Public Understanding of Mental Illness: Results from a Romanian Sample

Denisa Neacşu*[iv]
*****Faculty of Psychology and Educational Sciences, Psychology Department, University of Bucharest, Bucharest, Romania

Abstract

Introduction: *Although nowadays people seem to have more knowledge about mental illness, various studies reveal a great level of ignorance and hostility towards mental patients, among the general public (Furnham, A., Chan, E., 2004).*

Objectives: *The current study investigates public beliefs about mental illness among Romanian adults (their perspective on causes, manifestations, the role played by society and hospitals, patients' rights).*

Methods: *134 participants (aged 18-75) completed a 56-items questionnaire, derived from the instrument used in Furnham's study (1988). Reliability analyses were performed in order to determine the psychometric properties of the instrument and Pearson Correlation Test was used for hypothesis testing.*

Results: *The results show that 1) people who know someone with a mental health problem will be more likely to give social explanations for mental disorders; 2) people who worked with patients diagnosed with a mental disease are not prone to use the medical model of explanation for the mental disease.*

Conclusions: *Nowadays, there is a need to extend previous research and to investigate the public acceptance of mental disease in Romania, in order to create better informational programs.*

Keywords: public, beliefs, theories, mental, disorder, acceptance

[iv] Corresponding author: Denisa Neacşu, Faculty of Psychology and Educational Sciences, University of Bucharest, Panduri 90, Sector 5, Bucharest, 050663, Romania. Email: denisaflorina.neascu@gmail.com

I. Introduction

Research literature reveals that life quality of people living with mental illnesses is profoundly affected by public stigma and discrimination (Corrigan, P., Watson, A.C., 2004). Moreover, the label of mental illness often stays with an individual long after he or she has left the mental hospital: former mental patients are treated like ex-convicts and other stigmatized groups (Furnham, A., 1988).

Mental illness stigma is defined as the "devaluing, disgracing, and disfavoring of individuals with mental illnesses by the general public" (Abdullah, T., Brown, T.L., 2011). The main negative effect could be that stigma prevents mentally ill individuals from seeking treatment, finding employment and living successfully in the community.

In 2001, World Health Organization (WHO) identified stigma and discrimination towards mentally ill individuals as "the single most important barrier to overcome in the community".

Jorm A.F. and colleagues (1997) used the term "mental health literacy", which means "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm, A.F., 2000). This construct incorporates different concepts: recognition of symptoms; knowledge and beliefs about risk factors and causes; knowledge and beliefs about self-help interventions; knowledge and beliefs about professional interventions; attitudes that facilitate the search of help when necessary; and knowledge about how to obtain information regarding mental health (Furnham, A., Chan, F., 2004).

It seems that the process of stigmatization begins early in life: Novak (1974) found that fourth, fifth and sixth-grade boys and girls discriminated between normal and emotionally disturbed peer descriptions on scales of attractiveness and social distance.

The acceptance process of individuals with mental illness is highly influenced by cultural variables (Carpenter-Song, E. et al., 2010, Chen, S.X., Mak, W.S., 2008; Kirmayer, L.J., Bhugra, D., 2009). Some American Indian tribes do not stigmatize mental illness, others stigmatize only some mental illnesses, and other tribes stigmatize all mental illnesses. In Asia, where many cultures value "conformity to norms, emotional self-control, [and] family recognition through achievement", mental illnesses are often stigmatized and seen as a source of shame (Abdullah, T., Brown, T.L., 2011).

However, the stigmatization of mental illness can be influenced by other factors, such as the perceived cause of the illness (Furnham, A., Chan, F., 2004).

The influence of culture is emphasized in a study by Kurihara, T., Kato, M., Reverger, R., and Tirta, I.G. (2006). This study, conducted in Bali, demonstrated a preference for supernatural causal explanations among relatives of patients with schizophrenia.

Jorm, A.F, Oh, E. (2009) showed that labeling a person as mentally ill or as suffering of a mental disorder increased the social distance. In addition, the belief that mental illness is caused by brain damage is associated with greater social distance, as opposed to the belief that mental disorder is caused by biochemical imbalance (Jorm, A.F., Oh, E., 2009). Fortunately, studies show that social distance can be reduced by planned interventions (Macsinga, I., 2011).

Limited knowledge stemming from poor mental health literacy can lead to stigmatization, which is attributed to lay concepts of the illness; this can subsequently lead to a marked reduction in help seeking behaviors, due to factors such as embarrassment and fear for the suffering individual. Corrigan, P. (2004) found that a number of those who suffered from mental health disorders actively avoided services specialized in appropriate treatment, with the intention of avoiding discrimination or labeling. Recently, there has been a growing awareness of the correlating stigma surrounding mental health (Angermeyer, M.C., Dietrich, S., 2006).

Social distancing was also revealed as a stigmatizing response: 30% of subjects in a U.S. study (Perry, B.L. et al., 2007) and 36% in an Australian study believed it was best to avoid people with depression symptoms (Griffiths, K.M. et al., 2006). Moreover, independently of how well mental health professionals recognized major depression, they felt the same social distance as members of the public (Nordt, C., Rossler, W., Lauber, C., 2006) in an Australian study (Griffiths, K.M. et al., 2006). Finally and significantly, one vignette study showed that 52% of subjects responded with pity (Peluso, E.T.P, Blay, S.L., 2009).

According to Rabkin, J. (1974), mental patients receive less sympathy and they are seen with more distaste than almost any other disabled group in our society. She believes that most of the handicaps that mental patients and former mental patients display result from social rejection (Rabkin, J., 1974).

When we speak about public's informal explanations that are given for various phenomena, we call them lay theories (Furnham, A., 1988). N. Haslam can be regarded as a pioneer in the field of "lay psychiatry": he notes that lay theories derive from a transmission from scientific psychiatry to folk psychiatry (Haslam, N., 2005).

Research shows that context is an important variable in making inferences about mental illness: as

long as a mental patient is participating in a situation in which normal people do not need to use their values, he or she tends to be more accepted; but once the normal person's self-values become involved, then he or she becomes more rejecting and critical of the mental patient (Kahle, L.R., 1983).

The association between mental illness and creativity suggests that personality traits among creative persons and persons with mental illness involve excessive emotionality, compelling obsessions, ruminations or lack of social conformity (Kaufman, J.K., 2001). The perception that this association exists (the mad genius stereotype) is dominant not only in research literature, but also in popular culture (Kaufman, J.K., 2001).

Research studies on this field have reported that the general public does not have the same opinions as mental health experts and professionals, regarding illnesses and their associated attributes (Furnham, A., Daoud, Y., Swami, V., 2009; Jorm, A. et al. 1997; Link, B.G., Phelan, J.C., Bresnaham, M., Stueve, A., Pescosolido, B.A., 1999). Experts tend to have formal and scientific knowledge, whereas the public have beliefs largely based on media exposure and personal experience (Jorm, A., 2000). In some studies, individuals with depression felt that they were being blamed by the general population for being "inefficient," "unproductive," and "lazy", (Lai, Y.M. et al., 2001).

Angermeyer, M.C. and Klusmann, D. (1988) found that patients, like professionals, made multiple causal attributions for their illness. However, people who were diagnosed with mental disorders used recent psychological factors, personality issues, and family causes over biological causes. There was a tendency for those patients suffering from affective psychoses to endorse biological causes more frequently than those suffering from schizophrenia or schizoaffective disorder.

Angermeyer, M.C. and Matschinger, H. (1996) report that the relatives of people with schizophrenia are more likely than the general public to use biological or constitutional factors in order to explain the development of the disorder; this tendency was more pronounced in German (as opposed to Austrian) mothers who were the primary caretakers of their suffering child. The authors speculate that this could be a result of their increased exposure to mental health professionals or a coping mechanism that minimizes the guilt they feel at seeing their child suffering.

The purpose of this study is to extend previous research and investigate the public acceptance of mental disease in Romania, based on some academic theories. Although many studies focused on schizophrenia, our purpose was to include the label "mental disease", because it is more frequently used among Romanian population.

Siegler, M. and Osmond, H. (1966) were among the first researchers who organized all thinking about schizophrenia in five models: medical, moral-behavioral, psychoanalytical, social, conspiratorial. Adrian Furhnam used this model in his studies regarding attitudes and beliefs about schizophrenia and mental disease.

This study is based on a questionnaire, which includes: the medical model, the moral-behavioral model, the social model and the psychotherapeutic model (which includes a general idea about a psychotherapeutic approach, not only the psychoanalytical model).

The medical model is the conceptual model for the understanding of somatic illness. In this case, we speak about "patients", who reside in "hospitals", and are "diagnosed", given a "prognosis", and they are "treated" (Furnham, A., Bower, P., 1992). The etiology of the medical model regards mental disease as a consequence of physical and chemical changes in the brain (McKenna, P.J., 1987). The behavior of mentally ill patients is regarded as a symptom of their illness and the treatment consists of using medical drugs. The main function of the hospital is to provide an environment of care and cure for the patients. As for the rights and duties of the patients, they have to cooperate with the staff and they have the right to be treated and helped. The duty of the society is to be sympathetic to the patients. The moral-behavioral model regards the mental disease as a consequence of the patients' behavior.

The etiology of the mental illness is explained as a process of learning an inappropriate behavior or as a consequence of some experiences. Patients' behavior is viewed in an evaluating manner. As a consequence, the treatment consists in changing the inappropriate behavior, in order to make it socially acceptable. The function of the hospital is to act as a correctional institution (Furnham, A., Bower, P., 1992). The duty of the patients is to cooperate during the treatment and take responsibility for their behavior and their right is to be released when their behavior is accepted in society. The duty of the society is to provide places where behavioral problems could be corrected (Furnham, A., Bower, P., 1992).

The psychotherapeutic model treats the patient as an agent capable of change, using interpretative methods and verbal methods. The etiology is explained by traumatic experiences or difficulties in facing some emotional problems during lifetime. The behavior of

the patient is a symbol of his/her inner emotional problems. The treatment consists in individual therapy or group therapy with a trained therapist. The function of the hospital is to facilitate recovery through collaboration between the doctor and the psychotherapist. The right of the patient is to be treated sympathetically and their duty is to cooperate with the psychologist. Society has the duty to provide services to help the mentally ill.

The social model suggests that social forces contribute as precipitants of mental disorders (Furnham, A, Bower, P., 1992). The mental disease is explained by the social, economic pressure on patients and the behavior of the mentally ill person is a symptom of wider problems of society. The treatment includes a large-scale social change. The function of the hospital is seen on negative terms, because hospitals are regarded as places for the poor and disadvantaged. The patients have the right to sympathy and society has the duty to change in order to provide a cure for mental illness.

The objective of this study is to explore Romanian adults' public beliefs regarding the concept of mental illness. First, the aim of this study is to adapt an instrument about public beliefs on mental illness, on the Romanian population.

In this study, I hypothesized that: (1) participants who know someone with a mental health problem will be more likely to give social explanations for the mental disorders, because they need to find external explanations for their relative's mental problem (e.g.: "we live in a sick society"); (2) people who worked with patients diagnosed with a mental disease are not inclined to use the medical model of explanation for the mental disease because of their relative subjectivity in this field.

II. Methods

Participants

The study was carried out in Bucharest. A convenience sample of 134 adults (aged 18-75, 63% females), with higher education, was recruited for the current study. The participants volunteered after anonymity was guaranteed during the entire process. No names or other identification data were gathered at any time.

Procedure

A questionnaire-based survey developed by Furnham, A. (1988) was utilized to collect information from 134 participants. The items were designed to assess five different sections. The first part of the questionnaire included demographic information concerning participants' age, gender, occupational field, the previous contact with mentally ill, the degree of familiarization with patients diagnosed with a mental illness. The first section included questions regarding the medical model of mental illness (13 items), the second section consisted of 13 items regarding the psychotherapeutic model, the third section has 15 items for the social model, and the fourth section included 15 items, regarding the moral-behavioral model of explanation. The participants answered the questionnaire's items on a Likert scale of 5 points, ranging from 1 (strong agreement) to 5 (strong disagreement). The original English questionnaire was translated into Romanian. The questionnaire required about 15 minutes and before filling in the questionnaire, participants answered the following question: "What is the first type of mental illness that comes to your mind?"

Analyses

SPSS v.17 (2009) was used for the analyses. Reliability analyses were performed to determine the psychometric properties of the instrument. Descriptive analyses were performed and Pearson Correlation Test was used for hypothesis testing, after verifying the parametric assumptions of normal distribution and homogeneity of variances. An alpha level = 0.05 was established for the analyses.

III. Results

Descriptive analyses revealed that 39,6% of the participants reported they had worked with mentally ill patients. A percentage of 53,7% knows people who were diagnosed with a mental illness; among them 14,1% have a very close relationship with the patient (member of the family); 23,9% have friends with a mental illness and 62% have acquaintances who are mentally ill.

Reliability of the medical model scale was α= .72, reliability for the psychotherapeutic model was α = .71, reliability for the social scale was α= .81, and for the moral-behavioral model, reliability was α = .86. These results may show that this instrument could be used on Romanian population, although more items should be added in order to obtain a higher reliability for the medical model scale and for the psychotherapeutic model scale.

Pearson's correlations show significant and negative associations between the medical model and the fact that the participants have a previous direct contact with the mentally ill, as volunteers or social assistants (r_{xy} = -.173; $p<.05$). Significant and positive associations were found between knowing a person with a mental diagnose (a close relative, friends, acquaintances) and the social

model (rxy=173; p<.05). These results show that our hypotheses are validated by these data.

IV. Discussions

The aim of this study was to explore Romanian people's public beliefs regarding mental illness, using a new instrument, adapted from Furham's study (1988). Results show that the questionnaire I used has a good psychometric value (α>.70) and new items should be added, in order to enhance the reliability of each scale.

This study was conducted in a time when psychiatric literacy has made substantial advances (Angermeyer, M.C., Dietrich, S., 2006). Dietrich, S. and colleagues (2004, 2006) reviewed the main public beliefs about mental illness, and the results show that: psychosocial stress is one of the most often mentioned causes when explaining the causes attributed to mental illness; there is a significant link between the respondent's degree of familiarity with mental illness and the degree of acceptance of mentally ill persons; most people believe that mentally ill persons need specialized help, perceiving them as unpredictable and dangerous; very little is known about the link between the attitude towards mentally ill persons and the behavior manifested towards these persons (Macsinga, I., 2011).

The current study is consistent and complementary with other studies, because it adds information about the correlation between the degree of familiarity with mental illness and the preference for an explanatory model. Results show that people who work with mentally ill patients do not prefer the medical model. We may hypothesize that they are more prone to use social or psychotherapeutic models of explanation, but further studies are required in order to validate this hypothesis. In addition, the current results showed a preference for the social model among people who know persons diagnosed with a mental disease. Longitudinal studies with relatives of the mentally ill should reveal the causal factors for this preference.

V. Conclusions

Research in the area has practical relevance in order to create informational programs and strategies that promote acceptance towards mental problems, for the general public. A better understanding of the causes, factors, models of explanation could help professionals and patients implement useful treatment plans, with the help of society.

As advocated by the Surgeon General (USDHHS, 1999) dispelling myths about mental illness, and providing accurate knowledge concerning the availability of effective treatments may reduce stigma. Therefore, understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care. This study makes a step forward in the process of evaluating the current situation in Romania about public beliefs in mental illness, by using four models of explanation (medical, psychotherapeutic, social, moral-behavioral). Further studies are required in order to establish the needs and the difficulties of the patients and their relatives.

References

Abdullah, T., Brown, T.L. (2011). Mental Illness Stigma and Ethnocultural Beliefs, Values and Norms: An Integrative Review. *Clinical Psychology Review*, *31*, 934-948.

Angermeyer, M.C., Dietrich, S. (2006). Public Beliefs About and Attitudes Towards People With Mental Illness: A Review of Population Studies. *Acta Pschiatrica Scandinavica, 113*, 163-179.

Angermeyer, M.C., Klusmann, D. (1988a). The Causes of Functional Psychoses As Seen by Patients and Their Relatives: I. The patients' Point of View. *European Archives of Psychiatry and Neurological Sciences, 238*, 47-54.

Angermeyer, M.C., Klusmann, D. (1988b). The Causes of Functional Psychoses As Seen by Patients and Their Relatives: II. The Relatives' Point of View. *European Archives of Psychiatry and Neurological Sciences, 238*, 55-61.

Angermeyer, M.C., Matschinger, H. (1996). Relatives' Beliefs About the Causes of Schizophrenia. *Acta Psychiatrica Scandinavica*, *93*, 199-204.

Carpenter-Song, E., Chu, E., Drake, R.E., Ritsema, M., Smith, B., Alverson, H. (2010). Ethno-Cultural Variations in the Experience and Meaning of Mental Illness and Treatment: Implications for Access and Utilization. *Transcultural Psychiatry*, *47*(2), 224-251.

Chen, S.X., Mak, W.W.S. (2008). Seeking Professional Help: Etiology Beliefs about Mental Illness Across Vultures. *Journal of Counseling Psychology*, *55*, 442-450.

Corrigan, P. (2004). How Stigma Interferes with Mental Health Care. *American Psychologist, 59*, 614-625.

Corrigan, P. W., Watson, A.C. (2004). At Issue: Stop the Stigma: Call Mental Illness a Brain Disease. *Schizophrenia Bulletin, 30*, 477-479.

Dietrich, S., Beck, M., Bujantugs, B., Kenzine, D., Matschinger, H., Angermeyer, M.C. (2004). The Relationship Between Public Causal Beliefs and Social Distance Toward Mentally Ill People. *Australian and New Zealand Journal of Psychiatry, 38*, 348-354.

Dietrich, S., Heider, D., Matschinger, H., Angermeyer, M. (2006). Influence of Newspaper Reporting of Adolescents' Attitudes Toward People with Mental Illness. *Social Psychiatry and Psychiatric Epidemiology, 41*, 318-322.

Furnham, A. (1988). *Lay theories: Everyday Understanding of Problems in the Social Sciences.* Oxford: Pergamon Press.

Furnham, A., Bower, P. (1992). A Comparison of Academic and Lay Theories of Schizophrenia. *British Journal of Psychiatry, 161*, 201-210.

Furnham A, Chan, E. (2004). Lay Theories of Schizophrenia - A Cross-cultural Comparison of British and Hong Kong Chinese Attitudes, Attributions and Beliefs. *Social Psychiatry and Psychiatric Epidemiology 39*(7), 543-552.

Furnham, A., Daoud, Y., Swami, V. (2009). "How to Spot a Psychopath". Lay Theories of Psychopathy. *Social Psychiatry Psychiatric Epidemiology, 44*, 464-472.

Griffiths, K.M., Nakane, Y., Christensen, H., Yoshioka, K., Jorm, A.F., Nakane, H. (2006). Stigma in Response to Mental Disorders: A comparison of Australia and Japan. *BMC Psychiatry, 6*:21.

Haslam, N. (2005). Dimensions of Folk Psychiatry. *Review of General Psychiatry, 9*, 35-47. doi:10.1037/1089-2680.9.1.35

Jorm, A.F. (2000). Mental Health Literacy: Public Knowledge and Beliefs About Mental Disorders. *British Journal of Psychiatry, 177*, 396-401.

Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., Pollitt, P. (1997a). "Mental Health Literacy": A Survey of the Public's Ability to Recognize Mental Disorders and Their Beliefs about the Effectiveness of Treatment. *Medical Journal of Australia, 166*, 182-186.

Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B., Pollitt, P. (1997b). Public Beliefs About Causes and Risk Factors for Depression and Schizophrenia. *Social Psychiatry & Psychiatric Epidemiology, 32*, 143-148.

Jorm, A., Oh, E. (2009). Desire for Social Distance From People With Mental Disorders. *Australian & New Zeeland Journal of Psychiatry, 43*, 183-200.

Kahle, L.R., (Ed.) (1983). *Social Values and Adaptation to Life in America*. New York: Praeger.

Kaufman, J.K (2001). The Sylvia Plath Effect: Mental illness in Eminent Creative Writers. *The Journal of Creative Behavior*, *35*(1), *37 - 50*.

Kirmayer, L.J., Bhugra, D. (2009). Culture and Mental Illness: Social Context and Explanatory Models. In I.M. Salloum & J.E. Mezzich (Eds.), *Psychiatric Diagnosis: Patterns and Prospects* (pp. 29-37). New York: John Wiley & Sons.

Kurihara, T., Kato, M., Reverger, R., Tirta, I.G.R. (2006). Beliefs About Causes of Schizophrenia Among Family Members: A community-based Survey in Bali. *Psychiatric Services, 57*(12), 1795-1799.

Lai, Y.M., Hong, C.P.H., Lee, C.Y.I. (2001). Stigma of Mental Illness. *Singapore Medical Journal, 42*, 111-114.

Link, B.G., Phelan, J.C., Bresnaham, M., Stueve, A., Pescosolido, B.A. (1999). Public Conceptions of Mental Illness: Labels, Causes, Dangerousness and Social Distance. *American Journal of Public Health, 89*, 1328-1333.

Macsinga, I. (2011). Romanian Adolescent' Lay Theory on Mental Illness. *Journal of Cognitive and Behavioral Psychotherapies, 11*(2), 237-252.

McKenna, P.J. (1987). Pathology, Phenomenology and the Dopamine Hypothesis of Schizophrenia. *British Journal of Psychiatry, 151*, 288-301.

Nordt, C., Rossler, W., Lauber, C. (2006). Attitudes of Mental Health Professionals Toward People With Schizophrenia and Major Depression. *Schizophrenia Bulletin 32*, 709-714. doi:10.1093/schbul/sbj065

Novak, D.W. (1974). Children's Reactions to Emotional Disturbance in Imaginary Peers. *Journal of Consulting and Clinical Psychology, 42*(3), 462.

Peluso, E.T.P., Blay, S.L. (2009). Public Stigma in Relation to Individuals With Depression. *Journal of Affective Disorders 115*, 201-206. doi:10.1016/j.jad.2008.08.013

Perry, B.L., Pescosolido, B.A., Martin, J.K., McLeod, J.D., Jensen, P.S. (2007). Comparison of Public Attributions, Attitudes, and Stigma in Regard to Depression Among Children and Adults. *Psychiatric Services, 58*, 632-635. doi:10.1176/appi.ps.58.5.632

Rabkin, J. (1974). Public Attitudes Towards Mental Illness: A Review of the Literature. *Schizophrenia Bulletin, 10*, 9-33.

Siegler, M., Osmond, H. (1966). Models of Madness. *British Journal of Psychiatry, 112*, 1193-1203.

U.S. Department of Health and Human Services (2000). Mental Health: A Report of the Surgeon General. *Professional Psychology: Research and Practice, 31*(1), 5-13. doi:10.1037/0735-7028.31.1.5

World Health Organization (2001). The World Health Report 2011. *Mental Health: New Understanding, New Hope.* Geneva: World Health Organization.