

Curtin, L., Martz, D., Bazzini, D., & Vicente, B. (2004). They're not "abnormal" and we're not making them "abnormal": A longitudinal study. *Teaching of Psychology*, 31(1): 51-53. (Winter 2004) Published by Taylor and Francis (ISSN: 0098-6283).

They're Not “Abnormal” and We're Not Making Them “Abnormal”: A Longitudinal Study

Lisa Curtin, Denise M. Martz, Doris G. Bazzini, and Barbara Bowers Vicente

ABSTRACT

A course in abnormal psychology may attract students with psychopathology, negatively impact some students, or both. This longitudinal study investigated the selection hypothesis and the impact on undergraduates taking abnormal psychology. Participants completed measures assessing psychological distress, personality, concern about mental health, and willingness to seek help at the beginning and end of the semester. Neither preexisting differences nor changes in psychological symptoms occurred for abnormal psychology students relative to controls. We discuss results in relation to past findings and the potential effects of taking a course in abnormal psychology, most notably enhanced willingness to seek psychotherapy as a form of help.

Historically, discussion about abnormal psychology courses has focused on attracting select students and the potentially negative effects of taking abnormal psychology. At the beginning of a semester, Mills (1955) found abnormal psychology students experienced more anxiety and insecurity, as assessed by projective personality measures, than did history students. Similarly, Wise (1959) compared abnormal psychology students to communications students on the first day of class and found abnormal psychology students endorsed more neuropsychiatric and psychosomatic symptoms. The question of whether abnormal psychology draws students experiencing psychological distress has not been tested since the 1950s. Earlier findings may no longer be relevant due to changes in course content resulting from evolving classification of mental illnesses, increases in the popularity and availability of abnormal psychology courses, and availability of information via contemporary media.

Taylor (1932), and more recently Hardy and Calhoun (1997), assessed abnormal psychology students across a semester. They found no change in morbid introspection and life outlook disturbance (Taylor, 1932) or concern for personal mental health (Hardy&Calhoun, 1997). In fact, a majority of Taylor's sample (92%) self-reported benefits from the course, whereas Hardy and Calhoun documented increased willingness to seek psychological help across the course of the semester. However, neither study employed a comparison group to control for selection factors or time.

The purpose of this study was to test contemporary selection factors in students enrolled in abnormal psychology classes taught by different instructors. A secondary purpose was to assess the effects of taking abnormal psychology relative to other psychology and nonpsychology courses over a semester. We improved on previous designs (Hardy & Calhoun, 1997; Taylor, 1932) by employing two control groups, by using a standardized measure of psychological distress, and by assessing personality characteristics (which theoretically should not change).

METHOD AND RESULTS

Undergraduate college students completed a demographic and mental health questionnaire, the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1994), and the NEO-Five Factor Inventory (NEO-FFI; Costa & McCrae, 1992) during the second ($N = 164$: $n = 48$, abnormal psychology; $n=35$, social psychology; $n=81$, business) and last week of the semester ($n=134$: $n=37$, abnormal psychology;

$n = 24$, social psychology; $n = 73$, business). Participants were exclusively registered for one of the three classes.

A one-way ANOVA conducted on the SCL-90-R's Global Severity Index (GSI; symptoms of psychopathology reflective of psychological distress), using class (abnormal, social, business) as the between-subjects variable, found no differences in psychological distress as a function of class ($p > .05$). A similar MANOVA using the 5 NEO-FFI scales (Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness) as dependent variables also revealed no differences ($p > .05$). We conducted one-way ANOVAs using concern for personal and family mental health and likelihood of seeking professional help and of referring family for professional help (each assessed using a 5-point Likert scale) as dependent variables by class. Abnormal psychology students reported greater concern about family members' mental health compared to business students, $F(2, 156) = 3.2, p < .04$. We found no differences between classes on concern about personal mental health, likelihood of seeking help, and likelihood of referring family for help ($ps > .05$).

To test for possible changes in psychological distress as a function of taking abnormal psychology, we conducted a mixed-model ANOVA on the GSI by class and time (pre, post). We found no differences as a function of class, time, or their interaction ($ps > .05$). Identical mixed-model ANOVAs using the NEO-FFI scales, concern about personal and family mental health, likelihood of seeking help, and likelihood of referring family for help as dependent variables showed no differences for class, time, or their interactions (all $ps > .05$).

At the end of the semester, students answered a question assessing type of help they would seek for psychological problems. Abnormal psychology students were significantly more likely to report intention to seek psychotherapy or counseling (89.2%) than medication (8.1%) or relying on family or friends (2.7%) compared to social psychology and business students (12.5% family or friends, 15.6% medication, 71.9% psychotherapy or counseling); $\chi^2(1, N=133)=2.55, p < .05$. None of our class findings differed as a function of individual instructor.

DISCUSSION

Although studies conducted in the 1950s (Mills, 1955; Wise, 1959) suggested courses in abnormal psychology selectively attracted less well-adjusted students, we found abnormal psychology students to be as psychologically healthy as students taking other courses. We assessed students across different sections of abnormal psychology taught by different

instructors and used a standardized self-report measure of psychological distress. Increased awareness of, knowledge regarding, and empiricism associated with psychopathology may make abnormal psychology a course attractive to students for a variety of intellectual and career reasons. Although abnormal psychology remains an elective course for psychology majors at this university, the percentage of students taking abnormal psychology increased from less than 1% in the early 1980s to about 5% in the late 1990s and early 2000s. Albeit the nature of the relationship cannot be determined with our data, the results suggest a greater concern for family members' mental health for students enrolled in abnormal psychology compared to business students.

Our findings are consistent with those of Taylor (1932) and, more recently, Hardy and Calhoun (1997), supporting the absence of negative personal impact from taking abnormal psychology. Unlike previous studies, we employed comparison participants to control for maturation and used a standardized measure of psychological distress and a control measure of personality. The absence of negative effects on psychological distress is interesting given that many textbooks discuss the "medical student syndrome" in abnormal psychology students (e.g., Nolen-Hoeksema, 2001; Sue, Sue, & Sue, 2003). We acknowledge, however, that the SCL-90-R's GSI may not directly address the fear of or exaggeration of symptoms characteristic of the medical student syndrome.

Without additional information regarding why business classes showed less attrition than psychology, it is difficult to ascertain the impact of attrition on the generalizability of our findings. Hardy and Calhoun (1997) found abnormal psychology students reported being more likely to seek psychological help after the course than before the course. We did not find increased willingness to seek professional help, but at the end of the semester, abnormal psychology students favored psychotherapy for future difficulties more often than control students. Unfortunately, we did not assess preferences in type of treatment prior to class exposure and cannot rule out preexisting differences on this variable. Given a "quick-fix" society and the marketing of medication as a treatment for mental illness without empirical evidence of greater effectiveness (Clum, Clum, & Surls, 1993; "Mental Health," 1995; Robinson, Berman, & Neimeyer, 1990), increased openness to psychotherapy may be an important outcome to assess in future research. Likewise, we suggest that future research examine the possibility of a course in abnormal psychology decreasing stigma associated with mental illness (Corrigan & Penn, 1999).

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