The Attitudes and Sterotypes of Supporting Fields towards the Persons with Disabilities

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A B S T R A C T

The aim of this research was to establish the attitudes, the views and reactions of the helping fields (which include social workers and medical nurses) and those who aren't the part of that cathegory, towards the mentally ill people.One hundred and twenty persons questioned have taken part in this research where in the group of supporting fields consisted of social workers and medical nurses (N = 40). The questionnaire was used in examining the attitudes of those questioned persons, the questionnaire that was used in Jokić-Begić's research (2005) and it turned out to be a really good one in defining the attitudes and stereotypes towards the mentally ill persons. The questionnaire consisted of several parts in which different things have been examined such as stereotypes, knowledge, attitudes, level of acceptance and social- demographic information. The research has shown the differences among the attitudes and the level of acceptance of the mentally ill as well as the level of knowledge which the examinees had. All the examinees that have been the part of this research mentioned » ill » as a dominant trait of the mentally disturbed person. Furthermore, the characteristics such as instability, insecurity, nervousness and inclination to suicide, indicate that all of these three groups of examinees have sterotypes about unstable emotional condition and state of mind of the sick.The examinees that don't belong to this group of supporting fields have enough knowledge neither about the emergence of the disease nor about its development and preventive measures. However, the social workers have a bit more negative attitude towards the mentally ill if compared to medical nurses which could be explained by insufficient working experience with the mentioned group of patients. It's important to say that all of the three groups of examinees don't have extremely negative attitudes towards the people with mental disorder. We shouldn't ignore the fact that these three groups have noticable social restraint towards the mentally ill and they cannot easily accept them in their own environment. Considering the fact there is a low number of researches that deal with this problem of labelling or in other words- stigmatization of the mentally ill, this research gives a great stimulus for writeup this very important problem area, especially if we take into consideration that the attitude of the community may help to bring about the feeling of marginalization and unacceptability with the mentally ill.

Key words: *stigma, mentally ill person, sterotype, attitude*

Introduction

The attitudes present the continual tendency to have a positive or negative reaction to something. They provide the opportunity for acquiring fixed standards for the personal forming of judgement and for personal acts. This way, we can judge and classify the objects and situations more easily which at the same time ensures easier and faster managing and actions. The attitudes aren't passed on from person to person, they are learnt. The affect of attitudes on behaviour is seen in the way we give opinion, evaluate, notice, remember, learn and think.

Consequently, the attitudes represent the result of socialization and they 're acquired by social learning.

From the viewpoint of society towards the persons with mental disorder haven't seriously changed through history, although the diagnostics and possibility of their medical treatment has notably made progress. The results of many researches show that mental disorders and their medical therapy are less socably accepted than the organic diseases. As opposed to the patients with organic

disorders, patients with mental disorder are seen as incapable to confront and to deal with the changable conditions of everyday life and unpredictable and childish behaviour is credited to them. Generally, we could say that average attitude towards the mentally ill people is related to fear and disdain, in other words: in many cases the social environment stigmatize them. The Wolf's and his assistants' research about the attitudes of the community towards the mentally ill has shown this fact: people with the lower level of education, those of lower social standing, people with children and those who are ethnic minority members have more negative attitudes towards the people with some mental disorders.

The mentally ill person must lead the fight for his/her health and the fight to be accepted in the community. As a reply to the reaction of the community, the mentally ill people can lose their self-respect and hope for successful integration in the society and become more and more uncommunicative. Furthermore, the negative attitudes towards the mentally ill, as the consequence, could have the adverse result, although the psychiatric treatment in many cases leads to successful decrease of the symptoms and more successful coping with the situations in everyday life. So, the expression of symptoms is determined by cultural conditions and cultural milieu often stigmatizes people with mental disorder, regardless of its type. It can lead to denial of the disease and putting the symptoms behind. And very often, the sensation seaking description of mental illness (»madness«) in media, functions as specific stimulus for development and confirmation of negative and stigmatizing attitudes. We also have to take into consideration the fact that the influence of negative attitudes of the society isn't just limited to the person who suffers a mental disorder, but also the fact that the effect is obvious even with the other family members in the aspect of lower self-confidence and changed family relation--ships. In the Croatian press we can often see screaming headlines for example: »mentally ill Croatian soldier-defender has done homicide, has held up a bank«, etc. Media hype contributes to the formation of negative attitudes towards the mentally ill and additionally cements negative attitude of the society towards the mentally ill people. Frequency of mental disorders develops the need for systematical approach to improvement of the medical therapy or/and supression of these problems, and to make such kind of programme complete, we should take care of provision of qualitative integration of the mentally ill person in the community. The trend of medical treatment of mentally ill persons in the terms of partial hospitalization in the world and in Croatia is bigger and bigger. Partial hospitalization is aimed at enhancement of patient's independence as well as the decrease of hospitalization. Precondition for return of the mentally ill person to comunity, as painless as it could be, is to have the effect on community, the effect of changing the negative public attitudes by providing the reliable information, sensitivity and tolerance acquiring.

Negatve attitude or prejudice have an adverse effect on a sick person because it additionally diminishes the already diminished opinion of oneself, it decreases self-confidence and self-respect and to some extent it prompts affected to social isolation and loneliness. All of this mentioned leads to building up the vulnerability, the development of the depression, and makes the psychic status and clinical picture worse. Rusch et al. claims that persons with mentall illness may suffer from self stigma if they are aware of public negative sterotypes and prejudices, agree with them, and apply them to themselves, resulting in diminished self- esteem and self-efficacy. The negative effects of self-stigma such diminished self- esteem and poor quality of life can persist even when psychiatric symptoms have remitted. Self stigma may lead to shame as an emotional consequence. Coming back to the working social environment for the mentally ill may be the burdening factor because the environment isn't enough sensible for that kind of disease. The consequences are bad life quality, possible development of ethyl addiction and some psychostimuli, which then may bring the economic failure.

By the same token, lots of different projects are started to fight stigmatization of the people with the mental illness that include these interventions: the contact with the ill person, the community education, a protest through media etc., and the first step in the fight against the negative consequences is the community's attitude identification. Unfortunately, this trend hasn't found it's place in Croatia. And there is also a fairly small number of researches that deal with attitudes towards the mentally ill as well as the knowledge and its influence on changing the attitudes. Jogić- Begić's research has shown that mentally ill people are isolated individuals with whom people don't want to make social interactions. Furthermore, the research points out that the mentally ill is perceived as the person of the weak character, who is unstable, nervous and insecure, and his behaviour as unpredictable and problematic. 70 % of the examinees said they felt uncomfortable if accompanied by the mentally ill. In other words, neglecting the effect of the community's attitudes towards the medical treatment, social adaption and, generally, mentally ill person's psychic balance, is a big therapy failure which pretty much affects the condition of the mentally ill. These reasons present the stimulus and in this research which is aimed at establishing the attitudes, views and reactions of helping fields (social workers and medical nurses) and those who don't belong to that cathegory. Supporting fields in their work often meet the mentally ill, especially psychiatrists and psychologists and psychiatric nurses. As the Jokić-Begić's research has affirmed that knowledge plays an important role in creation of the attitudes towards the mentally ill, by this research we wanted to test the attitudes of supporting fields (social workers and nurses) and the rest towards the mentally ill, starting from assumption that the group of persons questioned had more knowldge about the mental illnesses than the rest of the population.

Sample and Methods

The research was carried on with the citizens of Zagreb during March and April and it included three groups of examinees: psychiatric nurses in Zagreb (N = 40), social workers (N =40) and those examinees who weren't the part of the supporting field according to their professions (N = 40). The psychiatric nurses' sample was in the continual contact with mentally ill people. The social workers' sample wasn't always directly exposed to the mentally ill. Only women took part in this research, but in the social workers' sample there was one examinee of male sex who has afterwards been expelled so that the gender, as variable, wouldn't have an influence on the result. In examination of the attitudes, the questionnaire that was used in Jukić-Begić's research showed that its usage was pretty good in defining the attitudes and sterotypes towards the mentally ill. The questionnaire consisted of several parts by which sterotypes, knowledge, attitudes, the level of acceptance and social-demographic figures were examined. The demographic files are shown in the Table 1.

Examinees were familiar with the aim of the research so they were told the research was anonymous. After getting familiar with the aim of the research, a questionnaire was given to them in which they have given the answers. In order to define the examinees' attitudes the mentally ill, their task was to circle the number from one to five to see if they agree or not with each statement (number 1 meant total disagreement and number 5 total agreement). For measuring the level of acceptance of mentally ill people, a modified version of Bogardus' social distance scale and it's related to the question if the examinees are willing to make contact with the mentally ill. Jokić-Begić's research et. al. defined discriminative and relevant cathegories for evaluating the level of acceptance of the mentally ill, so we didn't think there was a need to examine the same things, but instead of it, already existing cathegories were taken over. The following cathegories were used: the mentally ill as a friend, as a neighbour, as a teacher or the raiser of their own children, as a life partner of a brother or a sister, as a life patner of their own child and last but not least, the mentally ill as their own partner. To affirm how many partic-

ipators were ready to achieve each mentioned relationship, the examinees put »+« if the relationships were acceptable, or »-» if they thought to be unacceptable. The final result was tht total amount of all positive marks. The attitudes were examined by 66 pre-defined characteristics ant the examinee's task was to mark all those features he thought to be related to relationships, i. e. that best describe the mentally ill. The knowledge was examined by using five statements that examinees marked as true or false. Each correct answer was ponted (a point for each) so that result could be from one to five.

Results

Stereotype

By substantial analysis of the features, those features that more than 50% of the examinees decribed as typical features of the representative of mentally ill person, were singled oout here. The examinees' stereotypes are shown in the Tables 2–4.

From the tables above we can see hat all of the examinees in all three samples in a high percentage marked the characteristic » ill » as a dominant characteristic of the mentally ill person. Furthermore, the characteristics such as unstable, insecure, nervous and inclined to suicide inform that all those three groups of examinees have stereotypes about ill person's unstable emotional condition. In the relationships they're seen as unpredictable, aggressive, uncommunicative, stubborn, unreliable, problematic and suggestible. Those examinees who are not the part of the group of supporting fields, in 55 % of the cases they defined the mentally ill person as dirty person, whereas the social workers' sam-

TABLE 1
SOCIAL- DEMOGRAPHIC FIGURES OF THE EXAMINEES INVOLVED IN THE RESEARCH

Age M (SD)	Educational qualifications	
	Secundary education %	University degree %
Social workers	43(12.021) (25–65)	100
Nurses	35 (11.659) (19–60)	100
The rest	45 (13.980) (20–73)	46 54

TABLE 2
FREQUENCIES OF THE FEATURES IN THE DESCRIPTION OF THE MENTALLY ILL THAT NURSES MARKED (N=40)

Characteristic	N	%
Ill	33	82.5
Impatient	33	82.5
Unstable	31	77.5
Unpredictable	31	77.5
Not understood	29	72.5
Insecure	29	72.5
Inclined to suicide	27	67.5
Aggressive	27	67.5
Pessimistic	26	65
Unhappy	26	65
Uncommunicative	24	60
Passive	22	55
Nervous	22	55
Problematic	21	52.5
Stubborn	21	52.5
Suggestible	20	50

TABLE 3
THE FREQUENCES OF THE CHARACTERISTICS IN THE
DESCRIPTION OF THE MENTALLY THAT SOCIAL WORKERS
MARKED (N=40)

The characteristic	N	%
Ill	33	82.5
Impatient	28	70
Unstable	28	77
Insecure	28	77
Not understood	26	65
Nervous	25	62.5
Inactive	25	62.5
Unreliable	23	57.5
Problematic	22	55
Unsociable	22	55
Unpredictable	21	52.5
Neglected	21	52.5
Weak	20	50
Dirty	20	50
Suggestible	20	50

TABLE 4
THE FREQUENCES OF CHARACTERICTICS IN THE
DESCRIPTIONS OF MENTALLY ILL PERSONS THAT
EXAMINEES OF SUPPORTING FIELDS DEFINED (N=40)

Characteristics	N	%
Ill	36	90
Impatient	36	90
Unstable	35	87.5
Aggressive	33	82.5
Not understood	33	82.5
Insecure	31	77.5
Inclined to suicide	31	77.5
Passive	27	67.5
Pessimistic	26	65
Unhappy	26	65
Unsociable	24	60
Rude	22	55
Nervous	22	55
Problematic	21	52.5

ple in 52.5 % defined the mentally ill as neglected and 50 % defined him as dirty. Interesing information is that all three groups in a small percentage defined the mentally ill as mad, crazy person which is a common expression in slang.

The χ^2 test that was carried out hasn't found the differences in the correct answers among the examinees of the supporting fields (medical nurses and social workers) so we considred this pattern to be a homogeneous one. The statistical procedure in hi- square test indicates that there are statistically important differences in the number of correct answers in every single statement among the examinees of supporting fields and examinees who don't belong to that group. Tha values of χ^2 test are shown in the table 5. It is obvious from the table shown above that examinees who don't belong to that cathegory of the group of supporting fields, statistically have far more less knowledge about the mental illnesses. From the statistical procedure we can draw the conclusion that more than half of the examinees from the group »The rest« have misconceptions about the emergence, prevention and healing of the mental illnesses.

Attitudes

From the Table 6 we see that there are the differences in the attitudes towards the mentally ill among the

TABLE 5
KNOWLEDGE ABOUT THE MENTAL ILNESSES AMONG GROUPS

		Nurses	Social workers	The rest	
	The correct answer	The number of the correct answers (%)	The number of the correct answers (%)	The number of the correct answers (%)	x^2 (p)
Common characteristic of the mentally ill who are unconscious of their acts	N	26 (65)	25 (62.5)	11 (28)	10.429 (0.005)
The mentally ill are aggressive and dangerous for the environment	N	38 (95)	35 (87.5)	14 (35)	37.817 (0.000)
By proper upbringing parents can totally prevent the emergence of the mental illnesses with their children	N	38 (95)	35 (87.5)	19 (47.5)	30.201 (0.000)
All the mental illnesses can be cured with understanding and conversation	N	34 (85)	34 (85)	15 (37.5)	30.420 (0.000)
Every psychic patient has to be cured in the hospital	N	32 (70)	28 (70)	16 (40)	14.667 (0.001)

TABLE 6
THE ILLUSTRATION OF THE STATEMENTS AND THEIR AVERAGE AMOUNT WITH THE REFERENCE
TO EACH STATEMENT FOR EXAMINEES INCLUDED IN THE RESEARCH

Claims	Nurses M (SD)	Social workers M (SD)	The rest M (SD)	ANOVA F (p)
1 I would self initially make contact with the mentally ill	3.72 (1.003)	2.20 (1.194)	2.01 (1.023)	12.162 (0.000)
2 I would employ the mentally ill person in my company	3.81 (1.064)	2.73 (0.905)	2.23 (1.o25)	14.870 (0.004)
3 I feel comfortable in the company of the mentally ill	2.92 (0.692)	2.25 (0.981)	2.18 (1.059)	7.161 (0.001)
4 I feel anger towards the mentally ill people	1.36 (0.723)	2.07 (1.095)	2.60 (1.336)	12.242 (0.000)
5 I'm afraid of them	1.52 (0.878)	2.28 (1.012)	3.95 (1.214)	25.816 (0.000)
6 People should avoid the mentally ill	1.31 (0.525)	2.20 (1.067)	2.83 (1.059)	25.404 (0.000)
7 If I knew that my acquanintance is a mentally ill person, I would start to avoid him	1.42 (0.692)	1.68 (0.859)	2.33 (1.228)	9.154 (0.000)
8 It's good that mentally ill fight for their rights	4.22 (0.797)	4.10 (0.778)	3.70 (0.939)	4.069 (0.020)
9 I respect the mentally ill	4.53 (0.560)	4.50 (0.599)	4.05 (0.932)	5.409 (0.006)
10 If someone is mentally ill, he should try to hide it	1.61 (0.688)	2.08 (1.163)	2.65 (1.292)	8.671 (0.000)
11 You're never safe in the company of the mentally ill	2.19 (0.920)	2.60 (1.105)	3.15 (1.167)	7.607 (0.001)
12 I have very negative opinion about them	1.36 (0.639)	1.82 (0.781)	2.55 (0.986)	20.425 (0.000)
13 I don't want to see them on public places	1.53 (0.910)	1.87 (0.966)	2.55 (1.218)	9.514 (0.000)
14 Somebody may be mentally ill, but at the same time a good person	4.61 (0.549)	4.42 (0.636)	3.01 (1.285)	11.200 (0.000)
15 I can understand the mentally ill	4.32 (0.874)	3.80 (0.823)	3.25 (1.256)	4.858 (0.009)
16 When I see the mentally ill I feel uncomfortable	1.67 (0.793)	2.55 (1.085)	3.90 (1.067)	22.489 (0.000)
17 The mentally ill don't deserve the society's care	1.17 (0.697)	1.53 (0.905)	1.93 (0.997)	7.044 (0.001)
18 Any sort of socializing with the mentally ill is out of the question	1.50 (0.775)	1.82 (0.931)	3.63 (1.234)	12.795 (0.000)

examinees. The Scheffee's test that was carried out indicates that social workers and »the rest« would't sel-initially make contact with the mentally ill as nurses would do (p=0.000). Nurses and social workers would more often employ the mentally ill their company than those examinees who aren't the part of supporting fields cathegory (p=0.044). Nurses more often claim they feel comfortable in the mentally ill person's company than the social workers and the rest (p=0.003). Social workers and the rest more often point out that they feel anger to-

wards the mentally ill (p=0.009) if compared with the nurses. And also, if compared with the nurses, social workers and the rest more often claim they are afraid of the mentally ill (p=0.010) and they more often say that they should avoid the mentally ill (p=0.013). The sample that's not the part of supporting fieldsclaimed that if they foounnd out that sommebody whom they know is mentally ill, they would start to avoid them, unlike the sample of supporting fields (p=0.012). The sample of supporting fields claims it's a good thing for mentally ill

Particles	%		%		%	
	yes	no	yes	no	yes	no
I would accept the mentally ill as a neighbour	91.7	8.3	75	25	70	30
I'd accept the mentally ill as a neighbour	66.7	33.3	75	25	65	35
I'd accept him as a teacher or a raiser of my children	19.4	80.6	20	80	5	95
I would accept the mentally ill as my brother's or a sister's life partner	30.6	69.4	17.5	82.5	25	75
I would accept the mentally ill as my child's partner	19.4	80.6	7.5	92.5	12.5	87.5
I would accept the mentally ill person as my own life partner	11.1	88.9	15	85	15	85

to fight for their rights if compared to the rest (p=0.029). Supporting fields also more often say they respect the mentally ill, unlike the group of the rest (p=0.23). Those who don't belong to supporting fields say more often that the mentally ill should hide their disease in the contrast to the group of supporting fields. Then, they more often say somebody is never safe in the company of the mentally ll (p=0.001), they have more negative opinion about the mentally ill (p=0.001), they also say they don't want to watch the mentally ill on public places (p=0.018), and to a lesser extent claim that somebody can be mentally ill, but at the same time a good man – all if compared with the group of supporting fields. The group of the rest can hardly understand the mentally ill (p=0.018), and they more often say that socializing with the mentally ill is out of the question (p=0.002). The group of social workers and the rest more often claim they feel uncomfortable when they see the mentally ill if compared with the nurses (p=0.017), whereas the rest more often point out that the mentally ill don't desrve the care of society. Although ANOVA showed the existence of the differences in the attitudes, the differences are insignificant because the examinees have been offered different answers: total disagreement, disagreement, neither agreement nor disagreement, agreement, total agreement.

The research indicates that although the social workers belong to the cathegory of supporting fields have in the particles of the questionnaire more negative attitude if compared to the nurses. The mentioned could be explained by the fact that social workers don't often meet the mentally ill in their work and they don't have enough working experience with them. The researches indicate that experience plays a vital role in the attitudes towards the mentally ill. Of course, this explanation has to be scientifically proved. Although the differnces among he groups were found, we shoul point out here that the majority of examinees, no matter which group they belonged to, don't express extremely negative attitude to some statements related to the mentally ill.

The social distance

From the table above we can see the low level of acceptance of the mentally ill people. All of those three groups of examinees would at a high level accept neither the mentally ill as a teacher or a raiser of their own children, nor would they accept the mentally ill as their brother's or a sister's life partner. Also, all of those three groups of examinees have low level of acceptance of both: The mentally ill as a partner of their own child or his/ her own partner. However, they all have positive level of acceptance of the mentally ill as a neighbour or as a friend.

Furthermore, we wanted to define if those observed groups of examinees differ in the attitudes considering the knowledge they have about the mental illnesses, and the knowledge was evaluated by using a short text which included five statements. The research has shown that the groups of examinees that belonged to the group nof supporting fields, don't differ in the knowledge, but those differences were found among the examinees who were not in the group of the supporting fields (Table 5). Considering the fact that the groups of supporting fields (nurses and social workers), don't differ in the knowledge about the mental illnesses, we considered them to be homogeneous in the observable variable of knowledge. The used hi-square test finds the differences in the attitudes among the supporting fields and those who aren't part of that group considering the level of knowledge about the mental illnesses they have.

From the table above it is obvious there are the differences in the attitudes if we take into consideration the level of knowledge the examinees then had. The examinees that had less knowledge claimed they would less often make contact wit the mentally ill person, they felt less comfortable in their company, and they more often said that the mentally ill people should be avoided. The examinees who had lower level of knowledge about the mental illnesses more often said that mentally ill should hide theit own illness and that they would always feel unsafe in the company of the mentally ill. Furthermore, the examinees of the lower level of knowledge more often say they have negative opinion about the mentally ill as well as they fell uncomfortable if they see the mentally ill person. By the given results we may assume that knowledge plays an important role while creation the attitudes about the mentally ill. Jogić- Begić's research points out that 20% of variant of the attitudes about mental illnesses is explained by the level of knowledge the examinees had.

TABLE 8
THE DIFFERENCES IN THE ATTITUDES TOWARD THE PERSONS WTH DISABILITIES AMONG THE SUPPORTING FIELDS
AND EXAMINEES WHO AREN'T THE PART OF THAT GROUP, CONSIDERING THE LEVEL OF KNOWLEDGE THEY HAVE

Statements	χ^2
1 I would self-initially make contact with the mentally ill person	29.734
2 I would employ the mentally ill in my company	16.445
3 I feel comfortable in the company of the mentally ill	20.771
4 I feel anger at the mentally ill	13.128
5 I'm afraid of the mentally ill	34.124
6 Mentally ill people should be avoided	15.049
7 If I found out that a person I know is mentally ill, I would start to avoid him	16.262
8 It's good that the mentally ill fight for their rights	11.384
9 I respect the mentally ill as human beings	11.316
10 If somebody is mentally ill, he/she should try to hide it	18.351
11 People are never safe in the company of the mentally ill	24.502
12 I have very negative opinion about the mentally ill persons	16.570
13 I don't want to see the mentally ill people in public places	11.952
14 Somebody can be mentally ill, but a good person as well	7.998
15 I can understand the mentally ill	13.246
16 When I see the mentally ill, I feel uncomfortable	24.916
17 The mentally ill don't deserve the care of the society	18.651
18 Any kind of socializing with the mentally ill is out of the question	10.804

Discussion

This research points out that examinees in all three patterns marked at a high level the feature »ill« as a dominant characteristic of the mentally ill. Furthermore, the characteristics such as unstable, insecure, nervous and inclined to suicide, inform about having sterotypes about unstable emotional condition of the mentally ill. In the relationships they're seen as unpredictable, aggressive, unsociable, stubborn, unreliable, problematic and suggestible. The examinees that weren't the part of the group of the supporting fields marked the mentally ill in 55% of the cases as neglected and in 50% as dirty. Interesting information is that all three groups of examinees in a very low percentage marked the mentally ill as crazy which is a common expression in slang. The research hasn't found the differences in a small knowledge test, made just for this research and related to the knowledge of nurses and social workers about the mentally ill people. But, knowledge differences are found among so called supporting fields and examinees that are not the part of that sample. The examinees that are not the part of the supporting fields don't have the adequate conception about the samples, healing and prevention of this disease. Although social workers belong to the group of so called- supporting fields, in certain attitudes they differ from the nurses. Social workers would less often self-initially make contact with the mentally ill, they feel less comfortable in the company of the mentally ill, they feel anger at the mentally ill more often, more often they say that they're afraid of the mentally ill and that people should aviod the ill. However, the examionees who aren't the part of the group of the supporting fields, more often claim they would start avoiding the person for whom they would find out that he/she is a mentally ill person and that the ill should hide their disease. They generally have more negative opinion about the mentally ill than the sample of supporting fields. Supporting fields respect the mentally ill more. The research indicates that social workers, although they're part of the group of the supporting fields, have in some particles of the questionnaire more negative attitude if compared to the nurses. The mentioned could be explained by the fact that social workers don't often meet with the mentally ill and they don't have enough working experience with them. The researches indicate that experience plays the vital role in the attitude towards the mentally ill. Of course, this explanation has to be scientifically proved. Although the differnces among the groups were found, we should point out that majority of the examinees, no matter which group they belonged to, don't mark extremely negative attitude in some statements related to the mentally ill.

The research points out that examinees who had lower level of knoledge about the mental illnesses (the sample which don't belong to the cathegory of supporting fields) have also more negative attitude about the mentally ill. We could assume by the given results that knowledge plays an important role in creation the attitudes. Jokić- Begić's research claims that 20 % of variant of the attitudes about the mentally ill pesons is explained by the level of knowledge they had.No matter which group of examinees we talk about, low level of acceptance is obvious. All three groups of examinees have said at a

high percentage that they wouldn't accept the mentally ill person as a teacher or as a raiser of their own children; they wouldn't accept the mentally ill as a life partner of their brothers or sisters. All of three groups of examinees have also a low level of acceptance of the mentally ill as a partner of their own child or his/ her own life partner. But, the groups have a positive level of acceptance of the mentally ill as a neighbour and as a friend.

Yuker points out that the mentally disordered persons are at a low acceptance as far as employment is concerned and they are also low accepted in social environment. The research of the attitudes of the society towards the mentally ill show that mentally ill persons are seen as irresponsible, unable to make decisions and as unable for independent life, so by the same token, unpredictable and childish behavior is distributed to them.

Corrigan mentions that the people with lower level of education and lower social status and members of ethnic minority have more negative attitudes towards the mentally ill people. One study has shown that 75 % of family members of the ill person believes that stigmatization has diminished sel-confidence, made difficulties in making friend with others, decreased the efficiency in doing different everyday activities. Negative attitudes towards the mentally ill can have as a consequence unfavourable result of mental disorder, although the psychiatrical treatment in vast majority of cases leads to successful decreasing of symptoms and better functioning in everyday life. If we take into consideration that the mentally ill considerably contribute to the more positive attitude about the group previously mentioned, (which our research has also proved), and that the knowledge about mental illnesses also has the influence on both- their causes and prevention and for that reason the public should be informed as much as possible through education and they should be given lots of opportunities for making the contact with the mentally ill. What is encouraged by these contacts is demystification of the existing programmes and institutions for healing the mental illnesses which are usually unjustifiably perceived as inefficient. Positive media voice about them could really come in hand because in media the mentally ill is very often shown as the potenzial killer who isn't capable of independent life.

The research that was crried out mentions that even the groups of examinees (social workers) who are more or lless in direct relationship with the mentally ill, have to some extent more negative attitudes towards the observed group. So it's hard to expect from the community to be kind to them and to be ready to develop the empathy towrds the same. It's important to say that if we wnat the community without any prejudice, we should look at ourselves first. Then, the supporting fields should work on developing more positive attitudes towards the mentally ill because the first step in the medical therapy is the cathegory of supporting fields. It's hard to expect that the person would enthusiastically go into the solving of mentally ill persons' social problematic area when, at the same time, the same person has the problem of acceptance of that group of the ill. After all, If we don't build the positive relationship towards the mentally ill, not only do we stigmatize them, but also we contribute to intensifying their problems and difficulties.

Conclusion

The research of mentally ill persons' problematic area is in a low number focused to defining the community attitudes towarrds the mentally ill. It's hard to find the resons in mentioned, but the obligation and necssity of these kinds of researches is unquestionable. The causes of lack of knowledge, stigmatization and sterotypes about the mentally ill should in the first place be searched among the scientists who unwillingly examine these phenomena. As we already have said, not only does the stigmtization cements the psychic phenomena, but also to a bigger extent contributes to worsening the disease as well as the development of some other psychic symptoms. Marginalization and stigmatization of the mentally ill is a big problem which the ill meet with. However, stigmatization is in the majority of the cases result of learning and they are based upon the lack of knowledge (as our researc has also shown). Furthermore, the lack of experience cotibutes to cement the stereotypes and prejudice which they later finds their place in reality.

As Jokić- Begić et al. claim in the research, the mentally ill are lonely people. They are left to themselves and the only salvation and understanding they search in professional team from which they expect understanding and acceptance. However, our research has shown that even among so called Supporting fields, there are stereotypes and prejudice which additionally put the mentally ill on the edge of the society. Insufficient education and knowledge about the mentally ill adversely and badly affect the approach to the mentally ill person. It can't be allowed that persons from the supporting fields (in our case – social workers), in50% of the cases see mentally ill people as dirty and badly neglected. So the question is: » How to expect the adequate care of the mentally ill considering the previously mentioned?«

Education of professional team and of the community is more than necessary because by education lots of things are achieved: better recognizing of the disease, more efficient healing, and better functionig of the family and finally, faster and more qualitative resocialization of the mentally ill.

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STAVOVI I STEREOTIPI POMAŽUĆIH STRUKA PREMA PSIHIČKIM BOLESNICIMA

S A Ž E T A K

Cilj ovog istraživanja je bio ustvrditi stavove, uvjerenja i reakcije pomažućih struka (socijalni radnici i medicinske sestre) te onih koji ne spadaju u tu kategoriju prema osobama sa psihičkim poremećajima. U istraživanje je sudjelovalo 120 ispitanika, pri čemu su skupinu pomažućih struka činili socijalni radnici i medicinske sestre (N=80) te ispitanici koji se u svom profesionalnom radu ne susreću s psihički oboljelim osobama (N=40). Kako bi se ispitali stavovi ispitanika prema psihičkim bolesnicima upotrijebljen je upitnik koji je korišten u istraživanju Jokić-Begić[2] (2005) te se pokazao kao dobar u utvrđivanju stavova i stereotipa prema psihičkim bolesnicima. Upitnik se sastoji od više dijelova kojima su ispitivani stereotipi, znanje, stavovi, stupanj prihvaćanja i socio-demografski podaci. Istraživanje je pokazalo razlike u stavovima i stupnju prihvaćanja psihičkih bolesnika kao i razlike u stupnju znanja koje ispitanici posjeduju o psihičkim bolesnicima. Svi ispitanici uključeni u istraživanje navode »bolestan« kao dominantno obilježje psihičkog bolesnika. Nadalje, osobine poput nestabilan, nesiguran, nervozan i sklon suicidu upućuju da sve tri skupine ispitanika imaju stereotipe o labilnom emocionalnom stanju psihičkog bolesnika. Ispitanici koji ne spadaju u skupinu pomažućih struka nemaju dovoljno znanja o nastanku bolesti kao ni o njegovom tijeku i prevenciji. Međutim, socijalne radnice imaju nešto negativniji stav prema psihičkim bolesnicima u odnosu na medicinske sestre, što se može objasniti nedovoljnim iskustvom u radu s navedenom skupinom bolesnika. Bitno je za istaći da sve tri skupine ispitanika nemaju ekstremno negativne stavove prema psihičkim bolesnicima. Ne treba zanemariti činjenicu da sve tri skupine ispitanika imaju izraženu socijalnu distancu prema psihičkim bolesnicima te da ih teško prihvaćaju u vlastitom okruženju. S obzirom na to da je vrlo mali broj istraživanja koji se bave problematikom stigmatizacije psihičkih bolesnika, ovo istraživanje daje dobar poticaj za razradu ove vrlo važne problematike, pogotovo ako uzmemo u obzir da stav okoline može uvelike doprinijeti da se psihički bolesnici osjećaju marginalizirano i nedovoljno prihvaćeno.