

Are young adults less liberal in attitudes than the older population towards people with mental illness?

by Yasmine Ayane

A dissertation submitted to the  
Department of Psychology  
Manchester Metropolitan University  
in part fulfilment for the degree of  
BSc (HONS) PSYCHOLOGY

March 2012

Word Count (excluding numerical tables, figures, references section and appendices): 6492

## Are young adults less liberal in attitudes than the older population towards people with mental illness?

### ABSTRACT

This study investigated which age category, the younger or older generation, were more liberal in their attitudes towards mental illness. Historical and current research was explored in order to understand the attitudes that the younger and older generations were exposed to. The previous literature produced research that could lend support to either age category being more liberal in their attitudes.

The researcher conducted a qualitative study using semi-structured interviews to collect data and Thematic analysis to analyse the data. Conversational analysis was also used to analyse the transcripts. Nine volunteers were interviewed across two locations. The sample was composed of males and females ranging between the ages of 18-25 and 55-65, there were specific criteria that each volunteer had to meet to be eligible for the study.

Five themes were extracted a) Society b) Personal influences, c) Life experience, d) Derogative terminology and e) Liberal. These themes lent support to the idea that the younger generation were more liberal in their attitudes. There were anomalies but the majority of extracts for the older generation were more accepting towards mental illness. The most influential themes were life experiences and the two sub-themes media and life experiences.

<b>KEY WORDS:</b>	MENTAL ILLNESS	COMMUNITY ATTITUDES	AGE COMPARISON	LIBERAL	STIGMA
-------------------	----------------	---------------------	----------------	---------	--------

## Introduction

There has been a prominent stigma towards mental illness within western societies for the past fifty years. From a historical perspective, Nunnally's (1961) American study determined mentally ill individuals were socially excluded. In addition, Skinner, Berry, Griffith & Byers' (1995) statistical report demonstrated that mental illness was perceived as one of the most stigmatising conditions within Society, categorised with drug abusers and criminality.

Historically, once an individual was labelled 'mentally unwell' this tended to stick within Society (Fairweather, Sanders, Maynard & Cressler, 1969). The label, referred to as the 'marginal man', was present within with community and institutions (Fairweather, 1967). Individuals were only referred to as their community deviant label and eliminated from regular socialisation (Fairweather *et al*, 1969).

This stigma remained prominent into the 1980s. Section 136 of the Mental Health Act (1983) demonstrated this. Police officers were permitted to arrest and remove a person to a 'place of safety' if he or she were suffering from a mental health disorder in a public place. Older adults will have been exposed to these stigmas, it could be suggested that due to their exposure, the attitudes of older adults are likely to be less liberal and potentially negative.

When exploring the attitudes of the young adults, the BBC (2009) found 47% of the younger generation felt regularly stressed. However, a study conducted by Crisp, Gelder, Goddard & Meltzer (2005) found young adults held the highest proportion of negative attitudes, suggesting they are unable to identify the concepts of mental illness and exhibits a potential relationship between naivety and stigma. However, there are ample amount of potential resources where the younger adults could learn about mental illness, such as the internet. This could be an area of interest for the study.

The media, such as the internet, is a good tool to expand one's knowledge and is prominent within England. Bryant & Oliver (2009) call attention to the media's well-known ability to manipulate attitudes and control societies' biases due to its huge and viral multi-structure. Anderson (2003) supports this proposing that ), the media plays a key role in developing perceptions of mental illness. According to Anderson (2003), the media play on the entertainment value of installing fear into the public, particularly around mental illness; consequently causing stigma. This is reinforced with the Media's use of terminology such as 'psycho' and 'bonkers' which strengthens fear and causes offence to mental illness sufferers (Rethink Mental Illness, 2011). Naturally, if individuals perceive mental illness as something to fear their attitude will be apprehensive.

According to Singh (2007), the public perceive attacks that are random, violent and unpredictable with mental illness. Singh (2007) study explored the public perceptions of mental illness using the MacArthur violence Risk Assessment. The results suggested that the public overestimate mentally ill individuals as violent. This may be due to the media's influence, which will be explored in this study. In light of the literature explored, this may be the case.

Although the majority of research indicates negative attitudes, attempts to change stigma are apparent. Support groups such as 'Turn2me' are designed specifically to help mentally ill individuals. Promotion of acceptance of mental illness is increasing, particularly through celebrity endorsement. For example, Stephen Fry, have promoted mental illness through the media in an attempt to reduce the taboo (Gibson, 2006). The recent death of Gary Speed on 27<sup>th</sup> November 2011, ex-Leeds United football player and the Welsh Manager has thrust mental illness into the limelight. The public's expectations of him did not involve suicide or depression, the result being an increase in awareness of depression and its hidden symptoms (Pearson, 2011).

However, for attitudes to change and stigma to decrease the community need to have an active interest to care. The interest may be professional or a result of a personal experience, for example the Mental Health Network's statistics lends support to the idea that community support behind mental illness is sparse. They suggest 17% of individuals would view a mental health facility in a residential area as a downgrade to their neighbourhood (Mental Health Network, 2011). On a personal level the statistics also suggest only one in four women would let an individual babysit their child if they had previously suffered from a mental illness (Mental Health Network, 2011). The study will explore attitudes of both age categories focusing mainly on where they sit on the spectrum scale of liberalness, the media and the community.

## **Method**

### **Aims & Objectives**

After researching previous literature, the researcher has determined the following main aims and objectives.

- 1) Explore young adult's vs older adult's attitudes towards individuals with mental health issues.
- 2) Accumulate a variation of attitudes from volunteers in order to try to establish themes of their thoughts process.
- 3) Establish if one set of adults' attitudes are more liberal and whether there is a reason for their attitude.
- 4) Provide a basis for further research in mental illness and the general populations' attitudes.

## **Ethics**

The researcher's study was approved via Ethics Check Form (ECF) and Ethics Approval Form (AEAF). The study also followed the British Psychology Society (2009) code of ethics. See appendix i) & ii) for ethics forms.

## Design

The researcher chose to complete a qualitative research study. Alternative methods were explored but qualitative appeared most effective. Quantitative methods are effective for large-scale studies but consequently individuality is lost. This results in richness of data being lost (Neuman, 2010). At times, quantitative methods can also produce false results that do not reflect the volunteer's feelings (Neuman, 2010). The volunteer's feelings and attitudes are key to the study. In order to explore the volunteer's attitudes the researcher must gain the volunteer's trust and let the volunteer express their feelings. Quantitative methods can often become expensive (Silverman, 2011). Considering the small-scale of the study it would not be a cost effective or efficient method.

Semi-structured individual interviews were the choice of analysis. They are cost effective and reduce the opportunity for volunteers to feel embarrassed over answers, a crucial aspect for qualitative research (Silverman, 2011). It also eliminates the possibility of answers deriving from group conforming situations (Creswell, 2009). This permits volunteers the freedom to discuss their attitudes, which increases the validity of results as the volunteers can explain their reasoning for attitudes (Creswell, 2009).

For analysis, thematic analysis (TA) was chosen to explore the attitudes. Braun & Clarke (2006) six phases was used as a framework to conduct a thorough and effective analysis of the data. The advantages of TA are suited to this study, for example, the method is accessible to researchers, such as this case, with little qualitative research experience. It is easy to compare similarities and differences within the themes, which is crucial so the researcher can explore where each age category sits on the spectrum in terms of liberalness. There are disadvantages but in comparison to other types of qualitative analysis, such as Discourse Analysis and Interpretive Phenomenological Analysis, the advantages of TA outweigh the disadvantages for this study.

A secondary type of analysis was conducted using conversational analysis (CA) to lend further support to the themes extracted from the data. CA focuses on sequence as action and focuses on the analysis of 'previously unnoticed interactional forms' (Silverman, 2011). Considering the sensitive nature of this study it is important to analysis these areas. Below is an adapted table of symbols used for CA (Silverman, 2011).

Table 1: Demonstrating the transcription symbols

Symbol:	What each symbols means:
P: quite a [while I: [cool	Left bracket shows the point of overlapping between two individuals talking.
(.)	Pause
.hhhh	Indicates when the speaker breaths in or sighs

(0.1, 0.2, 0.3...)	The length of the pause
((Laughs))	Description of non-verbal behaviour
=	Interruption during speech by other converser.
<u>No way</u>	A word is emphasised or spoken strongly.
Sh:::e	Indication when the speaker prolongs a word.
I TRIED	Capital writing represents shouting or extremely emphasised words

### Recruitment of participants

The researcher used 'Facebook' as the search engine for recruitment. The researcher's search engine consisted of over 1000 potential volunteers from a range of different geographical locations. The information needed to compare against the selection criteria was easily accessible prior to engagement with the volunteer. Email addresses were collected from the first 20 people that appeared at random, on the 'news feed' and met the selection criteria. Volunteers were sent a short email with the information sheet attached inviting them to participate. See appendix iii) for the information sheet. Successful volunteers provided their mobile phone number that the researcher used to set up a meeting for the interview. The volunteers were also double-checked against the selection criteria before arranging a meeting.

Selection and exclusion criteria's for the volunteers are as follow:

#### Selection criteria

- Within the age band of 18-25 for young adults and 55-65 for older adults.
- Educated to at least an 'A level' standard or equivalent
- Living in Lancashire or Berkshire so they can access the two chosen areas for the interviews
- Completely fluent in English. Ethnicity will not be part of the selection criteria.

#### Exclusion criteria

- Under the age of 18, the volunteer needs to be an independent adult. Between the ages of 26-54 or over the age of 66 as the onset of mental illnesses such as dementia begin at 65 (Priory, 2012).
- Undertaking a Psychology undergraduate or Psychology postgraduate degree.

## Number of participants

Fifteen volunteers responded but due to some not meeting the criteria, only nine were eligible. The successful volunteers all signed consent forms. See appendix iv) for an exemplarily consent form. Original consent forms were not attached to adhere to anonymity. One volunteer was chosen for the pilot study, after successful completion and adaptation of the interview, the remaining eight volunteers were interviewed.

## Data collection methods

The researcher used a questionnaire composed from the background research as a guideline for the interview. The questions were open-ended and simplistic. Each question used funnelling to ease the volunteers into questions and prompts were prepared in the event a volunteer struggled with a question (Smith, Harré & Langenhove, 1999). The order of questions increased in specificity to the research question. The questions were written to encourage volunteers into sharing their attitudes without being led by the influence of the researcher. It was not compulsory that the questionnaire was followed in sequence. See appendix v) for the interview schedule.

The interview schedule was tested on one pilot study volunteer, who was selected using the random sampling described previously. Feedback from the pilot study was positive in regards to the questionnaire. The interview was recorded using a Dictaphone (kindly supplied by the IT Department at M.M.U). While recording the interviews may make the volunteer feel uncomfortable and even deter them from participating in the study (Smith *et al*, 1999), if the interview was not recorded it is likely information would be lost.

The location of the setting was important as it can influence the volunteers' responses positively and negatively (Silverman, 2011). The selection of volunteers resulted in some volunteers being in the north of England and others in the south. Therefore, the researcher chose Reading and Manchester, as both settings were a good base point for the volunteers chosen. To ensure good recording quality and reduce interruptions the researcher chose to conduct the interviews at Reading University and Manchester Metropolitan University. Interviews took place in daylight hours in a library room which was used free of charge. This ensured the researcher's safety and prevented disturbance. No interview lasted more than 60 minutes. Each volunteer re-read the information sheet and signed a consent form, a copy of which they had received prior to the interview. Both forms summarise the study and informed the volunteers they were entitled to withdraw their information at any point and that their data was anonymised. They were informed that the data was shared only with the researcher's supervisor. In the event of the study being published, the volunteer would be notified. The interview ended with the volunteer being thanked for their time and reminded of the researcher's contact details, should they have any queries.

## Data analysis methods

Using the six-step phase, the themes were extracted theoretically at a semantic level. Five themes were extracted which will be discussed in the results section.

Braun & Clarke's (2006) six phases for this study:

1. Interviews transferred into transcripts. This familiarised the researcher with the data. Ideas and potential coding themes were noted.
2. Completed codes were collated and organised into potential themes.
3. Initial thematic map was constructed to organise codes. A collection of main themes, sub-themes and extracts for the codes had begun to be composed.
4. Eligible themes were collated and those lacking data were abandoned. Validity of each theme was justified in relation to reflecting the volunteers' attitudes accurately. Development of the thematic map initiated.
5. A final thematic map was developed which demonstrates a clear definition of the themes.
6. The report was written giving a completed story of the data. Strong extracts provided good evidence for the conclusion of results.

## Results

After interviewing the nine volunteers and conducting the TA, five themes were extracted; a) Society b) Personal influences, c) Life experience, d) Derogative terminology and e) Liberal. See appendix vi) for interview transcripts. These themes were extracted through coding and producing Braun & Clarke's (2006) thematic maps, as demonstrated in Fig1, Fig 2 and Fig 3 below.

Key for Fig 1, Fig2 & Fig 3

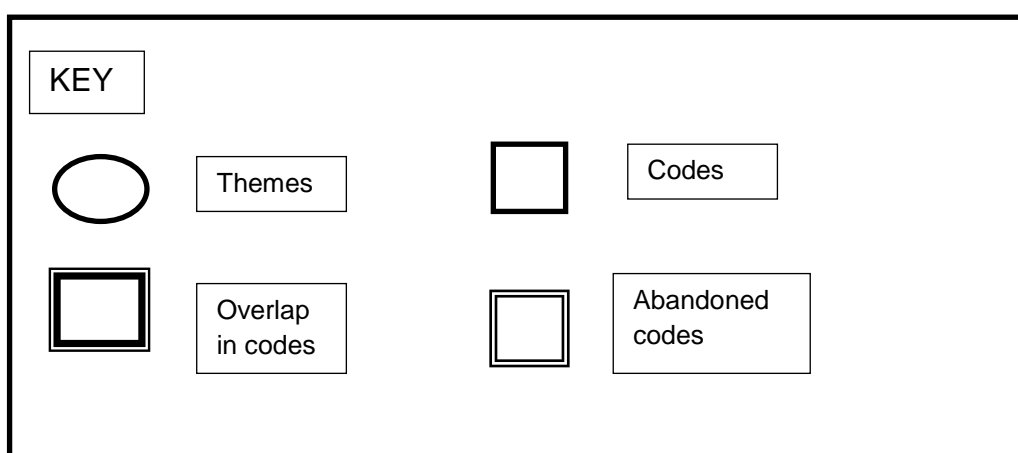




Fig1. Initial thematic map: Codes that are dominant in one age category.

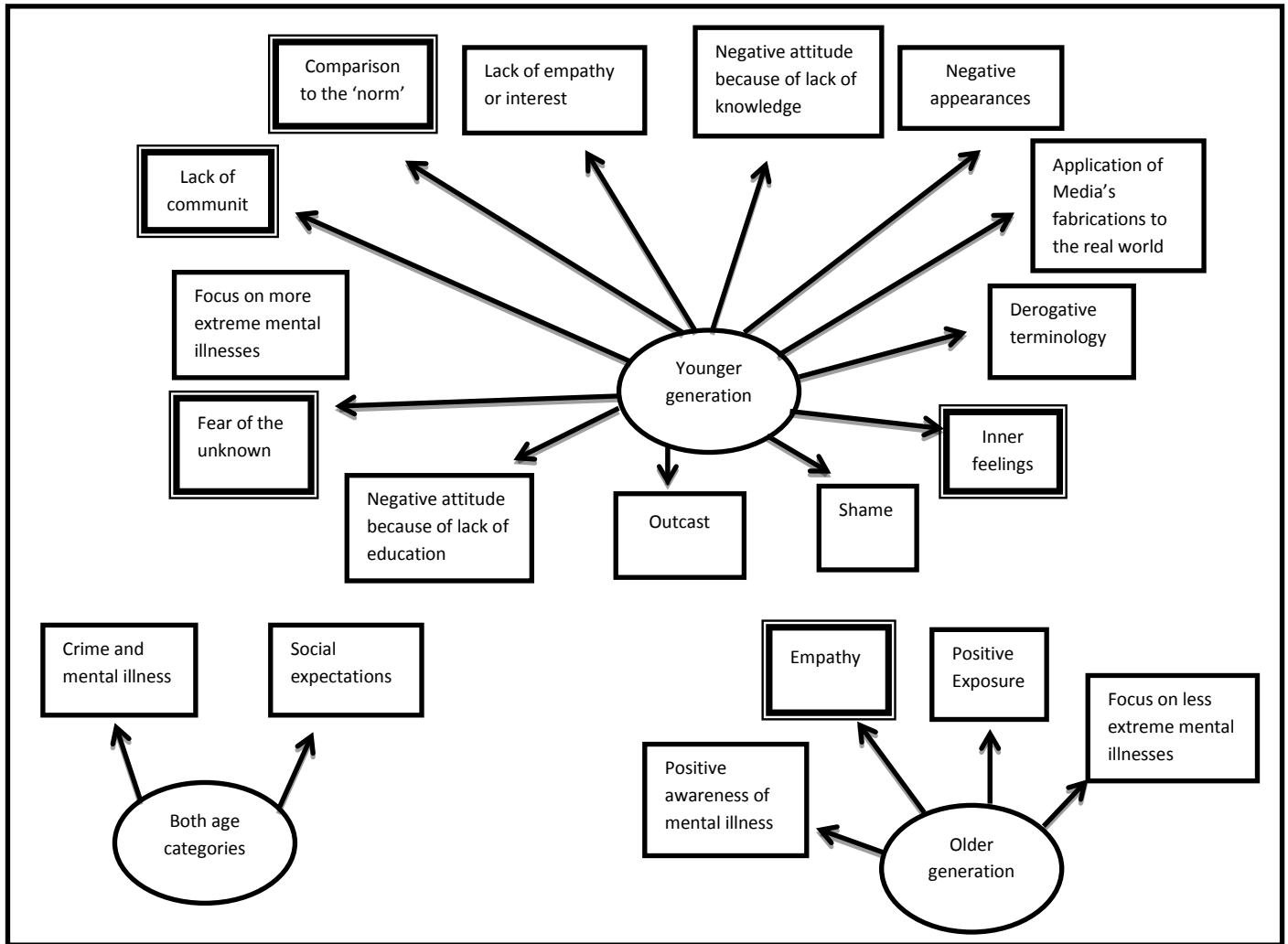


Fig 2. Developed thematic map: Themes beginning to emerge.

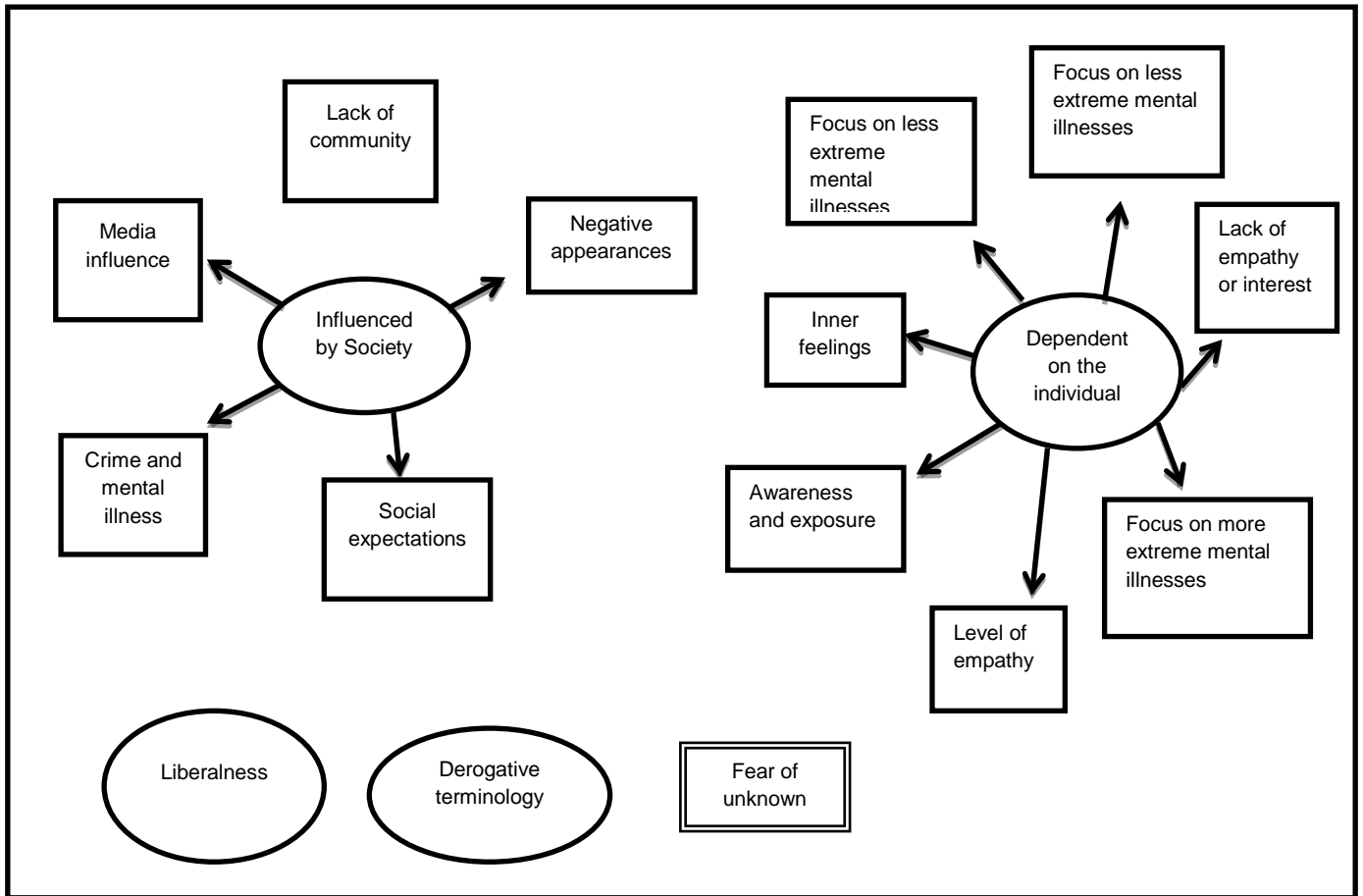
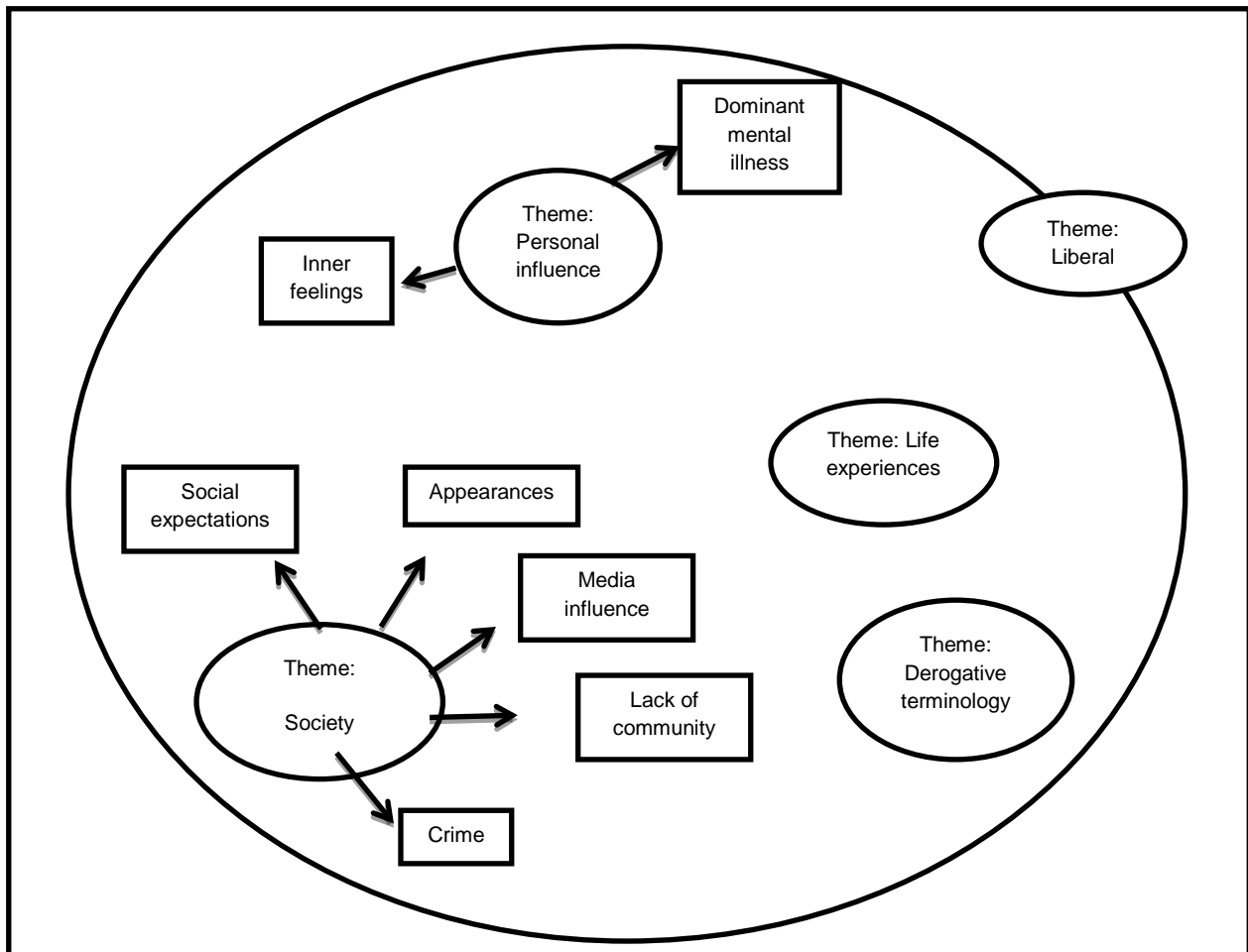


Fig 3. The final thematic map: Demonstrates the deciding themes and its sub-themes



## Themes

The older generation's themes are highlighted in italics.

### Theme A: *Society*

This theme was interested in extracting the factors that influenced attitudes and were affected by social factors. This may be on a subconscious or conscious level.

#### Sub-theme A (1): *Social expectations*

Determining the contribution that social conformity, exclusion, minorities and stigma have in the formation of liberal attitudes.

*I: Do you think that Society is supportive of people with mental illness?*

*P: I think it's so much better now yes. Much better than twenty years ago and then forty years ago whoa.' (Transcript8, line105-106)*

'P:...[ I think you'd be discriminated... Think people would call you a freak (.1)...]' (Transcript9, line126&128)'.  
(.1)...'

'P:We're a very judgmental Society, in the way if someone doesn't look or dress right, (.2) we are judged in everything we do (.2).' (Transcript4, line305&306)

### **Sub-theme A (2): Appearances**

Exploring the negative and positive effects that pre-judgments, social labels and celebrity endorsement can have on the production of attitudes towards mental illness.

*I:...And do you think people accept them?...*

*P:No...*

*I:Why do you think that is?*

*P:...Because everyone perceives them as being different and weird.'*  
(Transcript5, line157-160).

'P:Robbie Williams has bi-polar and that's like making people aware so that's nice for Society. And it includes people in Society a bit more so it's not such a taboo subject.' (Transcript3, line389&391)

' I:What about Van Gogh, he was said to have a mental illness?

P:I didn't know that, I know nothing ((laughs))' (Transcript9, line184&185).

'P:I would say that I wouldn't care, but it's not something that's in my life personal:ly.' (Transcript9, line64).

### **Sub-theme A (3): Media influence**

Determining whether the media's fabrications are applied to real life scenarios, and if they influence negative attitudes towards mental illness.

'P:...hh (.2) yeah I think that people are still put in strait jackets aren't they?!'  
(Transcript3, line56-57).

"P:...films that include mental disorders normally have some sort of murder or violent act in it. Like in the shining for example ((laughs)) he goes crazy and kills his family.' (Transcript3, line371-373).

' P:When you mention mental illness people do tend to envision these mental hospitals and people tied and chained up...if you look in films for example, mental asylums in films...' (Transcript2, line33&39).

' P:No, I don't think-when I think of a scary film I don't really think of someone who is mentally ill urm (.1) maybe I just think of someone (.1) I don't know I don't quite believe in scary films.' (Transcript1, Line622-624).

*'P:...I don't watch much media because they are all to do with violence and sex and I don't need to be encouraged...'* (Transcript7,line73-74).

### **Sub-theme A (4): Crime**

Perception of crime being closely associated with mental illness and its contribution to negative attitudes.

*'P:...you know schizophrenic's can go out and commit crime and it may not be them doing it. It's this illness.'* (Transcript4, line74-76).

*'P:Well you could say that anyone who murders someone is mentally ill.'* (Transcript6, line221-222).

*'P:...obviously not everyone with schizophrenia commits crime but there is a definite link between really horrific murder and mental illness...'* (Transcript2, line152-153).

### **Sub-theme A (5): 'Lack of community'**

The sense of community life decreasing and its influence over individuals levels of empathy towards others.

*'P:...everyone just seems to be competing with each other. Unless it involves you directly I don't think people would care about mental illness.'* (Transcript9, line373-375).

*'P:I think it's important for the community to accept people that have mental illness...*

*I:And do you think people accept them?...*

*P:No'* (Transcript5, line157-158).

*'P:(.3) Urm .hh I don't think there is a sense of community anymore. Not with the world, no.'* (Transcript9, line370-371)

## **Theme B: Personal influence**

### **Sub theme B (1): Predominant mental illness in thought process**

The influence of predominant specific mental illnesses on the individual's attitude.

*'P: But if you knew of someone that had severe mental illnesses of cause you would be scared! They are that irrational you don't know what they could do. They can lash out at any time.'* (Transcript4, line217-219).

*' P: (.4) I guess because...depression might be seen as like (.2) not a less important one, but like, not as intense...'* (Transcript 3, Line 489-490).

*'P:I think of depression and unemployment. I think of single parents and just (.2) stresses of life.'* (Transcript8, line58-59).

### **Sub theme B (2): Inner feelings**

The contribution, or lack of, of empathy, sadness and pity towards constructing attitudes towards mental illness.

*'P:I don't feel .. that anyone deserves it o:r that any family deserves to go through the pain of having mental illness within the family. (Transcript1, line23-25).*

*'P:Unless it involves you directly I don't think people would care about mental illness.'* (Transcript9, line374-375).

*' P:It's purely to do with what they see their job as (.1) and the sort of people they are... They would say that, if someone is mentally ill they have to go to their doctor.'* (Transcript 6, line 94-99).

*'P:It would be something I would try and hide because I would feel slightly ashamed of it because it's not the norm.'* (Transcript4, line52-53).

### **Theme C: Life experience**

The provision of education and life experiences to develop a liberal attitude towards mental illness.

*'P:I think, those that aren't as well educated, so the lower social classes, are more likely to take a view that isn't as educated. You see a lot of the time someone from lower social classes take the mock out of someone like that'* (Transcript4, line142-145).

*'P:(.2) there's a lack of knowledge about it, people just assume what it is without knowing anything.'*(Transcript9, line403-404)

*'what I'm trying to say is education is needed to provide the right support as opposed to upsetting one or more person- probably the patient.'* (Transcript8, line35-37)

### **Theme D: Derogative terminology**

Derogative terminology commonly being associated with less liberal attitudes.

*'P:Loony bin, is the first thing that comes to mind'* (Transcript9, line10)

*'P:(.2) I think essentially she was as mad as a hatter. Terribly sad. (Transcript7, line24)*

## Analysis report

The analysis produced a series of results that supported the researcher's suggestion that the younger generation appear to be less liberal in their attitudes. The most predominant theme Society, was the effecter for younger adults and their attitudes'. Although there were anomalies in the results, particularly with volunteer two, the media and appearances were the two sub-themes that were particularly central in producing non-liberal attitudes.

The media's influence was a sub-theme that the researcher was expecting to emerge with a substantial amount of evidence to support it. The most pressing issue with the younger generation was their application of the media's fabrications to the real world. Each younger volunteer appeared more suggestible towards film fabrications in comparison to the older generation. The results suggested that volunteers one & two, the only males interviewed, were less susceptible. However, as a consensus it is fair to propose that the younger generation have a sensationalist attitude towards mental illness, if one was to read the tabloid press. The results support this idea as both age categories identify that mental illness and media, particularly film, are linked. However, the older generation identify the link as incorrect. Volunteer seven was particularly opposed to the broadcastings of the media suggesting directly that it affects one's attitude. The media's influence appeared to reinforce longstanding stigma that was an overriding issue for the younger generation.

On the other hand, the results demonstrated that the media could be an influence on more liberal attitudes. The researcher enquired about a range of different figures that were involved with mental illness and that could be of interest to both age groups; for example, Stephen Fry, Van Gogh or Robbie Williams.. However, the majority of the younger generation were unaware that the named individuals suffered from mental illness, which suggested that celebrity endorsement was not sufficient to override the stigma. The extracts suggested that the younger generation had to have previous experiences or an interest in mental illness for the stigma to be overridden.

The importance of the sub-theme appearance appeared to derive from the fear of social exclusion for younger adults. It may be suggested that the pressure to conform is evident in the forefront of their attitudes. Frequent references from the younger generation suggesting that they believed appearing 'different to the norm' would result in stigma and subsequently rejection from Society supports this idea. It could have been proposed that the importance of appearance could be applied to endorse celebrities to promote mental illness. However, results from the analysis suggest endorsement alone is not strong enough. The extracts demonstrated that the older generation appeared to be under the expectation that contemporary Society would have bettered their attitude towards mental illness. Evidently, the contribution of the media and social stigma has hindered the attitudes. Volunteer three's reference to mental illness still being a 'taboo subject' supports this. If anything, it appeared that the younger generation in particular, demonstrated a lack of empathy towards it. When asked about the celebrities, as previously mentioned, they stated their knowledge was extremely limited, or none, as seen in the extracts. The CA suggests that their terminology and 'care free attitude' demonstrates they are disconnected with the concepts of mental illness. Therefore, lending further

support to suggest the younger generation's attitudes are less liberal than the older generation.

From another perspective, the analysis pointed towards the alleged connection the younger generation perceived with mental illness and the sub theme crime as an influence towards illiberal attitudes. Analysis suggested that their perception of crime, derived from the media. This is supported with the sub-theme exploring the predominant mental illness in an individual's thought process. The younger generation tended to relate more to severe mental illnesses, such as schizophrenia, related with a high level of unpredictability. They were also inclined to relate the extreme mental illnesses with crime and disregard the less 'scary' mental illnesses, such as depression, as unimportant. This was particularly predominant with volunteers that answered they would be fearful of helping a stranger on the street.

In comparison, the older generation's exploration of mental illness was never directed towards crime unless the researcher led the interview in that direction. As a generalisation, their responses were much more rational and closer to real life scenarios. Interestingly, even when the younger generation were informed that one in four individuals suffered from depression (McVeigh, 2001) they still had a tendency to relate to schizophrenia; even though schizophrenia is a one in 100 ratio (Royal College of Psychiatrists, 2008). This extracts suggest the older generation's attitudes are based upon life experiences that override the social expectations.

The theme, life experiences, lent support to the idea the older generation's attitudes were more liberal due to aspects of life experiences overriding the barriers presented for the younger generation. For example, the analysis demonstrated that the older generation acknowledged the media's influence and social stigmas towards mental illness, but since becoming more educated it was overridden. Assuming this is true, it is reasonable to speculate that as the younger generation become more exposed to other life experiences and the chances of them coming into contact with mental illness increases, their attitude towards it will become more liberal. Further support for the idea was demonstrated through the assumption by the younger generation that involvement in mental illness would negatively affect their attitude. However, very few had encountered enough life experience to support that statement. Volunteer one & two were the only younger adults to experience mental illness. For volunteer two, it could be proposed that his personal battle with mental illness was the reason why he was an anomaly to the younger generation. Interestingly both volunteer one and two were the only young males to be interviewed and neither associated mental illness with crime or correlated a fear with it. Further research into gender differences and attitudes may lend support to the idea that their gender affected their attitude.

On the other hand, Society has developed a substantial amount of the last few decades. It may be suggested that the level of change that the older generation have experienced has resulted in them becoming acclimatized to unusual experiences and more accepting towards mental illness. For example, in 1971 immigrants within Britain made up 5.5 % of the population. Yet in 2001 the figure had risen to 8.3 per cent, 4.9 million (Feldman, 2012). The acclimatization to a change in ethnic minorities could be compared to that of the acclimatization to mental illness.



A negative development of Society is the sub-theme 'lack of community'. Both age categories proposed the sense of community had decreased. This appeared to suggest that the levels of empathy towards other individuals, particularly those with mental illness, had also decreased. When discussing community issues volunteer 5, an older adult, incorporated appearance suggesting it was the cause of a decrease in community care. Both age categories supported this proposing nobody cared for anyone unless it was a requirement.

The levels of empathy were explored within the inner feelings theme. Whilst every volunteer allegedly felt pity or sadness towards individuals with mental illness, their perceptions were from an outsider's perspective. Throughout the analysis, it was evident that mental illness was portrayed as extremely negative and potentially to the point of catastrophic. Unless, like volunteer two or some of the older generations there was some level of life experience involved. Volunteer one, a young adult, perceived mental illness as a punishment.

The derogative terminology used predominantly by the younger generation supports this. Words such as, 'crazy' and 'freak' are associated with individuals who are not the 'norm'. It places further emphasis from the younger generation about the apparent worry regarding the perceptions of others and the pressure to conform. Evidently, in the forefront of many of their minds the analysis suggests its affect are detrimental to the liberalness in attitudes.

To summarise, the interviews suggest that the younger generation appear to be less liberal in their attitudes towards mental illness than the older generation.

## **Discussion**

### **Results in relation to previous and further research**

In contrary to the historical literature, this study did not extract negative or less liberal attitudes from the older population. The historical literature explored institutionalised and community stigma but it appeared ineffective the older population's current attitudes towards mental illness.

Nunnally's (1961) study found the public disliked the unpredictability with mental illness. He found that socially rejected characteristics attached to mental illness, such as insincerity, stupidity, filthiness and worthiness, appeared to be the cause of the stigma. The level of education and understanding surrounding mental illness in the 1970s would have been more limited. In current society, anyone can access any information via the internet. Therefore, it could be argued there should be no differences between the categories. This theory lends further support to life experiences being more influential. Another point to consider is the transition of terminology. The word 'filthiness' in Nunnally's (1961) study would not be associated with mental illness today as it is not politically correct. As a 'softer' replacement, other words such as 'trampy' were present in the extracts used in this study.

The stigma identified in Nunnally's (1961) study is the most prominent issue in this study. It appears that the stigma materialises through the younger generation's fear of social exclusion, in particular appearances and attitudes of others. In the interviews, the younger generation would allegedly hide their diagnosis due to

feelings of embarrassment and shame. Volunteer four for example, suggested that if it could be hidden with medication that would be her foremost route.

However, it could be suggested that Nunnally's (1961) findings would not be so prominent in this study had the levels of media not been so influential. The results provided strong support for Anderson's (2003) suggestion that the media plays on the entertainment value of installing fear into the public. The analysis emphasised the large level of influence that the media had over the younger generation's attitudes. As a result, the younger generation's attitudes were less liberal in comparison to the older generation. The on-going derogative terminology, which Rethink Mental Illness (2011) proposed reinforced fear indicates that a link may be present. However, Anderson (2003) argues that there is complication in determining how much of the attitude is composed of the media's influence and how much is the audience opinion. Anderson (2003) does not identify the combination in his study. Hypothetically speaking it may be that attitudes are constructed mainly by the audience's opinion and that the media's influence is very little. Therefore, counteracting the suggestion that the media are heavily responsible for the younger generation's attitudes.

However, Crisp *et al* (2005) did identify that the highest proportion of negative attitudes were from young adults, which this analysis supports. As previously mentioned, the results demonstrated that the younger individuals were extremely cautious about mental illness and a perceived link with social exclusion. On top of this, the younger generation struggled to perceive mentally ill individuals as victims, especially of crime. One potential explanation that received support from the results and Singh's (2007) study was the application of the media's film industry to real life. The results suggested that, particularly amongst young females, scary films were associated with mental illness and crime. Subsequently, the individual's attitudes towards mental illness were apprehensive. On the contrary, BBC news released statistics that suggested mentally ill individuals were four times more likely to be a victim of violence (BBC news, 2012). With such a high figure, one wonders why younger people associate them as the perpetrator. Further research in this area would be needed to provide substantial evidence.

The results suggest that for attitudes to change a reduction in the amount of horror based entertainment, to reduce the fear element associated with mental illness, is required. However, with horror movies as one of the top money making genres, one horror movie 'Paranormal Activity' making a box office gross of \$161,830,890 in America alone (Deane, 2010), it is unlikely the entertainment business is likely to change.

As the results suggested the social representation of mental illness is heavily influenced by one's life experiences. Jodelet (2008) supports this suggesting it is how people see madness. For example, when AIDS first became a national problem individuals were not initially concerned as they perceived it as a 'gay plague' (Campbell & Flora, 2010). However, as the knowledge and level of education rose, it became apparent this was incorrect. This theory is applicable to this study. As Campbell & Flora (2010) suggested, as the life experiences increased with age the levels of liberalness increased too. The results proposed this was due to an increase in knowledge and education, which may be as a result of a personal experience.

### **Critical evaluation of the study and future direction**

In terms of the methodology in the study, there were a number of fundamental flaws. The researcher chose to use 'Facebook' as the search engine for participant selection. There were a number of benefits and hindrances to this. On one hand, it was efficient due to the information for the selection criteria being instantly accessible and therefore the filtering of volunteers was competent. On the other, it increases the chance of volunteers giving socially desirable answers because of their acquaintance with the researcher. It is also highly unlikely that although the researcher had over 1000+ potential volunteers, due to her age, it is fair to conclude that the older age group would not have been a true representative of 55-65 year olds. The researcher chose to end the older age group at 65 years old as the onset of dementia increases to one in fourteen over the age of 65 (Priory, 2012). Therefore, the choice of search engine for participants appears to be weighted towards being more ineffective.

The chances of producing socially desirable answers were reinforced using semi-structured interviews. Due to the familiarity between the volunteers and the researcher, the volunteer may answer a question in a way they believe is socially desirable to avoid embarrassment (Spector, 2004). Interviews also take longer to conduct and results can be harder to analyse (Smith et al, 1999). As an alternative, the study could have been conducted as a quantitative study with a scale-measured questionnaire to reduce socially desired answers. Although, the depth and meaning would not have been acquired. It proposes the question whether changing the research method would be more effective than taking other measures such as different participant collection methods and an unknown interviewer. The questionnaire used for the interviews was too biased towards the younger generation. It may be argued this is due to the preconceptions of the researcher subconsciously being inputted into the development of the questionnaire. There was very little correlation between mental illness and crime for the older generation. Therefore a quarter of the questionnaire was irrelevant for exploring the attitudes of the older generation.

In terms of the selected volunteers only individuals educated to a high level, A level or equivalent and above, were allowed to participate. Considering how important education and knowledge were as sub-themes to the analysis it is fair to argue that interviewing individuals, even educated to GCSE level would have made a substantial impact on the results. Gender and ethnicity were also factors that could have made a significant impact on results. The study has lent support to the idea that the older generation are more liberal in attitudes within England. However, an interesting area to explore would be to compare whether an older adult who was an immigrant had a less liberal attitude towards mental illness when they arrived in England compared to ten years later.

## **Conclusion**

The analysis presents the conclusion that the younger generation are less liberal in their attitudes compared to the older. Although the younger adults are less opposed to the concept of mental illness, it is still unwanted in people's lives. Not because they think it is sad but because they still judge it. Therefore, supporting the Mental Health Network's (2011) statistics proposing mental illness is unwanted in communities. Less liberal attitudes were extracted from the older generations, but as a consensus, they were more open to the concepts of mental illness compared to the younger adults.

## **Reflexivity**

The study engaged me into a world of research that was previously unknown. I found the processes of qualitative research long and complex. I discovered human activity is unpredictable and I discovered that in order to find the true meaning of something you need to be prepared for the unexpected.

I really enjoyed producing the research as I find the area fascinating. However, with such a wide choice of literature it was difficult to narrow down the important evidence to back my study. I think the selection of my volunteers could have had more variance. All of the volunteers were from a white middle class background and tended to have the same level of education and life experiences, bar a few. It would be interesting for further research to conduct interviews on individuals from different social, economic and ethnic backgrounds.

This study was my first attempt at conducting semi-structured interviews and it is noticeable on the transcripts. When asking questions that were expansions from the questionnaire I was nervous and accidentally asked closed questions that were detrimental to my study. I think I was nervous, particularly with the older generation, because I felt intimidated when asking questions. I felt like my questionnaire was silly and got embarrassed easily. I think if I had more confidence in my interviewing technique then I would have been more at ease.

It also took me by surprise when people were so open about personal incidents that had happened. I was not expecting people to be so honest; therefore, when people disclosed information to me I think I subconsciously veered away from it due to nerves. I did however really enjoy conducting the interviews and have since participated in more interviews in a different setting and my interviewing skills have drastically improved. I struggled to come to terms with the analysis. With a restricted word counts and being such a novice qualitative researcher it was difficult. There appears to be a large margin for error in qualitative studies and that made me feel more anxious about my analysis.

## Reference List

Anderson, M. (2003). 'One flew over the psychiatric unit': mental illness and the Media. *Journal of Psychiatric and Mental Health Nursing*, 10, 297–306.

Appleby, L. & Wessley, S. (1988). Public attitudes to mental illness: the influence of the Hungerford massacre. *Medicine, science & Law*, 28, 291-295.

Barlow, H.D & Durand V.M. (2009). *Abnormal psychology: An integrative approach*. (5<sup>th</sup> edn). Belmont: Wadsworth Publishing Company.

BBC News. (28<sup>th</sup> February, 2012). Mentally ill 'at high risk of being victim of violence'. *BBC News*. Accessed on 8/3/12 from

<http://www.bbc.co.uk/news/health-17182626>

Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

Bryant, J. & Oliver, B.J. (2009). *Media effects: advances in theory and research*. (3<sup>rd</sup> edn). New York: Routledge.

Campbell, C & Flora, C. (2010). Editorial: towards a fourth generation of approaches to HIV/AIDS management: creating contexts for effective community mobilisation. *AIDS care*, 22 (2).

Code of Ethics and Conduct: Guidance published by the Ethics Committee of the British Psychology Society. (2009). *BPS*. Accessed on 13/02/12

[http://www.bps.org.uk/sites/default/files/documents/code\\_of\\_ethics\\_and\\_conduct.pdf](http://www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf)

Creswell, W.J. (2009). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches*. (3<sup>rd</sup> edn). London: Sage

Crisp, A., Gelder, M., Goddard, E & Meltzer, H. (2005) Stigmatization of people with mental illnesses: a follow-up study within the Changing Minds campaign of the Royal College of Psychiatrists. *World Psychiatry*. 4(2), 106–113

Deane, M. (13<sup>th</sup> April, 2010). Movie genres that make the most money. *MSN Money*. Accessed on 8/3/12 from

<http://money.ca.msn.com/investing/gallery.aspx?cp-documentid=23864461&page=4>

Gibson, O. (21<sup>st</sup> July, 2006). Stephen Fry: my long battle with manic depression. *The Guardian*. Accessed on 8/3/12 from

<http://www.guardian.co.uk/society/2006/jul/21/mentalhealth.broadcasting>

Fairweather, G. W. (1967). *Methods for experimental social innovation*. New York: John Wiley & Sons, Inc.

Fairweather, W.G., Sanders, H. D., Maynard, H. & Cressler, L.D. (1969). *Community Life for the Mentally Ill; an alternative to institutional care*. Chicago; Aldine Publishing.

Feldman, D. (2012). Making immigration work for Britain: what can we learn from history? *BBC History Magazine*. Accessed on 3/3/12 from

<http://www.historyextra.com/feature/making-immigration-work-britain-what-can-we-learn-history>

Jodelet, D. (2008). Social Representations: The Beautiful Invention. *Journal for the Theory of Social Behaviour*. 38 (4), 411-430

McVeigh, T. (7<sup>th</sup> January, 2001). Depression hits one in four adults. *The Guardian*. Accessed on 8/ 3/ 12 from

<http://www.guardian.co.uk/uk/2001/jan/07/education.highereducation>

Mental Health Act. (1983). Accessed on 16/02/12 from

[http://www.legislation.gov.uk/ukpga/1983/20/pdfs/ukpga\\_19830020\\_en.pdf](http://www.legislation.gov.uk/ukpga/1983/20/pdfs/ukpga_19830020_en.pdf)

Mental Health Network. (8<sup>th</sup> June, 2011). Despite more positive attitudes towards some mental health issues, others still attract negative views, suggests survey. *Mental Health Network*. Accessed on 8/3/12 from

<http://www.nhsconfed.org/Networks/MentalHealth/LatestNews/Archive/Pages/Attitudes-towards-some-mental-health-issues-more-positive,others-still-attract-negative-views-survey-suggests.aspx>

Nunnally, J.C. (1961). *Popular Conceptions of Mental Health*. New York: Holt, Rinehart & Winston.

Pearson, A. (30<sup>th</sup> November, 2011). Gary Speed: the last taboo is the agony of distress. *The Telegraph*. Accessed on 8/3/12 from

[http://www.telegraph.co.uk/health/men\\_shealth/8925856/Gary-Speed-the-last-taboo-is-the-agony-of-distress.html](http://www.telegraph.co.uk/health/men_shealth/8925856/Gary-Speed-the-last-taboo-is-the-agony-of-distress.html)

Prior, M.P. (1999). *Gender and Mental Health*. (1<sup>st</sup> edn). London: Macmillan Press Ltd:

Stigma & Mental Illness (2011). *Rethink Mental Illness*. (2011). Accessed on 15/03/12 from

[http://www.rethink.org/living\\_with\\_mental\\_illness/everyday\\_living/stigma\\_mental\\_illness/](http://www.rethink.org/living_with_mental_illness/everyday_living/stigma_mental_illness/)

Priory (2012). Early onset dementia, signs of early dementia. *Priory Group*. Accessed on 8/3/12 from

<http://www.priorygroup.com/Conditions/Specialist-Services-Conditions/Early-Onset-Dementia.aspx>

Rickwood, D., Deane, P. F., Wilson, J.C. & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*.4, Issue 3. Accessed on 15/11/11 from

[http://www.acceptandchange.com/wp-content/uploads/2011/08/Rickwood\\_etal\\_Ciarrochi\\_AeJAMH\\_Young\\_Peoples\\_Help-seeking\\_for\\_Mental\\_Health\\_Problems\\_2005.pdf](http://www.acceptandchange.com/wp-content/uploads/2011/08/Rickwood_etal_Ciarrochi_AeJAMH_Young_Peoples_Help-seeking_for_Mental_Health_Problems_2005.pdf)

Royal College of Psychiatrists. (2008). Schizophrenia : key facts. *Royal College of Psychiatrists*. Accessed on 8/3/12 from

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/schizophrenia/schizophreniakeyfacts.aspx>

Silverman, D (2011). *Interpreting Qualitative data: A guide to the principles of Qualitative Research*. (4<sup>th</sup> edn). London: Sage

Singh, T. (2007). Mental Illness- Does it Make You more violent? (Electronic version). *Priory Lodge*. Accessed on 15/03/12 from

<http://priory.com/psych/violence.htm>

Skinner, J.L, Berry, K.K., Griffith, E.S, & Byers, B. (1995). Generalizability and specificity of the stigma associated with the mental illness label: A reconsideration twenty-five years later. *Journal of Community Psychology*. Vol 23, 1, 3–17.

Smith, J.A., Harré, R. & Langenhove, L.V. (1999). *Rethinking Methods in Psychology*. London: Sage.

Spector, E.P. (2004). *The SAGE Encyclopedia of Social Science Research Methods*. London: Sage