

S13 *Images and attitudes towards psychiatry and mental illness*

COMBATTING THE ALIENATION EXPERIENCED BY PEOPLE WITH MENTAL ILLNESS

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People with mental illness may be the most alienated in our society. They confront the elements of alienation - meaninglessness, powerlessness, normlessness and estrangement from society and work - in their most extreme forms. Alienation hampers recovery from mental illness but we may combat its effects using some of the ingredients of the therapeutic community approach which helped us tackle the institutional syndrome in the postwar decades. These ingredients are consumer participation in their own treatment, increased control over their lives and normalization of their environment. Normalizing, domestic-style acute-treatment settings and empowering consumer-run programs will be described to illustrate suitable approaches.

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Stereotypes of the public concerning psychotropic drugs and compliance with medication

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The analysis of attitudes towards medication may show a coherent image of all the elements of these attitudes but there is also some discrepancy. This can be shown by some findings from a survey done in Geneva in 1996 on the general population. In order to take these divergences into account we constructed a typology of attitudes based on two attitudes' scales, one towards general medication and the other towards psychotropic drugs. The resulting five types or groups can only partially be ranged between acceptance and rejection of medication, and only three of them have high or respectively low compliance scores. These groups are far more related to types of etiological explanations of mental illness, on social proximity to the mentally ill and also for some groups to political and religious attitudes.

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STIGMATISATION ET DESTIGMATISATION. LE POINT DE VUE DES USAGERS DE LA PSYCHIATRIE AINSI QUE DE LEUR ENTOURAGE

M. Pont.

«Nous les fous...» ainsi s'exprimait devant la presse vaudoise l'un de nos membres soulevant la consternation dans le public et le débat dans notre association. C'est tout un travail que mène le GRAAP depuis 10 ans pour modifier l'image de la maladie psychique dans le grand public et à l'intérieur de l'association.

Souffrant de schizophrénie, de maniaco-dépression, de paranoïa..., nous avons tous vécus, comme patients ou proches, les manifestations de la folie : de la peur de perdre pied jusqu'au sentiment de n'être plus qu'un chaos, un mort parmi les morts, en passant par toutes sortes d'hallucinations.

Ces souffrances-là, ces angoisses terrifiantes, qu'ont-elles de commun avec la représentation que nos concitoyens se font de la folie ? En fait, bien avant les partisans d'une certaine anti-psychiatrie, le peuple nie déjà le fait que la folie est une maladie. Il la cantonne à des comportements anti-sociaux, à des intentions diaboliques. Maintenant encore, dans le grand public, la folie suscite moqueries, quolibets. Autour de la maladie psychique règnent des sentiments de honte, d'humiliation, de mépris, de rejet.

Nous savons que la réputation de la maladie fait souvent plus de tort que la maladie elle-même. Identifier le mal, l'appriivoiser, le maîtriser, et, finalement en faire quelque chose d'utile pour soi et pour les autres nous permettra de gagner en confiance, dignité et respectabilité. Nous rencontrerons reconnaissance et considération.

S14 *Quality of life in mental disorders*

QUALITY OF LIFE IN MENTAL DISORDERS

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Quality of life assessment has become a major topic of psychiatric research during the last few years and its elaboration will be one of the central tasks for the coming years. The current state of the art of conceptualization and measurement of quality of life in psychiatry is marked by an increasing number of different instruments and a considerable lack of theoretical clarity. Whereas the diversity of measurement techniques leads to the problem of the incomparability of empirical results, the unsolved theoretical questions impede the meaningful interpretation of data. Consequently, efforts in the direction of a standardization of measurement seem to be necessary but these efforts will only be fruitful provided that the theoretical and methodological problems will be solved. If these shortcomings can be overcome results of quality of life research could become a reasonable basis for the planning of new treatment facilities and new concepts of care and also for quality management of psychiatric services particularly for patients with chronic mental disabilities.