

The proposal of a modification of the semantic differential in research on the stereotype of the mentally ill

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The article proposes to use Osgood's semantic differential in research on the social perception of the mentally ill. Basic attributes of the stereotype of the psychiatric patient are thus investigated: the social character, the evaluative aspect, simplification, overgeneralization of the opinion and its rigidity. The results of pilot tests conducted on a group of psychology students (N=149) are presented.

Key words: social perception, semantic differential, stereotype

Introduction

There are numerous arguments in favour of conducting research on perception of the mentally ill.

Firstly, according to the law-makers, mental health protection should, among others, consist in “creating *appropriate social attitudes* towards mentally disturbed persons, and especially those of understanding, tolerance, kindness, as well as counteracting discrimination of such persons” (Mental Health Protection Act, Art. 2.3). Therefore, research on social perception of the mentally ill may serve as a method of verification of how far the law is being observed.

Secondly, in accordance with the trends in contemporary environmental psychiatry, treatment is directed towards restoring the sufferers to their environment. Awareness of a negative attitude to psychiatric treatment may lead to difficulties in readaptation, and in some cases to denial of one's mental health problems and to deferral in seeking specialist help.

Thirdly, relevance in perception by community members, and by specialised personnel, may turn out to be helpful in the treatment process (e.g. in the immediate administering of specialist help), especially when this is connected with an appropriate (read: prejudice-free) emotional attitude.

Theoretical basis

Perception of the mentally ill is placed within research on interpersonal perception in social psychology.

Interpersonal perception can be defined as a process of gaining orientation in the characteristic features of other people, as a process of getting to know other people [1].

Three co-related components can be distinguished in this process (ibid.):

- attribution (that is, attributing permanent and temporary properties to the object of perception),
- formulation of expectations (e.g. how the object of perception will behave),
- evoking some emotions in the observer in relation to the object of perception.

The process of interpersonal perception results in subjective perception of the social environment (e.g. perception of other people). As in this process the object of perception is very complex, the subject often faces the necessity to structure and/or select information (e.g. by concentrating on the most distinguishing features), which may on the one hand render the whole process more economical, but on the other hand it may lead to a deformation of reality. A similar phenomenon takes place when information is lacking, when the subject faces the necessity to “create” a general representation (image), at the cost of its relevance. In both cases – of excess and lack of information - the subject is thus induced to perceive reality in a simplified way [2]. Such a simplified mental (cognitive) representation of reality is called a *stereotype*.

Stereotype – characteristic features

The stereotype is a particular form of social categorisation and consists in placing people in particular social categories on the basis of some distinguishing features (e.g. appearance, character traits) and attributing further features to them due to their belonging to that category (ibid.).

In analysing characteristic properties of stereotypes, many authors make the following points:

- stereotypes are cognitive in character – the content - in other words, the cognitive component of the stereotype - consists of opinions, convictions, representations and judgements;
- the content of stereotypes is evaluative and emotional – although stereotypes are cognitive, the features constituting a particular stereotype are never free from emotional associations (e.g. this person is *hard-working*) [3];
- stereotypes are irrelevant in relation to reality, as such characteristic features are often exaggerated and inflated;
- stereotypes are simplifications due to their insubstantial content and clearly defined criteria of belonging to a given category – as a result, associations are activated only on the way of labelling (e.g. What is a *mentally ill* person like?)
- stereotypes are an excessive generalisation of reality, and representatives of a given

category are perceived to be similar

- stereotypes are rigid and have a relatively big resistance to change, even when new information is provided
- stereotypes are social in character: they are shared by a social group and they refer to a social group [6, 1, 2].

As the stereotype is treated by most authors as a way of describing reality, its relation to actions is underemphasized, namely it is thought that a stereotypical representation of a given object does not necessarily have to result in a particular behaviour towards this object [6]. It can be inferred, however, that the more emotionally charged a given stereotype is, the greater will be the *readiness* to behave in a particular way towards the object (the so-called behavioural readiness).

Stereotype of a mentally ill person

Persons with mental disorders constitute a distinct group in society¹, therefore, it is possible to conduct research on the perception of this group.

It results from an analysis of literature that some members of society unanimously attribute some features to the mentally ill – i.e. their representations have some elements in common [4, 5]. Thus, it can be assumed that such perception is social in character. Yet, what requires empirical verification is the problem whether perception of the mentally ill is stereotypical in its nature – that is, whether it has characteristics of the stereotype.

It is also worth noting that in the case of perception of the mentally ill we deal with a certain kind of interpersonal perception, namely the attribution of characteristic features, the formulation of expectations and the related emotions often appear outside of direct contact with the object (i.e. it is possible to envisage and describe a mentally ill person even if one has never been in direct contact with such a person).

Methods of conducting research on stereotypes in the light of contemporary social psychology

The methods of conducting research on stereotypes were initially created with a view to conducting research on attitudes towards ethnic groups [6, 7], and subsequently they were adjusted for research on other groups (e.g. professional, social). The methods can be divided into two groups:

- direct
- indirect.

Direct methods have longer been present in the tradition of social psychology. Their common feature is the fact that the respondents are informed that their opinions concerned specified group (e.g. ethnic, social).

For instance, in the 1930's Katz and Braly created such a method, consisting of a list of attributes, out of which the respondents were to choose the ones which in their

¹ It is likely that the basis for distinguishing a group of persons with mental disorders in perception of the individual (and/or society) may be not only the label itself, but also particular behaviour, appearance, etc.

opinion best characterised a particular nation [7].

Osgood's semantic differential is similar in its nature. Here the respondent is presented with 5- or 7-point scales with opposite expressions at the two ends, and the task consists in specifying to what extent a given object (e.g. a mentally ill person) is characterised by the selected attributes [6].

An advantage of this method is the possibility of gaining information about what properties are attributed to the object of perception. But the respondent may only move within the sphere selected by the researcher, since both the pairs of adjectives and their number are determined beforehand. The way of selecting antonymous expressions also raises certain doubts. If, for instance, one of the ends is designated by the adjective "sensitive", what should the other one be called? Should "insensitive" be used, or maybe "indifferent"? The researcher assumes that the respondents know that these are antonymous attributes and that if they mark a value on the scale, e.g. towards the left end, this means that the attribute on the right is to a lesser degree characteristic of a given object. Yet, such an assumption may not necessarily be valid, if we take into consideration the fact that it is not certain how a given adjective is rated (i.e. positively or negatively). Is "sensitivity" a positive attribute (and is it so for everyone), and insensitivity - negative? Thus, if the respondent marks the adjective "insensitive" on the scale, then the researcher may wrongly assume that this is a negative attribute (while it may turn out that according to the respondent the adjective is rated as positive).

Another weakness of semantic differential methods used in their basic form is their limited scope of analysis of the stereotypical character of perception. The only attributes of the stereotype which can be analysed with the use of a method constructed in such a way are the content of the stereotype (but without investigating the emotional load) and its social character (of course, provided that there is an appropriate number of respondents).

Another example of a direct method of conducting research on stereotypes are social opinion polls, where the respondents are asked questions about their opinions, representations, knowledge (as e.g. in sociological research) [4, 8].

In contrast, in indirect methods the respondents do not know that their opinions and representations of a particular group are under scrutiny. Instead of labelling a given group, the researcher presents respondents with a description of a person's behaviour, appearance, national symbols (in the case of ethnic groups), etc. Also such methods were initially used mainly in research on the social perception of ethnic or national groups.

In research on the stereotype of a mentally ill person, in most cases it is impossible to refer to appearance, but, for instance, the description of a person's behaviour can be used (without labelling such a person mentally ill) [9].

Another method of conducting research on stereotypes, the prototype of which was created in the 1920's by Bogardus, is the scale of social distance [6, 7]. The method is based on the assumption that the more stereotypical is the way in which we perceive a given object and the more negative features we attribute to it, the less we are will-

ing to come into contact with it.² The method concerns research on the readiness to behave in a certain way towards the object (the so-called behavioural readiness). The respondents are presented with a list of situations connected with the necessity to assume a bigger or smaller psychological distance from the object of perception. The respondents' task is to answer the question whether they would agree to a given form of contact with the object of perception (e.g. Would you agree to have such a person as a neighbour? Would you agree to have such a person as a guest at your party? Would you agree to let such a person marry your child?). The scale of social distance may be regarded as an indirect method of conducting research on stereotypes, provided that the instruction does not label the group in question (i.e. the respondents do not know that their responses relate to their willingness to come into contact e.g. with a mentally ill person. They are only presented with a description of such a person's behaviour).

Proposal of a modification of the semantic differential

The modified version of the differential is a direct method which serves mainly to examine the descriptive/cognitive aspect of the stereotype. However, it is also connected with the evaluative aspect (that is, assessment of the perceived properties).

The test consists of 30 pairs of adjectives³ which can be used to describe people. The pairs of adjectives are placed on 5-point scales.

The numbers in the scales signify how strong the attributes are.

'1' means that the person described is most strongly characterised by the attribute at the left end of the scale.

'2' means that the person described is to a definitely larger extent characterised by the attribute at the left end than by the attribute at the right end.

'3', the middle point on the scale, means that the attributes at either end of the scale are equally strong (that is, the object described is equally characterised by both of them).

'4' means that the object described is to a definitely larger extent characterised by the attribute at the right end than by the attribute at the left end.

'5' means that the person described is most strongly characterised by the attribute at the right end of the scale.

The very construction of this method is thus similar to the version previously in use. What has changed is the test instruction. The respondents' task is now

² Similarly to the methods described above, the scale of social distance is based on the respondents' declarations. It may be the case that in real life situations a respondent's behaviour may differ from the declaration. Nevertheless, it is assumed that testing such behavioural readiness is an approximation of the possible direction of behaviour, and definitely reveals the emotional attitude to the object of perception [3].

³ The adjectives were chosen on the basis of pilot tests conducted before, with participation of the so-called competent assessors (psychology students N=30, 18 women, 12 men). The respondents received a list of 52 pairs of attributes and were asked to choose 30 which, in their opinion, would best serve to describe (research) the differences between the mentally ill and the healthy. Finally, pairs selected by at least 60% of the assessors were chosen. In this way 24 pairs mentioned most often were selected. Additionally, 6 pairs were added as buffers, out of the ones that were chosen most rarely.

1. to select those pairs from among the given set that in their opinion can be used to describe the mentally ill. They themselves decide on the number of the scales selected.
2. after selecting the pairs, to add a “+” sign by the adjective in the pair which is positive in their opinion, and a “-” sign by the negatively rated adjective.
3. to mark on the scale to what extent the attribute characterises the object of perception.
4. to specify the percentage of the mentally ill who are characterised by this attribute.
5. to express in per cent how certain they feel in their views about the attribute’s prevalence.

E.g.:

18. (...) trustful 1—2—3—4—5 distrustful (...)
*This attribute characterises % of the mentally ill. I am certain of this in
.....%*

A task developed in such a way allows the researcher to observe a possible stereotypical character of perception of a given object, namely

- its social character (whether the same attributes are selected by a majority of respondents),
- its evaluative character (whether the attributes are rather positive or negative),
- simplifications of perception (the fewer properties attributed to the object, the more simplified perception of the object) [1],
- overgeneralizations (how many persons from a particular social group are attributed a selected feature),
- rigidity of views (the more certain the respondent of the attribute’s prevalence – the greatest the rigidity of his/her views).

Pilot test results

Pilot tests with the use of the modified version of the semantic differential were carried out on a group of psychology students (in the first year of the evening studies). 160 forms were returned, out of which 149 were used in further analyses (the remaining ones were excluded due to incomplete data). The group of respondents consisted of 102 women and 36 men (with 11 persons failing to provide information on their sex), at the age of 18-39 (with the average of 21.5). Prior to the testing, the respondents had not attended any psychiatry courses in their studies.

1. Social character of the stereotype

In the first stage of analysis, the question was asked whether there were any common attributes selected by a majority of the respondents – that is, whether perception of the mentally ill is social in character. The results, presented in Table 1, show that some pairs of adjectives were selected by a majority of the respondents (up to 77%). The respondents were comparatively concordant in relation to 7 out of 30 pairs of attributes and in this respect it can be said that their perception is social in character.

Table 1

**The number of pairs of adjectives selected by the respondents
(the respondents have been divided into 3 categories)**

Another aspect analysed was the question which pairs of attributes were chosen by a majority of the respondents (that is, what was the range of the content of the stereotype of the mentally ill). First the analysis concentrated on which pairs were selected are by at least 60 % of the respondents, and then which adjectives in the pair

Per cent of the respondents	The number of attributes selected
60-77%	7
59-50%	6
19% and below	8

were marked by the respondents (cf. below).

Out of the 30 pairs of adjectives the respondents most often selected the following⁴:

- unpredictable – predictable (77%)
- threatening – equable (69%)
- excitable – composed (66%)
- introvert – outgoing (64%)
- lost – well-organised (64%)
- aggressive – peaceful (62%)
- unaware – aware (61%)

The next step was analysing which attributes were chosen by the respondents in their descriptions – that is, what is their perception of the mentally ill. To this end, average values of the attributes on the 5-point scale were calculated. This time pairs chosen by at least 50% of the respondents were taken into consideration. The results are presented in Table 2 (next page).

It seems worth analysing also which of the pairs were chosen most rarely (by less than 15%) – that is, which pairs, according to a majority of the respondents, do not characterise the mentally ill. These were the following pairs:

- good – evil (8%)
- kind – unkind (10%)
- honest – dishonest (6%)
- attractive – ugly (5%)
- hard-working – lazy (5%)
- consistent – inconsistent (12%)

While describing the mentally ill, the respondents avoided those adjectives which

⁴ It is also worth noting the 4 pairs which did not reach the threshold assumed, but were selected by at least 50% of the respondents. These are the following pairs: violent-calm (54%), self-possessed-impulsive (54%), easy to understand-difficult to understand (51%) and the pair selected by nearly half of the respondents: sensitive-insensitive (49.66%)

are clearly (mainly in the common public opinion) linked with evaluation. Five out of the six pairs mentioned are the ones which were included in the test to serve as the so-called buffers (cf. annotation 3). Thus both competent assessors and the respondents

Table 2

What the mentally ill person are like (on the basis of the average value of the attributes on the scale). The last column in the table presents the attribute selected

Pair of attributes	Average value on the scale*	What the mentally ill are like
violent - calm	2.4	violent
excitable - composed	1.9	excitable
introvert - outgoing	1.8	introvert
aggressive - peaceful	2.7	aggressive
self-possessed - impulsive	4.1	impulsive
unpredictable - predictable	1.8	unpredictable
lost - well-organized	1.7	lost
unaware - aware	2.1	unaware
easy to understand - difficult to understand	4.2	difficult to understand
threatening - equable	2.4	threatening
sensitive - insensitive	1.7	sensitive

* Average values below 3 denote the adjective on the left. Values exceeding 3 – the adjective on the right.

ing psychology students have reached a conclusion that these pairs cannot be used to describe the mentally ill.

2. Evaluative character of the stereotype

An indicator of the evaluative character of the stereotype was set up as the ratio of the number of positive marks awarded by the respondents to a particular adjective (the number of “+” signs) to the number of negative marks awarded to this adjective (the number of “-“ signs). Again, only those pairs which were selected by at least 50% of the respondents were taken into consideration. The results are presented in Table 3.

Perception of the mentally ill is dominated by attributes rated as negative (there are 10 of those). Only one attribute of the mentally ill (“sensitivity”) is rated as positive.

It has been emphasised in the preliminary analysis that the stereotype is on the one hand a cognitive representation of reality, but on the other the attributes ascribed to a particular object are never free from evaluation. Thus, if the observers (respondents) attribute features of a defined value to the observed, by the same token they express their own attitude - positive or negative - towards the observed. It must be recalled at

Table 3

How the respondents evaluate the selected attributes

Attribute most often chosen by the respondents	Rating the attribute as positive (the number of respondents who marked it with a „+“)	Rating the attribute as negative (the number of respondents who marked it with a „-“)	No rating	Negative vs. positive attribute
Violent	4	76	1	Negative attribute
Excitable	8	91	0	Negative attribute
Introvert	8	86	2	Negative attribute
Aggressive	8	81	4	Negative attribute
Impulsive	3	77	0	Negative attribute
Unpredictable	24	91	0	Negative attribute
Lost	8	85	2	Negative attribute
Unaware	8	80	3	Negative attribute
Difficult to understand	12	62	2	Negative attribute
Threatening	6	94	3	Negative attribute
Sensitive	67	4	3	Positive attribute

this point that the respondents may describe the object even if they have not been in direct contact with it. Such a groundless conviction (groundless, as it is often not taken from experience), connected with quite a strong emotional load, is called prejudice⁵ (cf. e.g. 4).

The results presented prove that perception of the mentally ill is clearly biased (negatively) – thus, according to the definition given above, it may denote prejudice of the respondents against the object of perception. What results from this is that the fact may have a significant influence on possible ways of behaviour towards the mentally ill.

3. Simplification in perception of the mentally ill

There is an assumption that the fewer attributes are assigned to a given object in the process of social perception (e.g. to the mentally ill), the more simplified the perception is, and the more stereotypical it is by the same token [1].

In order to determine the degree of complexity in perception of the mentally ill, the *average number of attributes selected* has been calculated (for the whole group and for men and women separately). The results are presented in Table 4. The respondents

⁵ According to many authors, prejudices can be not only negative (though in everyday language they are most often understood in this way), but also positive. In definitions, however, the moment of formulating a prejudice (before obtaining relevant knowledge) is emphasised above all [4].

chose between 3 and 30 attributes.

Table 4

Average number of attributes selected

The difference between men and women in the average number of attributes selected is statistically irrelevant.

The results are difficult to analyse, since there is no possibility to compare them

	Average number of attributes selected
Total N=149	11
Women N=102	10.8
Men N=36	11.8

with results obtained from another group of respondents. It should be recalled, however, that a majority of the respondents (60-77%) (cf. p.8) choose 7 attributes – which is clearly below the average⁶.

4. Overgeneralization

One of the characteristics of the stereotype is a tendency to assign some attributes to a majority (or all) of the members of a particular group.

The average number of the mentally ill who, according to the respondents, are characterised by a given attribute has been calculated (per cent) for the test in question. Table 5 presents the results for the adjectives which were most often chosen by the respondents (that is, by at least 50%).

The respondents claimed that all these attributes (which were selected by at least 50% of the respondents) characterise a majority of the mentally ill (64-80%).

The attributes and their prevalence can be divided into two groups. The first group (characterising 76-80% of the sufferers) consists of the attributes which show difficulty in potential contacts with the sufferer, due to the problems characterising the sufferer (e.g. being lost, introvert, unaware). The second group – characterising 64-73% of the sufferers – is made up of the attributes related to physical expansion (being impulsive, excitable, threatening, aggressive, violent), which may be regarded as a threat to others. Thus, contrary to speculations based on ordinary observation, the respondents did not emphasise the attributes related to physical expansion in the first place. Nevertheless, these are the attributes characterising, in the respondents' opinion, a majority of the mentally ill. What the respondents did was choose those attributes of the mentally

⁶ A question arises: how many respondents describe the mentally ill in a clearly simplified way, that is, using merely a few attributes? The following results have been obtained:

3 were chosen by 2 respondents (1.3%)

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5 were chosen by 5 respondents (3.36%)

ill which may cause difficulty or helplessness in contacts with the sufferer. It may be worth analysing this result in respect of the group in question. The group is made up of psychology students, who may be planning to work with the mentally ill in the future and may therefore pay greater attention to those attributes of the mentally ill which may cause difficulty in contacts.

5. Rigidity of the stereotype

Table 5

Average number of the mentally ill (per cent) who are characterised by a given attribute according to the respondents

Attribute selected (on the basis of the average evaluation)	Number of the mentally ill who are characterized by this attribute (per cent)
unpredictable	80
lost	78
difficult to understand	78
sensitive	78
introvert	77
unaware	76
impulsive	73
excitable	73
threatening	66
aggressive	64
violent	64

It may be assumed that the more certain the respondents are of their views, the bigger the rigidity of such views and the bigger resistance to change at the same time (we are unwilling to modify our views which we firmly hold). In order to verify this thesis, the average degree of certainty has been calculated in relation to all the pairs of attributes chosen by the respondents: it is at 79 %. Average degrees of certainty of views relating to the attributes selected by a majority of the respondents have also been calculated. The results are presented in Table 6 (next page).

The results presented in Table 6 show that certainty in relation to particular attributes in most cases oscillates around the average calculated for all the pairs. 3 pairs of adjectives [sensitive-insensitive (85%), unpredictable-predictable (83%), easy to understand – difficult to understand (82.5%)] slightly deviate from this average (in these cases the respondents' certainty is above average). It seems to be positive that the respondents are more certain in relation to the only attribute rated as positive: sensitivity⁷.

Yet, further analysis of the research procedure (and especially analysis of the content

of the instruction) shows that the obtained degree of certainty should be interpreted with certain caution. The instruction lacks a clear formulation with reference to which

Table 6

Average degrees of certainty of views relating to the attributes selected
by a majority of the respondents

Pair of attributes	How certain are you of your opinion (in per cent)
Violent - calm	79
Excitable - composed	79
Introvert - outgoing	81
Aggressive - peaceful	79
Selfpossessed - impulsive	78.5
Unpredictable - predictable	83
Loose - well-organized	80
Unaware - aware	77
Easy to understand - difficult to understand	82.5
Threatening - equable	76
Sensitive - insensitive	86

element of their opinion the respondents should be certain (whether with reference to the attributes assigned to the mentally ill, or their value, or else the prevalence of the attribute among the mentally ill). In this respect the instruction needs improving.

Conclusions

- Research on social perception of the mentally ill may be conducted with the use of direct methods (when the respondents are presented with a label for a group) or indirect methods (by evoking associations on the basis of appearance, behaviour, etc.)
- In order to verify whether perception of the mentally ill is stereotypical, a modified version of Osgood's semantic differential (direct method) has been proposed. The method allows the researcher to analyse the main aspects of the stereotypical social perception: its social character, its evaluative aspect, simplification of the image and overgeneralization of opinion. The last aspect under examination: rigidity of the stereotype, requires further modification in order to obtain a greater reliability of the results received.
- The pilot tests on the group of psychology students showed that perception of the mentally ill is social in character - that is, some attributes were chosen by a majority of the respondents. The respondents claimed (with a relatively high degree of cer-

⁷ It has also been tested whether men and women differ in the respect of certainty. An analysis of the differences between the groups (test t for independent groups) does not indicate that there are differences between men and women in the respect of certainty related to any one of those attributes.

tainty - ca. 79%) that a majority of the mentally ill are unpredictable, lost, difficult to understand, sensitive, introvert, unaware, impulsive, excitable, threatening, aggressive, violent. Thus the respondents emphasised two main aspects of perception of the mentally ill: the aspect related to their own difficulty in making contact with the ill and the attributes related to physical expansion.

- An especially significant aspect of the modified version of the differential is the possibility it offers to analyse how the respondents evaluate the attributes ascribed to the mentally ill. The results show that perception of the mentally ill is dominated by attributes rated as negative, the only positive attribute being sensitivity. Such a one-sided, negative perception may be one of the main predictors of social rejection of the mentally ill.
- Finally, it is worth noting that direct methods, to which the semantic differential belongs, despite their doubtless advantages, may still involve some danger. That is, research carried out with the use of these methods may lead to obtaining results reflecting current social norms, but not fully reflecting the actual views of the respondents. As shown in empirical tests, the respondents, fearing the researcher's disapproval, tend to evaluate/describe the objects of perception (e.g. Jews, Black people, etc.) in a more lenient way. The best proof is in the incongruity between the declarations and the behaviour of the respondents, verified in various empirical tests [10].
- As research on interpersonal perception often entails presentation of the label of a given group (and thus the use of direct methods), the optimal solution seems to lie in at least supplementing the research programme with indirect methods, which would allow to monitor to what extent verbal declarations of the respondents concerning a given group are related to the tendency to respond according to the researcher's expectations, and how much such declarations deviate from the behaviour (or behavioural readiness) towards the object of perception.

1. It is likely that the basis for distinguishing a group of persons with mental disorders in perception of the individual (and/or society) may be not only the label itself, but also particular behaviour, appearance, etc.

2. Similarly to the methods described above, the scale of social distance is based on the respondents' declarations. It may be the case that in real life situations a respondent's behaviour may differ from the declaration. Nevertheless, it is assumed that testing such behavioural readiness is an approximation of the possible direction of behaviour, and definitely reveals the emotional attitude to the object of perception [3].

3. The adjectives were chosen on the basis of pilot tests conducted before, with participation of the so-called competent assessors (psychology students N=30, 18 women, 12 men). The respondents received a list of 52 pairs of attributes and were asked to choose 30 which, in their opinion, would best serve to describe (research) the differences between the mentally ill and the healthy. Finally, pairs selected by at least 60% of the assessors were chosen. In this way 24 pairs mentioned most often were selected. Additionally, 6 pairs were added as buffers, out of the ones that were chosen most rarely.

4. It is also worth noting the 4 pairs which did not reach the threshold assumed, but were selected by at least 50% of the respondents. These are the following pairs: violent-calm (54%), self-possessed-impulsive (54%), easy to understand-difficult to

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7. It has also been tested whether men and women differ in the respect of certainty. An analysis of the differences between the groups (test t for independent groups) does not indicate that there are differences between men and women in the respect of certainty related to any one of those attributes.

References

1. Łukaszewski W. *Stosunek do Żydów w polskich badaniach psychologicznych*. W: Dymkowski M. red. *O poznawaniu ludzi i deformacjach wiedzy społecznej*, Prace Psychologiczne XLIII 1995, 63-82.
2. Mądrzycki T. *Deformacje w spostrzeganiu ludzi*. Warszawa: PWN; 1981.
3. Wojciszke B. *Procesy oceniania ludzi*. Poznań: Nakom; 1991.
4. Sidorowicz S. *Stosunek społeczeństwa do osób psychicznie chorych (społeczny stereotyp i dystans)*. *Wiad. Psychiatr.* 1998 I, 2: 165-185.
5. Skarżyńska K. *Spostrzeganie ludzi*. Warszawa: PWN; 1981.
6. Chlewiński Z. *Stereotypy: struktura, funkcje, geneza. Analiza interdyscyplinarna*. W: Chlewiński Z, Kurcz I. red. *Stereotypy i uprzedzenia, Kolokwia Psychologiczne* tom 1, 1992, 7-29.
7. Kurcz I. *Zmienność i nieuchronność stereotypów*. Warszawa: Wydawnictwo Instytutu Psychologii; 1994.
8. Wciórka B, Wciórka J. *Choroby psychiczne – społeczny stereotyp i dystans*. *Post. Psychiatr. Neurol.* 1996; 5: 323-343.
9. Arkar H, Eker D. *Effect of Psychiatric Labels on Attitude Toward Mental Illness in a Turkish Sample*. *Int. J. Soc. Psychiatry* 1994; 40, 3: 205-213.
10. Aronson E. *Człowiek istota społeczna*. Warszawa: PWN; 1995.

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