* believe most patients were from Topeka and 76 per cent believe many movie stars have been patients there.

The study showed that as income and education rises, the level of knowledge about the Foundation also tended to rise, but that age has no apparent relationship.

Those respondents who knew someone who had been treated at the Foundation said they would go there themselves, that it was the best mental health hospital in the United States, and that it was the "first" place they would go for help more often than persons who did

not know someone who had been treated at TMF. Also, those who saw the Foundation as a place only for the wealthy were less willing to say TMF would be their first choice of treatment, and those who saw the Foundation as a money-hungry institution also tended to strongly agree that its treatment programs are ineffective.

Conclusions

Despite some negative response to the Foundation, either its image has improved since 1948 when Raymond Rich Associates conducted its survey⁵⁴ or the different techniques of that study provided different answers in comparison to this survey. While Rich Associates felt that the Foundation faced a problem in that persons believed its personnel were predominantly alien,⁵⁵ there is no evidence here to support that claim, although the Foundation still maintains many people from different nations on its staff. The anti-religious and anti-moral charges Rich and Associates heard leveled at the Foundation⁵⁶ were not found either in the open-ended questions nor in responses to the statements on the questionnaire. The only open-ended response which supported that view was a young policeman's claim that the Foundation "harbored the criminal element." A few comments about "I don't really agree with what they do out there" were the next closest to these charges. None were sufficient to substantiate the Rich report's documentation of the problem.

Rich also reported that many persons believed "the Foundation had no business-like management,"⁵⁷ but 96 per cent of the respondents in this study agreed or strongly agreed that the Foundation "had good business management."

References to the Foundation as a "gilded castle for queer folk" and a "nut house" that Rich reported were not heard by the interviewers in this study.⁵⁸

The Rich report depended in large part on chance interviewing rather than on a systematic sampling technique, which could be the factor in the different responses. However, the report also is more than 20 years old, and time could be the factor as well.

In comparing the results of the study to what is available in the literature, the Foundation fares well. The study is in agreement, in most aspects, with studies done in the late 1950s (Crocetti, Spiro, et. al) that indicated "people showed" an increasing "willingness to admit illness and seek psychiatric help."⁵⁹

There is no evidence to support the theory that existed in earlier years that "psychiatry is viewed with considerable distrust."⁶⁰

Baker reported in a Boston study that "people who had had more opportunity to learn about the good work of the hospital had more positive perceptions." This study also shows that persons who know someone who has been treated at the Foundation would be more willing to go there themselves.

Discussion

It would be interesting to examine the attitudes of the Foundation staff to see how they compare to attitudes of the community at large. Baker found, again in Boston, that the social workers in the hospital "perceived the community image to be more negative than it was."⁶¹

In examining the results here, particularly in a public relations context, care must be made to view the limitations of the

study. As in all studies of this type, certain inherent problems exist. What people say is not necessarily what they really believe. And, furthermore, what people believe does not always spur them to action. Whether the percentage of persons saying they would go to the Foundation for help actually would go in case of problems is impossible to predict from the findings of this study. In addition, the definition of "emotional problems" or "needing psychiatric help" varies with each individual.

Of those questions having correct answers, the only statement consistently answered incorrectly was the statement "All land is tax-free." While the visibility of the services the Foundation offers should not be disregarded, some attention should be paid to the tax question. The Foundation does pay tax on some of its land, but obviously the community does not recognize the fact. Also significant is the response to statement 25: "It should have to pay taxes similar to those of any ordinary business." Seventy-nine per cent of the people responding agreed or strongly agreed the Foundation should have to pay such taxes.

The findings also supported the author's theory that being close to someone who has been treated at the Foundation correlates highly with being willing to go there oneself for help. However, this correlation did not hold in regard to attitudes about specific services. Although this study did not elicit information about contributions toward the Foundation, one indication for further study might be that if persons are more willing to be treated at the Foundation if they know someone who has been treated there, they might also be more willing to contribute. Because of the problem of confidentiality, patients and their friends have not been actively

solicited for funds. However, this could be a highly profitable area of further study.

Since the highly educated person with a higher income has a greater knowledge of the Foundation, that person could also be more actively solicited for funds or for volunteer work in public relations. If the Foundation is to reach the lower income levels, however, some public relations program, an informational effort, must be leveled at the lower socio-economic group.

Such an effort, however, would depend in part on the Foundation's willingness to provide for the lower-income groups. Sixty per cent of the respondents agreed or strongly agreed that only the wealthy could afford to go there, and 75 per cent of the respondents indicated low cost care was not available for people with low incomes. If the Foundation is able and/or willing to offer reduced rates to a substantial enough degree to encourage low income people to bring their problems, then the previous educational effort mentioned should perhaps be made. If, on the other hand, the perception about wealthy people is correct, perhaps it should be accepted as a factual picture of the Foundation's limitations.

Fifty-five per cent of the respondents said if they or someone in their family would have emotional problems they would turn to the Foundation for help. Forty per cent agreed or strongly agreed it would be the first place they would turn to for help. The validity of this response is questionable because of the phrasing of the statement. Many persons answering the statement qualified their response by saying "Yes, if I could afford it" or "No, I couldn't

afford it." A second study would have to clarify this statement. One could speculate that the same persons would respond "Yes" or "No" even if the statement said "Money considerations aside." However, whether the money is, in effect, a realistic factor, or whether the qualifying statement is merely a socially acceptable way to say "No, I would not go there" can only be a matter of guesswork at this point.

Also implying a need for better public relations efforts is the unwillingness of people to see the Foundation as a Topeka institution for Topekans. For example, 89 per cent of the respondents disagreed or strongly disagreed that patients come primarily from Topeka and the surrounding area. Only 59 per cent of the respondents said they believed Topekans give money to the institution.

Although a singular study cannot hope to provide the total picture of an institution, it is hoped that these specific findings will help provide information to the Foundation for making some judgments in the area of public relations and that the study will further serve as a model for other institutions of similar make-up to study their own images in their own communities.

FOOTNOTES

- 1 "Menninger Memoirs and Memos," Part III, The Week Ahead, published by the C.F. Menninger Memorial Hospital, a patient newsletter, April 30, 1971, p. 1.
- 2 Ibid. p. 2.
- 3 Twentieth Century Film, Columbia Broadcasting Company.
- 4 Laird Wilcox, "What's Up with the New Left?" Pictorial-Times, March 8, 1972.
- 5 Oscar Stauffer, "Plans for the Next Decade," Topeka Capital-Journal, Thursday, May 4, 1971.
- 6 "Kansas Citizens Plan; Comprehensive Mental Health Services, Mental Health Needs and Resources," Division of Institutional Management, State Board of Social Welfare, Topeka, Ks. 1964, p. 41.
- 7 Ibid., p. 43.
- 8 "Report on The Menninger Foundation," by Raymond Rich Associates. (Unpublished) June, 1948, p. 1.
- 9 Ibid., p. 63.
- 10 Ibid.
- 11 Ibid., p. 64.
- 12 Ibid., p. 60.
- 13 Ibid.

14

Ibid., p. 59.

15

Leo Srole, Thomas S. Langner, Stanley T. Michael, Marvin K. Opler, and Thomas A.C. Rennie, Mental Health in the Metropolis (New York, N.Y.: McGraw Hill Book Company, 1962).

16

William Ryan, Distress in the City (Cleveland: The Press of Case Western Reserve University, 1969).

17

Jack Elinson and Elena Padilla, Public Image of Mental Health Services (New York: Mental Health Materials Center, Inc. 1967).

18

Ryan, p. 48.

19

Ibid.

20

Elinson.

21

Guido Crocetti, Herzl Spiro and Iradj Siassi, "Are The Ranks Closed? Attitudinal Social Distance and Mental Illness," American Journal of Psychiatry, 127:9 (March, 1971) p. 42.

22

Ibid.

23

Ibid.

24

Ibid., p. 43.

25

Ibid.

26

G.M. Crocetti and P.V. Lemkau, "Public Opinion of Psychiatric Home Care in an Urban Area," American Journal of Public Health (1963) pgs. 413-14.

27

Guido Crocetti, Spiro and Siassi, p. 1126.

28

Frank Baker, Herbert C. Schulberg, Gregory M. St. L. O'Brien, "The Changing Mental Hospital--the Perceived Image and Contact with the Community," Mental Hygiene Vol. 53, No. 2 (April, 1969), p. 238.

29
Baker, p. 241.

30
Ibid.

31
Ibid.

32
August B. Hollingshead and Fredrick Redlich, Social Class and Mental Illness, (New York: John Wiley & Sons) 1958, p. 152-53.

33
Eugene F. Lane, "Social Science," Public Relations Journal, 21: 8-10 (February, 1965), p. 9.

34
E.P. Watkins and V.A. Vandemark, "Customer Information Strengthens Market Information Systems," Journal of Retailing 47: 50-4 (Spring, 1970).

35
Ben Enis, "Analytical approach to the Concept of Image," California Management; 9: 51-8 (Summer, 1967).

36
Edward J. Robinson, Public Relations and Survey Research, (New York: Meredith Corporation, 1967) p. 5.

37
Ibid.

38
Ibid., p. 6.

39
Hollingshead, p. 152.

40
Srole, et. al.

41
Ryan.

42
Elinson.

43
Charles H. Backstrom and Gerald O. Hursh, Survey Research. (North-western University Press, 1963).

44
Ibid., p. 39.

- 45
1970 Census of Population and Housing. (Washington, D. C.:
U.S. Dept. of Commerce) 1970.
- 46
Backstrom and Hursh, p. 40.
- 47
The author was a public relations assistant at The Menninger
Foundation from March, 1969 to August, 1972.
- 48
Conducting Community Studies, p. 14.
- 49
Omneya Souelem, "Mental Patients Attitudes Toward Mental
Hospitals," Journal of Clinical Psychology (April, 1955).
- 50
Elinson, p. 24.
- 51
Raymond Rich, Associates.
- 52
Robinson, p. 5.
- 53
Ibid.
- 54
Raymond Rich, Associates.
- 55
Ibid., p. 64.
- 56
Ibid.
- 57
Ibid., p. 60.
- 58
Ibid., p. 59.
- 59
Crocetti, Spiro and Siassi, p. 1126.
- 60
Pictorial Times.
- 61
Baker, et. al. p. 238.

BIBLIOGRAPHY

A. Books

- Backstrom, Charles and Gerald Hursh. Survey Research. Northwestern University Press, 1963.
- Bindman, Arthur Joseph, ed. Perspectives in Community Mental Health. Chicago: Aldine, 1969.
- Conducting Community Studies. College Park, Md.: University of Maryland Cooperative Extension Service, 1971.
- Cumming, E. and Cumming, J. Closed Ranks. Cambridge, Mass.: Harvard University Press, 1957.
- Delany, William, Janowitz, Morris and Wright, Deil. Public Administration and the Public--Perspectives Toward Government in a Metropolitan Community. Ann Arbor, Mich: Bureau of Government, Institute of Public Administration, University of Michigan, 1958.
- Elinson, Jack, Padilla, Elena, and Perkins, Marvin E. Public Image of Mental Health Services. New York: Mental Health Materials Center, Inc. 1967.
- Etzioni, Amitai. A Sociological Reader on Complex Organizations. New York: Holt, Rhinehart & Winston, Inc. 1961.
- Gurin, G. and Veroff, J. Americans View Their Mental Health. New York: Basic Books. 1960.
- Hollingshead, August and Redlich, Fredrick. Social Class and Mental Illness. New York: John Wiley & Sons, 1958.
- Lerbinger, Otto. Public Relations and Survey Research. New York: Meredith Corporation, 1969.
- Levey, Samuel and Loomba, N. Paul. Health Care Administration: A Managerial Perspective. Philadelphia: J.B. Lippincott Co., 1973.
- Mannino, Fortune V. and Shore, Milton F. (eds.) Mental Health and the Community: Problems, Programs and Strategies. New York: Behavioral Publications, 1969.
- Nunnally, J.C. Jr. Popular Conceptions of Mental Health. New York: Holt, Rinehart and Winston, 1961.

Ridenour, N. Mental Health in the United States. Cambridge, Mass.: Harvard University Press, 1961.

Ryan, William. Distress in the City. Cleveland and London: The Press of Case Western Reserve University, 1969.

Sargent, Hugh W., (ed). Perspectives in Community Mental Health. Chicago: Aldine, 1969.

Srole, Leo, Langner, Thomas S., Michael, Stanley T. and Opler, Marvin K. Mental Health in the Metropolis. New York: McGraw Hill, 1962.

B. Periodicals

Baker, Frank and Schulberg, Herbert C. "The Development of a Community Mental Health Ideology Scale," Community Mental Health Journal. III (Fall, 1967) 216-225.

Benson, Lawrence, "Mail Surveys Can Be Valuable," Public Opinion Quarterly, X (Summer, 1946), p. 235-247.

Bressler, Marvin and Kephart, William M., "Increasing the Response to Mail Questionnaires: A Research Study," Public Opinion Quarterly XII (Summer, 1958) p. 127.

Carlson, R.O. "Public Relations Research--Problems and Prospects," Public Relations Journal, XXVI (May, 1970) p. 6-9.

Cobb, Charles W. "A Management Information System for Mental Health Planning and Program Evaluation: A Developing Mode." Community Mental Health Journal. VII, No. 4 (December, 1971) p. 280-87.

Cohen, J. and Struening, E.L. "Opinions About Mental Illness in the Personnel of Two Large Mental Hospitals." Journal of Abnormal Social Psychology. 64 (May, 1962) pp. 349-360.

Crocetti, Guido; Spiro, Herzl R.; and Siassi, Iradj. "Are the Ranks Closed? Attitudinal Social Distance and Mental Illness." American Journal of Psychiatry 127, No. 9 (March, 1971) 1121-27.

Crocetti, Guido and P.V. Lemkau, "Public Opinion of Psychiatric Home Care in an Urban Area," American Journal of Public Health (1963) 413-14.

Dreyfus, P.A. "Corporate Identity: A Critical Assessment," Management Review. 50 (June, 1970) 12-16.

Enis, Ben N. "Analytical Approach to the Concept of Image," California Management Review. 9 (Summer, 1967) 51-8.

- Fischer, Edward H. "Who Volunteers for Companionship with Mental Patients? A Study of Attitude-Belief-Intention Relationships." Journal of Personality. 39 (December, 1971) 552-63.
- Hochstim, Joseph R. and Athanasopoulos, Demetrios. "Personal Followup in a Mail Survey: Its Contribution and Its Cost," Public Opinion Quarterly XXXIV (Spring, 1970) p. 80-81.
- Lane, Eugene F. "Social Science." Public Relations Journal. 21: 3-10 (February, 1965).
- Lerbinger, Otto and Hammond, George. "PR Research--As Others View It." Public Relations Journal. XXVI, No. 6 (June, 1970) 29-31.
- Lerbinger, Otto and Marshall, M.L. "PR Research in the Corporation," Public Relations Journal. 27 (March, 1971) 14-17.
- McDonagh, Edward C. and Rosenblum, A. Leon. "A Comparison of Mailed Questionnaires and Subsequent Structured Interviews," Public Opinion Quarterly XXIX (Spring, 1965).
- "Menninger Memoirs and Memos," Part III. The Week Ahead. Published by the C.F. Menninger Memorial Hospital, a patient newsletter. April 30, 1971.
- Parlour, Richard R. "The Reorganization of the California Department of Mental Hygiene," American Journal of Psychiatry. 128 No. 11 (May, 1972). 1388-94.
- Ramsey, G.V. and Siepp, M. "Attitudes and Opinions Concerning Mental Illness," Psychiatric Quarterly XXII (1948) 424-444.
- "Research Measures Image, Helps Set Ad Strategy, MCRC Told." Industrial Marketing. 53 (December, 1968) 73.
- "Report on the Menninger Foundation," by Raymond Rich Associates. (Unpublished) June, 1948.
- Ring, Stephen I. and Schein, Lawrence. "Attitudes Toward Mental Illness and the Use of Caretakers in a Black Community." XXXX (July, 1970) American Journal of Orthopsychiatry. 710-16.
- Robbins, H. Zane. "Building a New Corporate Image." Public Relations Journal. XXIV, No. 6 (June, 1968) 18-20.
- Robkin, Judith G. "Opinions About Mental Illness: A Review of the Literature." Psychological Bulletin (March, 1972) 163-71.
- Rothe, Marianna; Cassell, Russell N.; and Carlton, Mark L. "Comparing Opinions About Mental Illness for Hospital Attendants and Practical Nursing Students." Nursing Research XIX (May, 1970) 268-71.
- "Searching Anxiously Among the Grass Roots." Business Week. 42. No. 4. (April 20, 1968) 42-4.

- Simon, R. "Two decades of Scholarly Research." Public Relations Journal. XXVII (December, 1971) 34-6.
- Solomon, Harry C. "Half a Century of Hospital Psychiatry." Hospital and Community Psychiatry. XIX No. 12 (December, 1968) 367-71.
- Stauffer, Oscar. "Plans for the Next Decade," Topeka Capital-Journal. Thursday, May 4, 1971.
- Strenski, J.B. "Guidelines for Evaluating a PR Program." Management Review. 59 (March, 1970) 34-8.
- Watkins, E.P. and Vandemark, V.A. "Customer Information Strengthens Market Information Systems." 47 (Spring, 1971) Journal of Retailing. 50-4.
- Wilcox, Laird. "What's Up With the New Left?" Pictorial Times, March 8, 1972.

APPENDICES

APPENDIX A: THE QUESTIONNAIRE

TMF STUDY--I am helping to conduct a survey about The Menninger Foundation. The study is independent, designed by a graduate student at Kansas State University. Your home was selected in a scientifically designed sample. Are you 21 or older? (If not,) Is there someone at home who is 21 or older? Your answers are very important to the accuracy of the study. The questions will only take about 10 minutes. I will read some statements about The Menninger Foundation. Please just answer yes or no--whichever seems to you to be the correct answer.

PART I.	(Col.)	Yes (1)	No (2)
1. It employs about 1,000 persons.....	(1)	_____	_____
2. It has been in Topeka since before 1940	(2)	_____	_____
3. It is a non-profit organization.....	(3)	_____	_____
4. All of its land is tax-free.....	(4)	_____	_____
5. Most of its doctors are foreign-born...	(5)	_____	_____
6. It provides advanced training for medical doctors.....	(6)	_____	_____
7. Employees who work there earn more money than they would in similar jobs with other Topeka firms.....	(7)	_____	_____
8. Most doctors there earn \$50,000 or more each year.....	(8)	_____	_____
9. It provides low cost care for families with low incomes.....	(9)	_____	_____
10. Some of its doctors work part-time in the public schools, helping teachers to understand children with problems..	(10)	_____	_____
11. It trains ministers, helping them to develop special skills needed to work with the mentally ill.....	(11)	_____	_____
12. It provides marriage counseling services.....	(12)	_____	_____
13. It includes a research department.....	(13)	_____	_____
14. It includes a hospital for adults.....	(14)	_____	_____
15. It includes a hospital for emotionally disturbed children.....	(15)	_____	_____

PART I.		(Col.)	Yes (1)	No (2)
16.	A person can receive help there without entering the hospital.....(16)		_____	_____
17.	I know someone who is being or who has been treated there.....(17)		_____	_____
18.	If I, or someone in my family, would have emotional problems, I would go there for help.....(18)		_____	_____
19.	I am, or a member of my family is, employed there.....(19)		_____	_____
20.	Someone I know outside of my family works there.....(20)		_____	_____

PART II. These next questions have no right or wrong answers. Please just tell me whether you strongly agree, agree, disagree or strongly disagree with the statement. Here is a card stating the different possible answers.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
21. It has good business management.....(21)	_____	_____	_____	_____
22. It is a money-hungry institution.....(22)	_____	_____	_____	_____
23. Many Topekans given money to it.....(23)	_____	_____	_____	_____
24. It is financed primarily through fees which patients pay.....(24)	_____	_____	_____	_____
25. It should have to pay taxes similar to those of any ordinary business.....(25)	_____	_____	_____	_____
26. Its doctors earn more than other doctors in Topeka...(26)	_____	_____	_____	_____
27. Most of its patients come from Topeka and the surrounding area.....(27)	_____	_____	_____	_____
28. Only wealthy families can afford to send a patient there.....(28)	_____	_____	_____	_____

		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
PART II.					
29.	It is more expensive for patients to go there than to the state hospital.....(29)	_____	_____	_____	_____
30.	People with low incomes can afford to go there.....(30)	_____	_____	_____	_____
31.	Patients there lead a country club life.....(31)	_____	_____	_____	_____
32.	Most patients there get well.....(32)	_____	_____	_____	_____
33.	Many movie stars have been patients there.....(33)	_____	_____	_____	_____
34.	It has well-designed treatment programs to help people with various emotional problems.....(34)	_____	_____	_____	_____
35.	It is the best mental health hospital in the United States.....(35)	_____	_____	_____	_____
36.	Its prestige is steadily increasing.....(36)	_____	_____	_____	_____
37.	Its treatment programs are ineffective.....(37)	_____	_____	_____	_____
38.	If I needed psychiatric help, it is the first place I would go.....(38)	_____	_____	_____	_____
39.	Most patients there might as well give up hope.....(39)	_____	_____	_____	_____
40.	Its employees gossip about the patients.....(40)	_____	_____	_____	_____

What is your general impression of The Menninger Foundation?

PART III.

41. Annual Income of
your Family

- (1) ☐ Less than \$5,000
- (2) ☐ \$5,000 - \$5,999
- (3) ☐ \$6,000 - \$6,999
- (4) ☐ \$7,000 - \$7,999
- (5) ☐ \$8,000 - \$8,999
- (6) ☐ \$9,000 - \$9,999
- (7) ☐ \$10,000 - \$11,999
- (8) ☐ \$12,000 - \$14,999
- (9) ☐ \$15,000 - \$24,999
- (10) ☐ \$25,000 - \$49,999
- (11) ☐ \$50,000 or more

42. Your occupation

- | | |
|---|--|
| (1) <input type="checkbox"/> Professional | (6) <input type="checkbox"/> Service Worker |
| (2) <input type="checkbox"/> Farmer | (7) <input type="checkbox"/> Laborer |
| (3) <input type="checkbox"/> Manager | (8) <input type="checkbox"/> Homemaker |
| (4) <input type="checkbox"/> Clerical | (9) <input type="checkbox"/> Craftsman, Operator |
| (5) <input type="checkbox"/> Sales | (10) <input type="checkbox"/> What is your exact occupation? _____ |

43. Your education

- (1) ☐ None
- (2) ☐ Some Grade S.
- (3) ☐ Grade S. Grad.
- (4) ☐ Some H.S.
- (5) ☐ H.S. Grad.
- (6) ☐ Some College
- (7) ☐ College Grad.
- (8) ☐ Postgraduate

44. Your sex

- (1) ☐ Male
- (2) ☐ Female

45. Your race.

- (1) ☐ Black
- (2) ☐ White
- (3) ☐ Other

46. Your age.

- (1) ☐ 21-24
- (2) ☐ 25-44
- (3) ☐ 45-64
- (4) ☐ 65 and above

47. Your religion.

- (1) ☐ Catholic
- (2) ☐ Jewish
- (3) ☐ Protestant
- (4) ☐ Other

APPENDIX B

Case #	Designated Housing Unit	Cumulated Housing Units Total	Location Sample Census Tract	# Housing Units in Block	Location Housing Units in Block First Middle Last	Corner Start 9=NW 7=SW 2=SE 6=NE	Geographical Location of Block
01	159	182	T-1	89	23 24 25	9 NW	NS between 8th & 9th EW Kansas Ave. & Quincy
02	605	652	T-1	58	47 48 49	7 SW	NS 7th & 8th Sts. EW Topeka Blvd. & Harrison
03	1051	1074	T-1	53	23 24 25	6 NE	NS 4th & 5th Sts. EW Topeka Blvd. & Harrison
04	1497	1511	T-2	30	14 15 16	9 NW	NS 2nd & 3rd Sts. EW Hancock & Kleine
05	1943	1971	T-3	38	28 29 30	7 SW	NS Huntoon & 13th EW Quincy & Monroe
06	2389	2396	T-3	12	7 8 9	6 NE	NS 17th & 18th Sts. EW Madison & Jefferson
07	2835	2838	T-3	33	3 4 5	2 SE	NS 14th & 15th Sts.; EW Van Buren, Ks. Ave & Jackson
08	3281	3294	T-4	38	13 14 15	2 SE	NS 12th & Huntoon EW Fillmore & Western
09	3727	3728	T-4	27	1 2 3	7 SW	NS Huntoon & 13th EW Polk & Tyler
010	4173	4179	T-4	16	6 7 8	7 SW	NS 14th & 15th Sts. EW Polk & Tyler
011	4619	4622	T-4	21	3 4 5	7 SW	NS 20th & Hampton EW Lincoln & Buchanan
012	5065	5073	T-4	19	8 9 10	9 NW	NS Byron & 17th Sts. EW Lincoln & Buchanan
013	5511	5581	T-5	82	70 71 72	7 SW	NS 7th & 8th Sts. EW Taylor & Polk
014	5957	5999	T-5	66	42 43 44	2 SE	NS 9th & 10th Sts. EW Polk & Tyler
015	6403	6406	T-5	38	3 4 5	7 SW	NS Munson & 12th EW Western & Taylor
016	6849	6854	T-5	24	5 6 7	9 NW	NS 11th & Munson EW Lincoln & Buchanan

APPENDIX C
CLUSTER CARD

Cluster 66

T-21 312

Case #196--Count to the second unit on the block of Munson and 12th streets and Jewell and Boswell, beginning with the southwest corner and moving counterclockwise.

Case #197--Count to the third unit (counterclockwise).

Case #198--Count to the fourth unit.

APPENDIX D

TOTALLED RESPONSES TO 40 STATEMENTS
ABOUT THE MENNINGER FOUNDATION

PART I	YES	NO
1. It employs about 1,000 persons.	171	75
2. In Topeka since before 1940.	227	19
3. Non-profit organization.	144	102
4. All land tax-free.	156	90
5. Most doctors foreign-born.	92	154
6. Provides advanced training for M.D.s	190	56
7. Employees there earn more than in other Topeka firms.	88	158
8. Most doctors \$50,000 or more annually	74	172
9. Provides low cost care.	62	184
10. Some doctors work part-time in public schools.	169	77
11. It trains ministers.	203	43
12. Provides marriage counseling.	180	66
13. Includes research department.	228	18
14. Includes hospital for adults.	238	8
15. Includes hospital for children.	230	16
16. A person can receive help there w/out entering hospital.	229	17
17. I know someone treated there.	100	146
18. If I, or family, had emotional problems, would go there for help.	133	113
19. I or family employed there.	7	239
20. Someone I know works there.	119	127

APPENDIX D (continued)

PART II	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
21. Good business management.	10	226	10	0
22. Money-hungry institution.	6	65	167	8
23. Many Topekans give money to it.	3	142	100	1
24. Financed primarily through fees.	3	167	76	0
25. It should have to pay taxes.	23	172	48	3
26. Doctors earn more than others in Topeka.	11	129	103	3
27. Most patients from Topeka.	0	27	213	6
28. Only wealthy can afford.	11	137	92	6
29. More expensive than state hospital.	28	201	16	1
30. People with low incomes can afford.	1	96	139	10
31. Patients lead country club life.	4	55	180	7
32. Most patients get well.	1	171	72	2
33. Many movie stars patients there.	10	175	61	0
35. Best M.H. hospital in U.S.	16	167	62	1
36. Prestige steadily increasing.	12	205	29	0
37. Treatment programs ineffective.	1	17	214	14
38. First place I'd go for help.	7	92	137	10
39. Most patients might as well give up hope.	0	10	181	55
40. Employees gossip about patients.	3	28	191	24

A COMMUNITY IMAGE STUDY OF THE MENNINGER FOUNDATION

by

JEAN LANGE

B.A., Kansas State University, 1967

AN ABSTRACT OF A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Journalism and Mass Communications

KANSAS STATE UNIVERSITY

Manhattan, Kansas

1973

THE ABSTRACT

The Menninger Foundation is a non-profit institution for prevention, treatment, research and education in psychiatry situated in Topeka, Kansas.

The activities of Drs. Karl and Will Menninger during World War II and their subsequent work in the field of psychiatry brought great prestige to The Menninger Foundation, so great that it prompted Walter Cronkite to speak of it as the psychiatric capital "Half a world away from Freud's Vienna."

But despite continuing national publicity and prestige, the image in the community has been a disputable one. Therefore, the purpose of this study was to obtain a sample opinion of a number of myths about The Menninger Foundation to provide information which the public relations office could use to plan and evaluate information programs in the community.

A sample of 294 households in the Topeka community was selected, and 84 per cent of these households were successfully interviewed. The sample was determined with a precision set for estimates of six per cent tolerable error with confidence that the estimates are reliable in 95 samples out of 100. A sampling technique of random housing units was determined, using census data from 1970 as the base information.

Interviews were conducted during a one-week period in mid-September by three interviewers, including the author of this study.

That The Menninger Foundation enjoys a high degree of prestige in its own community certainly was indicated by the findings of the study, particularly when one considers the high level of knowledge about the Foundation evidenced by the persons interviewed.

The only question about which there was major confusion was in reference to the tax status of the Foundation. Individuals in the community were very unsure as to whether the Foundation paid taxes on all of its land, and they strongly felt the Foundation should have to pay taxes "similar to those of any ordinary business."

The findings also suggested that persons who knew someone who had been treated at The Menninger Foundation were more willing to go there for help, but such personal contact seemed to have no effect on or relationship to attitudes or knowledge about specific services.

A statistical analysis showed that as a person's income rose or as his education increased, he was more likely to have a greater knowledge of Foundation services. However, this correlation did not hold with age.

The study also indicated that Topekans saw the Foundation as a wealthy place for wealthy people, and did not view it as a community institution in the sense that they believed most patients came from outside the Topeka area and that "many movie stars had been treated there."