

## Students' attitudes on persons suffering from psychological malfunctions: addition to stereotype research

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**Summary** – Introduction: This paper deals with student's attitudes towards the persons suffering from mental disorders and addicts to PAS – alcohol and drugs. It was our desire to introduce changes to the Mental Disorders Sociology Course based on the given answers.

The main aim of the research was to study so-called social representation that future professionals have on those categories of the mentally ill. We also tried to establish the link between attitude direction and some socio-demographic characteristics of the researched families.

We used questionnaires about socio-demographic characteristics of the responders, the typical perception of the mentally ill, drug addicts and alcoholics, and, using the Lickert type scale, the attitudes towards the mentally ill.

The study included 63 responders. The mentally ill are seen as: aggressive, unpredictable and secluded. 60% of responders agreed that the mentally ill need to be intellectually active, 1/3 were undecided, while less than 10% believe that such activity is unnecessary. About 70% stated that they would accept a person who is seeking treatment for mental disorder as a co-worker, less than 1/4, were undecided, and about 8% stated that they would not be able to work with a mentally ill person.

It appears that tolerance for the mentally ill has increased, while on the other hand the stereotype of a drug addict and a alcoholic is still connected

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with appearance, aggressiveness and psychological features more than with social and moral failing as research by Popovic et al. has shown in the 80's.

**Key words:** attitude; mentally ill; PAS addicts

## INTRODUCTION

During 1950s, the research of attitudes towards people suffering from mental disorders has significantly increased. Kecmanovic<sup>1</sup> noted that the increase of interest for this subject is related to the development of social dynamics and social psychiatry. From that time on, the research of attitudes towards mentally ill has become an important part of understanding and practical effort. A particular attention has been given to examining the public opinion (especially experts and students who are expected to be future experts), which could be an essential part of success of any psychiatric reform.

In Serbia, there is not enough research that deals with the attitudes towards the mentally ill. The ones produced in '70s<sup>2,3</sup> can easily be singled out. Today, it seems that the only interest in this problem is demonstrated by the graduate students.<sup>4</sup> Such tendencies are incomprehensible, especially if the ongoing psychiatric service reform is taken into consideration.

If we agree that the attitude represents the acquired predisposition which defines behaviour towards the subject, when organized, it transforms into prejudice (against something or someone) and prejudice transforms into hardly obtainable stereotypes which significantly define the relationship between the public opinion and the subject, it is unclear why research of social representation about the mentally ill has been neglected.

We ought to remind that attitudes towards the mentally ill are set in motion by particular information but include (un)readiness for empathy (emotional dimension so-called atomicity or pre-sign of attitude) and behaviour (activity dimension). The activity dimension of attitude begins with readiness to help, followed by indifference and open attack, and can be shaped by the experience (or lack of it).

The emotional dimension is often a consequence of feelings for the subject. In shaping cognitive dimension, important part is played by, in its broadest sense, the culture. The most common source of knowledge for general population about mental illness (causes, characteristics of the ill...) is the public informing. Pilgrim and Rogers (by: Opalic) found that media, in particular the television, have an important role in creating and changing the negative attitudes towards the mentally ill.

Ditrih et al. found similar results (by: Opalic). Authors performed a social experiment with two groups of adolescents. One of the groups was presented with the contents that describe the mentally ill as dangerous and violent, while the second group was not exposed to such facts. The second group showed more tolerance towards the mentally ill. Ultimately, we can draw a conclusion that attitudes have two important functions. First function is to make order in material world and surroundings so it can be controlled. Second function of attitude, or social representation, is (enabling) facilitating communication and understanding between members of community (society) due to common codes of engagement and classification of different aspects of external and personal life. Research of social representation of people with mental disorders should give (offer) an insight into social actions and reflections. Some studies have confirmed the contact hypothesis but others have proved it false. Professionals who work with people suffering from psychological disorders, and others who have been educated for this type of work, possess more tolerant attitudes.

Rabkin confirmed that the attitudes of students and professionals have come closer to the attitudes of general population. Similar results have been found by Eker and Onert<sup>5</sup> by examining attitudes of students who have been on brief psychiatry courses and those who have not had any similar education. Lauber et al.<sup>6</sup> comparing the attitudes of psychiatry doctors and general population, noted that both groups nourish the social distance between themselves and the mentally ill.

Malla and Schow found divergent results. They noted that those who had contacts with people suffering from psychological disorders had more tolerant attitude towards all the ill. Results of research conducted by Probst and Peuskens<sup>7</sup> are in conjunction with those findings. Authors, while examining attitudes of medical students before and after psychiatry training, noted that the responders adopted significantly more positive attitudes towards people with mental problems.

Finally, the cross-cultural studies that examined the attitudes of medical staff pointed out to considerable differences. Examining the attitudes of lower-ranked medical staff in five European countries, Chambers<sup>8</sup> identified the female responders as being more tolerant to mentally ill patients but also found some extreme regional differences. It was concluded that Lithuanian medical staff is the most authoritarian and Portuguese the most tolerant. It raised the question of utmost importance: If professionals themselves accept stereotypes about psychiatry patients, what is the attitude of general population, particularly the poor?

Eskin, researching in rural Turkey, concluded that they do not see the causes of mental illness as unnatural (as expected) but as psychological, social and medical. Besides, it has been shown that responders support the methods of treatment offered

by modern psychiatry as well. Hechukwu found similar attitudes in his African sample<sup>3</sup>. Some authors<sup>5,10</sup> point out that during the past decade among German citizens there is a rather widely spread negative attitude towards people with psychological problems. Similar findings were presented by Chambers<sup>8</sup> and Levine in distant '70.

More extensive research of this subject is very rare in our country. Still, based on small investigations that included incomparable samples, we can assume which trends are in action. However, the reflections are not bright. There is an impression that the attitudes towards the mentally ill is negative, especially so if the responders are of poorer origin and lower education. The fact that primary school pupils have negative attitudes to the mentally ill is worrying principally because attitudes like such are formed early in life and determine emotional and functional component of social representation. Finally, it should be noted that similar, extremely negative trends, exist among primary school children in the Great Britain.

For the purpose of this paper, we decided to examine the attitudes of students of Humanities (sociology) about three types of mental disorders: the mentally ill (psychosis), the alcohol addicts or alcoholics, and the drug addicts. The attitudes of future professionals, students of humanities, who have not had a chance to get acquainted with such scientific material or have not had a firsthand experience with ill persons (the research was conducted prior to commencement of Mental Disorders Sociology Course), in our opinion represent the general population and should be considered a significant base for the future research into this rarely explored subject.

The subject of this study was examining attitudes of young people to the mentally ill and the psychoactive substances addicts. The first aim was to describe, to *seize*, the attitudes of our responders to mentally ill, drug addicts and alcoholics. The next aim was immediately related to the first one – comparison of attitudes of our responders to the three classes of deviants (regarding personal and social damage and their treatment).

## SUBJECTS AND METHOD

### *Methods of data gathering*

Since the research was anticipated as an exploratory study, the research instruments used were similar to those used by the authors of study titled *Us and those who are different* (1988).

Except the afore-mentioned study, there are almost no studies that address this issue, although the broadest definition of deviant behaviour is very evident in society.

We used a questionnaire (with closed-ended and open-ended questions) on socio-demographic characteristics of responders, the typical perception of the mentally ill, drug addicts and alcoholics, and at the end, using the Lickert type scale, the attitudes towards the mentally ill.

Considering the previous research, the only difference in data gathering was in regard to some socio-demographic data about responders (we did not consider it necessary to collect information about the age or occupation), and some of the attitudes that have not been specifically validated (e.g. the »danger« coming from the mentally ill, or the need for their isolation), having in mind that the statements included in the questionnaire were sufficient.

### *The sample*

The study included 63 responders, third-year sociology students aged between 21–23. We wanted to analyze students' attitudes towards the mentally ill, drug addicts and alcoholics, before commencing the Mental Disorders Sociology course.

## RESULTS

The sample included 47 female (74.6%) and 16 male responders (25.4%). Most of them were born and live in a big city (71.4% respectively), while only three were born in a town where population does not exceed the 20000. The same number of responders, three, were born and lived in rural areas. Educational attainment of fathers of our responders was: higher education (about 18%), high education (about 24%).

### *The social representation on persons with psychotic disorders*

In order to find out the attitudes of our responders to the mentally ill we asked them to answer if and to what extent it is possible to differentiate the mentally ill from other people, than, what makes them recognizable, and, finally, which traits do they believe to be typical for the mentally ill.

It was shown that more than half of our responders (about 65%) believe that the mentally ill cannot be differentiated from other people (»normal«), one-fourth was undecided on the subject and only 8% believe that the mentally ill are *different* from others (Table 1).

To the question, what is the difference between a person with a mental disorder and the other (*normal*) people, responders have indicated – appearance and behaviour

**Table 1.** The position of responders on issue of distinguishing the mentally ill from other people

It is possible to distinguish the mentally ill		
statements	<i>N</i>	%
fully agree	1	1.6
agree	5	7.9
undecided	16	25.4
do not agree	30	47.6
do not agree at all	11	17.5
total	63	100.0

(11%), or they have stated that the differences are related to the severity of the disorder (11%) (Table 2).

**Table 2.** The traits which make the mentally ill different from other people

What makes the mentally ill different from the others		
	<i>N</i>	%
they are not different	41	65.1
physical appearance and behaviour	7	11.1
depends on severity of disorder	7	11.1
no answer	5	7.9
I do not know	3	4.8
Total	63	100.0

By further analyses we have intended to obtain the typical image of the mentally ill (suffering from psychosis). The responders have been asked to list at least five characteristics which are perceived as common to the mentally ill. However, in most cases students could not list five, but only the two most typical features. The mentally ill are usually perceived as: aggressive, unpredictable and withdrawn, however, some of the responders could not see the difference or have not answered the question (could not answer the question) (Table 3). Two responders indicated that the mentally ill can be distinguished based on external appearance: by eyes, if retracted or bulging, (the eyes are the windows to the soul, as a responder stated), and hygienic neglect.

Mainly responders from rural areas recognized aggressiveness and anxiety as typical characteristics of the mentally ill. Responders from big cities considered with-

**Table 3.** Characteristic features of mentally ill

Mentally ill are	<i>N</i>	%
retracted	12	19.0
unpredictable	14	22.2
aggressive	15	23.8
typical appearance	2	3.2
depressed	1	1.6
nervous	1	1.6
no different	8	12.7
I do not know	2	3.2
no answer	8	12.7
Total	63	100.0

drawal and depression as typical; while those coming from medium-sized towns in majority of cases stated that it is not possible to differentiate the mentally ill from other people.

Responders whose fathers were at managerial positions believed that the mentally ill are no different from the others. Working class children saw withdrawal as typical feature of the mentally ill, while responders whose parents were unemployed more often considered the mentally ill to be prone to unpredictable behaviour. Responders whose fathers were high rank professionals had more often attributed aggressiveness to the mentally ill.

Responders whose families had different material positions, reported a significantly different characteristics to be typical for people with mental disorders ( $\chi^2 = 37,642$ ,  $p = 0.014$ ,  $F = 0612$ ). We could assume that these just characteristics cause discomfort and fear to the responders (Table 4). So – the rejection is perceived as the highest negative consequence of mental disorders more often noticed by those coming from families with better material status. Danger to the environment was more significantly noticed by those who come from severely materially deprived families and the complete lack of self-control, as the highest negative implication of the illness, was recognized most oftenly by those coming from poor background.

Responders coming from financially well-off families, compared to the other responders, had significantly more frequently recognized the danger and the expense that the mentally ill can cause to their kin as well as the loss of touch with reality.

**Table 4.** Responders' fear from mental disorders consequences

The most feared and most uncomfortable about being mentally ill is:		
	<i>N</i>	%
feeling of rejection	22	34.9
inability to lead a normal life	4	6.3
loss of reality	9	14.3
loss of self control	9	14.3
jeopardizing environment	6	9.5
jeopardizing and burdening family	4	6.3
permanence of disease	4	6.3
no answer	5	7.9
Total	63	100.0

Significant association between material status of responders and characteristics of mental illness considered to be the most negative has been confirmed by high coefficient of contingency, which leaves plenty of room for sociological analyses of such findings.

Image of the mentally ill that students have is characterized by aggressive, unpredictable behaviour and withdrawal, although a number of responders stated that there is no distinctive qualities that could make them different from others. When prompted to identify with the mentally ill, in order to determine what do young people fear the most in expressing the mental disease, it appears that it is – the rejection by others (isolation) and loss of contact with reality.

However, there is a number of information on high tolerance for the mentally ill (Table 5). Thus, 60% of responders agreed or fully agreed that the involvement of intellectual activity involving the mentally ill is needed, 1/3 is undecided on the subject, while less than 10% of responders believe that it is unnecessary. About 70% of responders would accept a person seeking treatment for mental disorders as a work associate, less than ¼, were undecided, while about 8% said that they would not be able to work with the mentally ill. Reasons for the last come from the belief that the behaviour of the mentally ill (in about 8% of cases) is unpredictable, because they feared the patients (in 3.2% of cases), while most believed that cooperation depends on the severity of illness (in 16%).

There are interesting views on the possibility that the mentally ill can take care for themselves. Our responders, in almost 90% of cases, consider that the mentally ill can



live and work independently, and in this respect, only 8 responders have been undecided. None of them believe that patients cannot take care of themselves.

Slightly higher percentage of students have considered that the mentally ill should not have children (9.5% of them), or have been undecided on the issue (27%), and about 64% have thought that they should have children.

About 77% have believed that the mentally ill can establish and maintain friendly relations, while 13 were undecided in this regard and only one responder has agreed with the statement that the friendly relations with the mentally ill is impossible. When we selected these 14 responders (undecided, and one who agrees with the statement that the association with the mentally disordered is impossible), it appears that the reason for this view depends on the severity of illness (in 6 cases), antisocial behaviour (5 patients) and the unpredictability of behaviour of the mentally ill (1), while two answered: I do not know.

With the statement that the mentally ill threaten people around them (in general), about 70% of the responders have not agreed, three have agreed, while 14 have been undecided. Only two of the responders have agreed that the mentally ill should be isolated from other people, four have been undecided in this regard, and over 90% (in general) have not agreed.

When we crossed the results concerning these statements with socio-demographic characteristics of the families of responders, it appeared that there is a statistical association between only a small number of selected features. Thus, the isolation of the mentally ill was supported significantly by those living in small or in large cities (over 100,000 inhabitants) ( $\chi^2 = 30.67$ ,  $p = 0.002$ ,  $F = 0572$ ), and those whose families are very poor or in a deprived economic position ( $\chi^2 = 31,364$ ,  $p = 0.002$ ,  $F = 0577$ ).

Children of professionals have been significantly less likely to consider that the mentally ill can maintain friendly relations, as opposed to those whose fathers were unemployed or from a working class. However, children whose fathers were managers have totally disagreed with this statement. ( $\chi^2 = 29,809$ ,  $p = 0.013$ ,  $F = 0567$ ).

Finally, we could conclude that our responders' answers to this assertion indicate a significant dose of tolerance and acceptance of the mentally ill (in the sphere of work, cooperation, friendship, freedom, which all people should have: the right to have children, to live together with and not isolated from other people), while they have been slightly more hesitant when it comes to unpredictable behaviour of the mentally ill and aggression ascribed to them in a very high percentage. The question to what this attitude could be ascribed to remains open.

**Table 5.** Responses regarding the different aspects of life of mentally ill

Statements	Agree		Partially agree		Undecided		Don't agree		Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
The mentally ill can work	2	3.2	2	3.2	4	6.3	38	60.3	17	27.0	63	100
The mentally ill should not strain mentally	1	1.6	4	6.3	21	33.3	25	39.7	12	19.0	63	100
The mentally ill can be associate	1	1.6	4	6.3	13	20.6	28	44.4	17	27.0	63	100
The mentally ill cannot take care of themselves					8	12.7	47	74.6	8	12.7	63	100
The mentally ill should not have children			6	9.5	17	27.0	31	49.2	9	14.3	63	100
Friendship cannot be accomplished with mentally ill			1	1.6	13	20.6	29	46.0	20	31.7	63	100
The mentally ill endanger people within their surroundings			3	4.8	14	22.2	37	58.7	9	14.3	63	100
The mentally ill should be isolated	1	1.6	1	1.6	3	4.8	36	57.1	22	34.9	63	100

### *Social image about drugs addicts*

Responders recognised avoidance of problems as the most common characteristic of drugs addicts (impossibility to face problems, or solve them). When liability and selfishness are added, the score of 34,9% points out to recognition of elementary personality traits that bare pejorative meaning and are primary weakness of addict's character. It certainly points out to a basic moral deficiency of an addict. If we add aggressiveness (12,7%), lack of control typical for addictive behaviour (11,1%) and propensity to deviant behaviour (6,3%), it becomes clear that almost 2/3 of responders (65%) have had negative attitudes towards drug addicts. Besides, as of particular importance, the general appearance has been outlined (distant look, red eyes, plunged appearance, exhaustion, sleepiness (Table 6.).

Aggressiveness is considered to be the most negative characteristic of a drug addict (14 or 22,2%) liability/indecisiveness (11 or 17.5%) followed by carelessness and propensity to inflict harm to self and others (10 or 15.9%). (Table 7.).

**Table 6.** Responses regarding the characteristics typical for drug addicts

Characteristics of drug addicts	<i>N</i>	%
aggressiveness	8	12.7
appearance	9	14.3
isolation	7	11.1
liability	7	11.1
problem avoidance	10	15.9
selfishness	5	7.9
lack of control	7	11.1
tendency to deviant behaviour	4	6.3
no answer	6	9.5
Total	63	100.0

**Table 7.** Opinion of responders about the most negative characteristics of drug addicts

The most characteristic of drug addicts	<i>N</i>	%
liability	11	17.5
apathy	5	7.9
irresponsibility	5	7.9
licentiousness	11	17.5
aggressiveness	14	22.2
jeopardizing self and others	10	15.9
criminal activity	2	3.2
no answer	5	7.9
Total	63	100.0

Somewhat less pejorative attitudes or social representation have those responders who came from the big cities. We noted that the responders who live in big cities tend to assign liability, isolation and tendency to avoid problems to drug addicts. Responders who live in medium – sized cities believe that drug addicts tend to commit criminal acts, while responders who live in rural areas recognized aggressiveness and lack of self control as the main feature of a drug addict ( $\chi^2=41.496$ ,  $p=0.015$ ,  $C=0.630$ ). They are, therefore, perceived as persons unable to face problems, of a distinctive

physical appearance, aggressive, unreliable, isolated and with no self control. They cause fear because of unreliability, aggressiveness, disregard and propensity to jeopardise self and others.

### *Social representation about alcohol addicts*

Besides exploring the typical characteristics of mentally ill and drug addicts, opinion of our responders about alcoholics has been taken into consideration. The most responders believe that alcoholics are aggressive (28.6%), indolent (19%), then, selfish (17.5%), while some of them believe that alcoholics avoid problems or are insecure (Table 8.). It is curious that two completely opposed characteristics have almost equal strength and those are: aggressiveness and apathy, which are followed by selfishness, and the three together come up to 65, 1%. It could be said that the three characteristics shape and reflect a negative attitude because apathy cannot be understood as depression or unhappiness of alcoholics but more as a loss of interest or even rejection of the surroundings.

**Table 8.** Responses regarding the characteristics of alcoholics

Characteristics of alcoholics	<i>N</i>	%
aggressive	18	28.6
apathetic	12	19.0
problem avoidance	4	6.3
insecure	5	7.9
selfish	11	17.5
typical appearance	7	11.1
no answer	6	9.5
Total	63	100.0

In the sphere of the most negative characteristic of alcoholics, the responders singled out: aggressiveness (41,3%), selfishness (17,5%), apathy (15,9%) but also problem avoidance (12,7%) (Table 9.). Therefore, the negative, stigmatizing, attitude becomes even more visible. If jeopardising family (4,8%) is included, the total frequency of negative attitudes comes up to 82,3%.

**Table 9.** Responses regarding the most negative characteristic of alcoholics

Characteristics of alcoholics	<i>N</i>	%
aggression	26	41.3
apathy	10	15.9
avoid problems	8	12.7
insecure	1	1.6
selfish	11	17.5
jeopardise family	3	4.8
no answer	4	6.3
Total	63	100.0

### *Mental disorders, drug abuse and alcoholism: social and personal danger /damage*

As we anticipated, responders have recognised drug abuse (57,1%) to be socially most damaging, thus putting alcoholism in the second place (41%). Only one responder has stated that the mental disorders are highly damaging for the society. Reasons for such attitude about social dangers rest with commonness and availability (over 80%). Drug abuse is considered to be the most socially damaging due to extensiveness, inability of successful treatment and ties to criminal activity; while mental disorders are believed to be socially damaging because they cannot be cured. About 61% responders considered that drug abuse is the most damaging to both the individual and the society. Large number of responders believed that mental disorders significantly harm personality (19%), but only one responder believed that such harm is possible in case of alcoholism. Damage is perceived as consequence of impossibility of recovery (more than half responders), high mortality and endangering self and others.

## DISCUSSION

Description of types of deviations has shown that there are some differences between them. However, it has been shown that the characteristics of the mentally ill are aggressiveness, unpredictability of behaviour and withdrawal/isolation. Still, some of the responders do not think that the mentally ill are any different from other people. This attitude, recognized as tolerant, has later on been confirmed by series of answers.

The responders stated that they would not mind to work together or socialize with the mentally ill, that the mentally ill can be independent and care for themselves, in other words, should not be isolated from other people. The approach that the responders would use for those three categories mainly involves treatment and more humane conduct. In their belief they should be treated with patience, care and understanding, always keeping in mind their personal limitations. On the other hand, the tolerance is somewhat lower to drug and alcohol addicts. Both groups are considered incapable of facing the problems (primary cause of addiction). The drug addicts are recognizable by appearance and aggressiveness, while alcoholics, beside aggressive behaviour, are filled with apathy and selfish. We have noted that those psychopathological traits have not been recognized as typical for mentally ill.

We wanted to establish the existence of statistically relevant correlations between socio-demographic characteristics of responders (gender, place of birth, place of residence, education and profession of parents and financial states of family), and traits they believe to be typical for those three types of deviances. Correlation has been found only between some of the characteristics. We have only found the correlation between father's profession and measures which should be taken when dealing with the mentally ill, drug addicts and alcoholics. Those findings interpreted within the frame of sociology could point to some interesting trends.

Therefore, responders from poorer background have emphasised endangering the family as a primary consequence of drug abuse, while those belonging to higher classes (children of managers) have considered isolation as of primary importance. Based on this information we could set, but not confirm, the hypothesis that members of lower classes stress out the consequence that could harm family homeostasis and cohesiveness and responders pertaining to higher classes point out to isolation that, undoubtedly, prevents further social progress. Stereotypes about persons suffering from mental disorders, compared to the 80s, have changed somewhat. Even though there is no methodological base for comparison between our and the research conducted by Popovic et al. (1988), interesting trends have been recognized. Certainly, there is some tolerance for the mentally ill whose illness is attributed to the outer factors. On the other hand, the stereotype of drug addict and alcoholic is connected with appearance, aggressiveness and psychological features and not to great extent with the social (moral) failings, as Popovic et al. have emphasized.

Finely, even though this research was conducted on a small but suitable sample, it could serve as a frame for further, methodologically more developed researches. We believe such research is more than a necessity, especially if we keep in mind the oncoming psychiatry reform success, which will be strongly influenced by public opinion.

## STAVOVI STUDENATA PREMA OSOBAMA KOJE PATE OD PSIHIČKIH POREMEĆAJA: PRILOG ISTRAŽIVANJU STEREOTIPA

**Sažetak** – Uvod: U ovom radu smo istraživali stavove studenata prema osobama koje pate od mentalnih poremećaja i ovisnicima od PAS – alkohola i droge. Rukovodili smo se željom da uvedemo promjene na kursu Sociologija mentalnih poremećaja na osnovi datih odgovora. Cilj istraživanja bio je proučiti tzv. socijalne slike koje budući profesionalci imaju prema tim kategorijama mentalno oboljelih. Također smo pokušali istražiti povezanost između smjera stavova i nekih socio-demografskih obilježja obitelji ispitanika.

Da bismo ispitali socio-demografska obilježja ispitanika, tipičnu percepciju o mentalno oboljelima, narkomanima i alkoholičarima koristili smo upitnik, a stavove prema oboljelima smo mjerili pomoću skale Likertovog tipa.

Istraživanjem je obuhvaćeno 63 ispitanika. Pokazalo se da oni psihički bolesne vide kao: agresivne, nepredvidive i izolirane. 60% ispitanika se složilo da psihički bolesna osoba ima potrebu da bude intelektualno aktivna, trećina je bila neodlučna, a manje od 10% vjeruje da je takva vrsta aktivnosti nepotrebna. Oko 70% izjavilo da bi prihvatilo osobu koja je tražila pomoć zbog mentalnog poremećaja kao suradnika, manje od ¼, bili su neodlučni, a oko 8% izjavilo da ne bi mogli raditi s psihički bolesnim osobama.

Čini se da se tolerancija za psihički bolesne povećala, dok je stereotip o ovisniku i alkoholičaru više povezan s izgledom, agresivnošću i psihološkim značajkama, nego s društvenim i moralnim obilježjima, kako je pokazalo istraživanje Popovića i sur. 80-tih godina 20-og stoljeća.

**Cljučne riječi:** stav; duševno bolestan; ovisnici; PAS

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