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PICTURE OF INDIVIDUALS DIAGNOSED WITH SCHIZOPHRENIA- STIGMATISATION

Obraz człowieka z rozpoznaną schizofrenią- zjawisko stygmatyzacji

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A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Abstract (in Polish):

Cel pracy: Schizofrenia to choroba psychiczna, a zarazem stygmat. Oprócz konsekwencji zdrowotnych schorzenie niesie za sobą również wiele niekorzystnych następstw społecznych. Stygmatyzacja to zatem proces spowodowany głównie niewiedzą populacji, charakteryzujący się negatywnym ocenianiem chorującego człowieka i oddziałujący na niższą jakość jego życia. Głównym celem niniejszej pracy była analiza zjawiska stygmatyzacji w oparciu o poglądy społeczeństwa na temat człowieka doświadczającego schizofrenii. Cel łączył się z ukazaniem obszarów życia w których ujawnione zostają piętno choroby psychicznej.

Materiał i metody: W badaniu uczestniczyło 305 losowo dobranych osób, posiadających minimum 18 lat. Zastosowana metoda to sondaż diagnostyczny, a narzędziem badawczym był kwestionariusz ankiety, pt. „Normalność, a anormalność- człowiek w cieniu schizofrenii”.

Wyniki: Na podstawie analizy stwierdzono, że społeczeństwo stereotypowo identyfikuje wizerunek człowieka ze schizofrenią z pobudzeniem psychoruchowym, agresją i zagrożeniem. Populacja wyklucza chorego z życia społecznego poprzez oznaczenie szpitala psychiatrycznego mianem miejsca do codziennego funkcjonowania, a także etykietują takimi słowami jak „schizofrenik” lub „chory psychicznie”. Powszechna jest również dyskryminacja dotycząca kwestii założenia rodziny czy zatrudnienia. W badaniu udowodniono, że wiek wpływa na interpretowanie nazwy dla obrazu człowieka ze schizofrenią. Płeć nie różnicuje sposobu interpretowania wizerunku człowieka z psychozą schizofreniczną, natomiast miejsce zamieszkania oddziałuje na sposób postrzegania chorego.

Wnioski: Wyniki obrazują, że naznaczenie osób chorujących na schizofrenię wciąż utrzymuje się na wysokim poziomie, dlatego konieczne byłoby prowadzenie programów oraz kampanii edukacyjnych o tematyce chorób psychicznych, dostępnych dla całego społeczeństwa.

Abstract (in English):

Aim: The main aim of the paper was an analysis of the stigmatisation phenomenon based on society's views about persons suffering from schizophrenia. We presented the areas of life in which the stigma of mental illness is revealed as well as reasons for which society stigmatizes these people.

Material and methods: The study covered 305 persons chosen at random and being at least 18 years old. The method applied was a diagnostic poll and the research tool was a survey questionnaire entitled “Normality versus abnormality – individuals in the shadow of schizophrenia”.

Results: On the basis of the analysis it was found that society identifies the image of a person with schizophrenia with psychomotor agitation, aggressive behaviour and threat. Community excludes such individuals from social life, indicates mental hospital as a proper place for their functioning and labels them with such harmful words as “schizophreniac” or “nut”. Discrimination is widespread as regards the issues of starting a family and employment. The study proved that the age of surveyed people is important when it interpreting the name given to persons with schizophrenia. On the other gender does not affect the way in which the picture of an individual with schizophrenic psychosis is perceived. The place of residence affects individual perception of the ill person.

Conclusions: The results show that stigmatisation still remains high. For this reason, it seems necessary to introduce programmes and educational campaigns devoted to the subject of mental illnesses available to the entire society.

Keywords (in Polish): stygmatyzacja, schizofrenia, choroba psychiczna, wykluczenie społeczne.

Keywords (in English): stigmatization, schizophrenia, mental illness, social exclusion.

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Stygmatyzacja człowieka z rozpoznaną schizofrenią.

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INTRODUCTION

The 21st century brings forth numerous threats to human mental health. Current lifestyle, environmental conditions, complex epidemiological and political situations serve as the foundation for the development of dysfunctions within the human body, potentially initiating adverse changes in an individual's mental well-being. This, in turn, leads to a reorganization of the biopsychosocial framework, ultimately impacting the quality of life. The loss of mental health is associated with a range of different psychopathological symptoms, including hallucinations, delusions, or psychomotor agitation, which are indicative of their emergence in the clinical presentation of the paranoid subtype of schizophrenia [1,2,3].

Schizophrenic psychosis is a condition whose pathogenesis has not been extensively elucidated to date. This disorder remains an enigma in the field of psychiatry, as there is still no therapeutic method that enables complete cure, and primary importance is placed on pharmacotherapy based on antipsychotic medications [4,5,6,7].

Schizophrenia, from a sociological standpoint, is not merely a psychiatric illness but also a stigma. It is a negative symbol interpreted by society, setting the groundwork for labeling, stereotyping, marginalization, and discrimination, collectively representing the phenomenon of stigmatization. In general, schizophrenia remains a taboo topic in Poland and is not frequently discussed in the public domain. For a significant portion of people, issues related to the illness evoke destructive emotions, expressed through hurtful opinions. Scientific evidence demonstrates that schizophrenia is perceived much more negatively by society compared to conditions like depression or other mental disorders. For an individual diagnosed with paranoid schizophrenia, it constitutes a source of immense suffering. This suffering is shaped during the psychotic phase by an onslaught of unbearable fictitious external stimuli and thoughts. It also results from the lack of understanding of the individual's health condition by those in their social circle. Typically, a young person facing a diagnosis of mental illness must adapt to changing plans and goals, as well as cope with limitations in social life and interpersonal relationships. Stigmatization further adversely affects an individual's mental health, primarily due to self-stigmatizing attitudes. This can eventually lead to a psychological crisis and, because of feelings of helplessness and low self-esteem, increase the risk of deliberate self-harm or suicide [8,9,10,11,12].

The aim of this research was to analyze the phenomenon of stigmatization based on societal beliefs regarding individuals diagnosed with schizophrenia. The goal of illustrating the social position of an individual with a diagnosis of schizophrenic psychosis is to generate interest within the population about mental health issues and to educate in this regard. This could lead to a transformation of negatively colored perspectives on these conditions into ones that are more positive, thereby providing motivation and enhancing the sense of worth for individuals living with the illness.

MATERIALS AND METHODS

The research involved 305 adult participants residing in various regions of Poland, who were informed about the purpose of the study and the anonymous nature of the research and provided their consent to participate. The diagnostic survey method was employed to analyze the level of stigmatization in the population through the participation of a representative group. The study was conducted from February 23, 2023, to March 2, 2023, utilizing an electronic survey created beforehand on the “Google Forms” website and distributed via social media. The survey was accompanied by an introduction outlining the conditions for participation in the study. It also reflected questions contained in the custom questionnaire titled “Normality vs. Abnormality: A Person in the Shadow of Schizophrenia,” which consisted of two parts. The first part focused on demographic data, such as gender, age, and place of residence. The second aspect of the questionnaire directly centered on elements indicative of stigmatization, including labeling, marginalization, social isolation, and discrimination. Statistical analysis was performed using the SPSS Statistics 25.0 package, and the relationship between specific characteristics was examined using Karl Pearson’s chi-square method. A 5% risk of inferential error was accepted, and a probability value of $p < 0.005$ was considered statistically significant.

RESULTS

The study included 305 individuals, comprising 173 women and 132 men. Therefore, the participation of the female gender was estimated at 56.7% on the scale, while the male gender represented 43.3%. The data is presented in table 1.

Tabela 1. Podział respondentów według płci.

Table 1. Distribution of respondents by gender.

Gender	Frequency	Percentage:
Female	173	56,7
Male	132	43,3
Total	305	100

The most numerous group consisted of individuals in the age range of 18-28 years (64.6%). The participation of respondents aged 29 to 39 years was at 16.7%, while those aged 40 to 50 years made up slightly less at 16.1%. The smallest group, with only eight individuals (2.6%), consisted of people above 50 years of age. The data is presented in table 2.

Tabela 2. Wiek uczestników badania.

Table 2. Age of study participants.

Age group	Frequency	Percentage
18- 28	197	64,6
29- 39	51	16,7
40- 50	49	16,1
Over 50	8	2,6
Total	305	100

Within the study population, 53.1% of respondents hailed from urban areas, while 46.9% of participants resided in rural regions. Data provided in table 3.

Tabela 3. Miejsce zamieszkania respondentów.

Table 3. Respondents place of residence.

Residence	Frequency	Percentage
Urban	162	53,1
Rural	143	46,9
Total	305	100

At the initial stage of the study, participants were asked how they would characterize a person diagnosed with schizophrenia. The majority of respondents, 45.6%, approached the question with a stereotypical perspective, stating that a person with diagnosed schizophrenic psychosis exhibits psychomotor agitation, aggression, and, consequently, poses a threat to others in their environment. Meanwhile, 30.5% of survey participants noted that a person with schizophrenia is not notably different from others, although they experience the world differently and express emotions distinctively. A significantly smaller percentage, 17%, characterized a person with a mental illness as “intellectually disabled and in need of support from their loved ones,” while the remaining 6.9% were unable to provide a characterization. Data provided in table 4.

Tabela 4. Wizerunek człowieka ze schizofrenią w opinii ankietowanych.

Table 4. The image of person with schizopohrenia in the opinion of the respondents.

How would you characterize the image of a person who has been touched by a web of clinical symptoms of schizophrenia in their life?	Frequency	Percentage
A person who doesn't distinguish themselves in any particular way, but who perceives the world differently and expresses emotions differently.	93	30,5
I am unable to interpret the image of a person with schizophrenia.	21	6,9
All intellectually disabled individual who requires support from their closest relatives.	52	17
A psychomotorically agitated individual, at Times displaying aggression and posini a threat to others.	139	45,6
Total	305	100

A significantly larger portion of the respondents, with 44.6%, used the term “schizophrenic” as a synonym to describe an image of a person experiencing schizophrenia, while 30.5% of participants employed the phrase “individual with a mental illness.” An impolite, even offensive epithet, “lunatic,” was used by as many as 15.7% of the participants, whereas 9.2% mentioned the phrase “mentally ill.” Analysis of the results indicates that participants label the individual and evaluate their image solely

through the lens of schizophrenia, with the diagnosis seeming to overshadow all the values and personality traits of the individual. The data is presented in table 5.

Tabela 5. Synonimy zastosowane przez respondentów do opisu obrazu osoby ze schizofrenią.

Table 5. Synonyms used by respondents to describe the image of a person with schizophrenia.

Which of the words listed below would you use as a synonym to interpret the image of a person suffering from schizophrenia?	Częstość	Procent
Mentally ill	28	9,2
Individual with a mental illness	93	30,5
Schizophreniac	136	44,6
Lunatic	48	15,7
Total	305	100

One of the questions included in the survey encompassed the personal reflections of the participants on the functioning of individuals experiencing symptoms of schizophrenia in their social lives. Within the surveyed population, 61% of the respondents revealed a belief in the association between the diagnosis of schizophrenic psychosis and the occurrence of disability, resulting in difficulties in independently meeting one's needs. This, in turn, is linked to the necessity of relying on financial support from various institutions and receiving care from one's immediate family. Conversely, 39% of the study participants held a different perspective. Specifically, this group of respondents assumed that a person with schizophrenia has the capacity to work and maintain full autonomy, thus possessing the ability to lead a life not markedly different from that of healthy individuals. The analysis once again highlights the deficits in knowledge among the survey participants who assumed that a diagnosis of schizophrenia automatically equates to a state of disability. This is not synonymous with the truth and depends on a multitude of factors. Table 6.

Tabela 6. Refleksja respondentów na temat człowieka z rozpoznaną schizofrenią.

Table 6. Respondents reflection on a person diagnosed with schizophrenia.

Which statement reflects your thoughts on a person diagnosed with schizophrenia?	Frequency	Percentage
The statement reflects the view that the person is burdened with a state of disability, relies on financial support from various institutions and requires care from their close family members.	186	61
The statement reflects the view that the person leads a life similar to any other individual, possesses the ability to work, and maintains full independence.	119	39
Total	305	100

The study participants were also asked to formulate their perception of a person diagnosed with schizophrenia. The majority of respondents (32.1%) indicated a neutral, or indifferent, attitude towards someone with the disease, while 24.6% expressed sympathy. Hostile positions were declared by 16.4% of the respondents, and 17% indicated a contemptuous view. Only a group of thirty participants, estimated at 9.8%, reported a friendly reception of a person diagnosed with schizophrenia. The data is presented in table 7.

Tabela 7. Sposób postrzegania człowieka z diagnozą schizofrenii.

Table 7. The way people perceive an individual with a diagnosis of schizophrenia.

How would you formulate your individual style of perceiving people diagnosed with schizophrenia?	Frequency	Percentage
Neutral	98	32,1
Contemptous	52	17
Friendly	30	9,8
Hostile	50	16,4
Sympathy	75	24,6
Total	305	100

Another essential aspect to consider in the analysis of social stigma is to illustrate the respondents' beliefs regarding the place where a person diagnosed with schizophrenia should spend their daily life. Due to the previously presented stereotyping and labeling, nearly half, or 49.5%, of the respondents outlined a psychiatric hospital as the place designated for the daily life of people affected by schizophrenia. Such a perspective indicates the segregation of individuals into two groups: the healthy and the ill. Furthermore, this controversial opinion reflects the gradual exclusion of those with schizophrenia from the social environment and hampers the possibility of independent living at the same standard as those without mental health issues. Subsequently, the respondents stated that the appropriate place for a person diagnosed with schizophrenia would be the family home, but this was a significantly smaller group, amounting to 38.4%. A total of 12.1% of the respondents mentioned a social care home. Refer to table 8 for more details.

Tabela 8. Miejsce w którym zdaniem ankietowanych powinien przebywać człowiek ze schizofrenią.

Table 8. The place where, in the opinion of the survey participants, a person with schizophrenia should be located.

What words would you use to describe the place where a person diagnosed with schizophrenia should be located in your opinion?	Frequency	Percentage
Social care home	37	12,1
Family home	117	38,4
Psychiatric hospital	151	49,5
Total	305	100

Another crucial element necessary for contemplation about the level of social stigma is the depiction of the position of a person diagnosed with schizophrenia in the Polish job market. At the time of conducting their own business, 56% of those surveyed would not hire an individual diagnosed with schizophrenic psychosis. When owning their own company, only 22% of respondents would entrust a position to a person with the illness. The opinions expressed by the surveyed population illustrate that individuals with a diagnosis of schizophrenia face a barrier from employers, and discrimination in terms of employment translates into the necessity of receiving financial support from various institutions, leading to temporary or complete professional inactivity. Refer to table 9 for more details.

Tabela 9. Zdanie uczestników badania na temat możliwości zatrudnienia człowieka ze schizofrenią w przypadku prowadzenia własnej firmy.

Table 9. Opinion of the participants of the study on the possibility of employing a person with schizophrenia in the case of running your own business.

Would you hire a person diagnosed with schizophrenia if you were running your own business?	Frequency	Percentage
No	171	56
I have no opinion	67	22
Yes	67	22
Total	305	100

A person diagnosed with schizophrenia is often seen as someone burdened with loneliness. This is evident from the survey respondents' opinions regarding their openness to forming a romantic relationship. More than half of the participants, specifically 57.7%, would not be able to establish a romantic relationship with a person experiencing schizophrenic psychosis, while 19% of respondents would enter into a closer bond in the form of a relationship. Refer to table 10 for more details.

Tabela 10. Pogląd respondentów dotyczący możliwości zawarcia związku z osobą u której zdiagnozowano chorobę psychiczną- schizofrenie.

Table 10. The view of the respondents regarding the possibility of entering into a relationship with a person diagnosed with a mental illness, specifically schizophrenia.

Would you be able to form a romantic relationship with a person who has been affected by schizophrenia?	Frequency	Percentage
No	176	57,7
I have no opinion	71	23,3
Yes	58	19
Total	305	100

From the perspective of 49.2% of the respondents, a person experiencing clinical symptoms of schizophrenia should not have the right to start a family, which includes the role of a parent. A smaller percentage of respondents, at 29.2%, does not discriminate against individuals with the illness, as they believe that those diagnosed with schizophrenia should not be deprived of the right to start a family and should have the opportunity to lead a life like any other person. It is challenging to establish a single definitive cause for the more negative attitude observed among the respondents regarding the possibility of individuals with schizophrenia starting a family. However, considering the previously presented unfriendly views, it may be argued that the belief that a diagnosis of schizophrenia equates to disability is a factor. This belief might lead to the perception that the individual would be unable to take responsibility for a partner and their own offspring, or to provide an appropriate standard of living for the family. Refer to table 11 for more details.

Tabela 11. Opinia ankietowanych dotycząca kwestii założenia rodziny i pełnienia roli rodzina przez osobę z rozpoznaną schizofrenią.

Table 11. Opinion of the respondents on the issue of starting a family and fulfilling the role of a parent by a person diagnosed with schizophrenia.

In your opinion, should individuals with a constellation of symptoms associated with schizophrenia have the right to start a family and therefore become parents?	Frequency	Percentage
No	150	49,2
I have no opinion	66	21,6
Yes	89	29,2
Total	305	100

The analysis revealed a statistically significant association between the respondents' place of residence and how they would formulate their individual style of perceiving people diagnosed with schizophrenia. In the city, over 32% of the respondents had a neutral perception style, while 24.5% of participants living in rural areas exhibited a hostile attitude toward individuals diagnosed with schizophrenia. Therefore, respondents residing in rural areas, to a greater extent, show hostility towards individuals with diagnosed schizophrenia compared to those living in urban areas. Refer to table 12 for more details.

Tabela 12. Zależność statystyczna między miejscem zamieszkania, a sposobem postrzegania człowieka ze schizofrenią.

Table 12. Statistical relationship between the place of residence and the perception of a person with schizophrenia.

			How would formulate your individual style of perceiving people diagnosed with schizophrenia?					Total	Pearson's chi-square	P
			Neutral	Contemptous	Friendly	Hostile	Sympaty			
Residence	Urban	n	53	33	18	15	43	162	14,1	0,007
		%	32,7%	20,4%	11,1%	9,3%	26,5%			
	Rural	n	45	19	12	35	32			
		%	31,5%	13,3%	8,4%	24,5%	22,4%			
Total	n	98	52	30	50	75	305			
	%	32,1%	17,0%	9,8%	16,4%	24,6%	100,0%			

Gender does not exhibit statistically significant correlation with how participants characterized the image of an individual who has experienced clinical symptoms of schizophrenia in their life. The analysis reveals a similar percentage of superficial judgment in both the female group (47.4%) and the male group (43.2%), with both perceiving a person with schizophrenia as psychomotorly agitated, occasionally aggressive, and posing a threat to others. Table 13.

Tabela 13. Badanie zależności między płcią, a sposobem charakteryzowania wizerunku człowieka z diagnozą schizofrenii.

Table 13. The study of the relationship between gender and the way of characterizing the image of a person with a diagnosis schizophrenia.

		How would you characterize the image of a person who has experienced clinical symptoms of schizophreniac in their life?					Total	Pearson's chi-square	P
		A person who is not notably different from others but perceives the world differently and exoresses emotions distinctively.	I am unable to provide a characterizat on of a person with schizophreniac.	An intellectually disabled individual in need of suport from their loved ones.	Mentally agitated person, sometimes aggressive, threatening others.				
Gender	Female	n	52	14	25	82	173	2,74	0,432
		%	30,1%	8,1%	14,5%	47,4%	100,0%		
	Male	n	41	7	27	57	132		
		%	31,1%	5,3%	20,5%	43,2%	100,0%		
Total		n	93	21	52	139	305		
		%	30,5%	6,9%	17,0%	45,6%	100,0%		

Age indicates a statistically significant relationship with interpreting the name as a synonym to describe the image of a person with schizophrenia. More than 57% of respondents between the ages of 40 and 50 would label an ill person and consider the word „schizophrenic” as a synonym. In contrast, 35.5% of respondents aged 18 to 28 would use the phrase „person with mental illness.” The analysis showed that respondents from 18 to 28 years of age describe the image of a person with schizophrenia to a greater extent with the name , „person with a mental illness,” in contrast to people in the 40-50 age range, who most often use the label , „schizophrenic. The results in table 14.

Tabela 14. Badanie zależności statystycznej między wiekiem, a interpretowaniem synonimu do opisu obrazu człowieka ze schizofrenią.

Table 14. Study of the statistical relationship between age and interpreting the synonym to describe the image of a person with schizophrenia.

			Which of the words listed below would you use as a synonym to interpret the image of a person suffering from schizophrenia?				Total	Pearson's chi-square	p
			Mentally ill	Individual with a mental illness	Schizophrenic	Lunatic			
Age:	18- 28	n	17	70	90	20	197	28,1	0,001
		%	8,6%	35,5%	45,7%	10,2%	100,0%		
29- 39	n	5	14	18	14	51			
	%	9,8%	27,5%	35,3%	27,5%	100,0%			
40- 50	n	4	6	28	11	49			
	%	8,2%	12,2%	57,1%	22,4%	100,0%			
Over 51	n	2	3	0	3	8			
	%	25,0%	37,5%	0,0%	37,5%	100,0%			
Total	n	28	93	136	48	305			
	%	9,2%	30,5%	44,6%	15,7%	100,0%			

DISCUSSION

Schizophrenia is a psychiatric disorder, the clinical symptoms of which are experienced by nearly half a million people in Poland. Despite this, there have been no concerted educational efforts aimed at the entire society to provide detailed information about this illness. Individuals experiencing a psychiatric crisis not only contend with standard disease symptoms but also confront a web of societal prejudices, leading to numerous complications in their daily lives. The stigmatization of individuals with schizophrenia remains a significant issue, even though it has improved since the 19th or 20th century. Nevertheless, a close examination of societal perspectives reveals the persistence of stereotypes, labeling, exclusion, and discrimination, all typical hallmarks of this stigmatization. Polish knowledge about schizophrenic psychosis was quite limited. According to data from 2002 presented by the Center for Public Opinion Research, nearly 26% of citizens had no information about schizophrenia, and just under 62% possessed only superficial knowledge on the subject. Furthermore, K. Chotkowska's findings revealed that nearly 60% of respondents diagnosed with schizophrenia were shunned by close family members and employers upon disclosing their illness. Today, education is the cornerstone for shaping and modifying beliefs about individuals with psychiatric illnesses. The implementation of the educational function of a professional nurse would play a paramount role in this educational process[2][13,14,15,16,17].

In the author's study, 305 adults participated, with a higher number of women (173) than men (132). The dominant group consisted of respondents aged 18-28 (64.6%), and the majority of participants were from urban areas (53.1%).

Both among women and men, the image of an individual affected by schizophrenia was predominantly stereotypically assessed and associated with characteristics such as psychomotor agitation, aggression, and a threat to others. Prejudices have remained unchanged over the years,

as evidenced by similar results demonstrated in a study conducted by O. Bąk, which highlighted the negative perception of mentally ill individuals by psychology students. To describe a portrait of a person with schizophrenia, psychology students used terms such as excitability, aggression, or threat from the available word pool. Additionally, data described in Angermeyer's study also outlined that 19% of respondents residing in Germany considered a person with schizophrenia as dangerous, and nearly 40% perceived them as unpredictable [18].

The fact that nearly half of the participants (49.5%) pointed to a psychiatric hospital as a place for the daily existence of individuals with mental illnesses indicates significant social exclusion and marginalization. Similar findings were evident in a pilot study by P. Gzoha and D. Kupas, in which just under 43% of respondents expressed the need to isolate individuals with diagnosed mental illnesses from the rest of society [19].

The place of residence influences attitudes toward individuals with schizophrenia. In urban communities, a neutral perception predominated (32.1%), while in rural areas, a hostile attitude was more prevalent (24.5%). According to the Center for Public Opinion Research report, rural residents were more likely to hold negative views about schizophrenia than urban residents, undoubtedly correlating with their perception of individuals [14].

In the studied population, a significant portion of people (49.2%) held the belief that individuals with schizophrenia should be deprived of the right to start a family and fulfill a parental role. A similar sentiment was confirmed by a report from the Center for Public Opinion Research in collaboration with specialists from the Institute of Psychiatry and Neurology, where slightly less than 33% of Poles exhibited discriminatory attitudes towards individuals with schizophrenia having offspring [20].

Gaebel and colleagues presented the opinions of over seven thousand individuals residing in Germany, of whom nearly 70% would not enter into a long-term relationship with a person with schizophrenia. In our own study, a substantial group of respondents (57.7%) expressed the opinion that they would not be able to engage in a relationship with a person who has the condition [18].

Social stigma is a significant problem and a frequently observed phenomenon. The study confirmed a high level of stigma, which is dependent on demographic factors, primarily age and place of residence. This phenomenon is also present in other European countries. In Poland, as indicated by the results of other authors' research, people lack sufficient knowledge about schizophrenia, which can lead to fear and, in turn, provide a motive for relying on false, perhaps hearsay-based stereotypes. Education is a crucial element for changing stigmatizing beliefs, primarily offering the opportunity for individuals with schizophrenia to lead a life of decent quality. In the process of educating citizens, mass media channels like radio and television could be helpful in reaching a wide audience with this knowledge. Creating more associations and support groups for individuals with schizophrenia would also be of significant importance in this endeavor, with nurses playing an essential role in the process [16].

Psychiatric illnesses are influenced by numerous factors, although sometimes a single stimulus is enough to bring about a profound change in a person's psychophysical well-being. The loss of mental health can truly affect anyone, which, according to the results of our own study and scientific research by other authors, is associated with the initiation of a painful process of stigmatization [1].

CONCLUSION

1. Stigmatization reaches a high level, primarily driven by deficits in knowledge about schizophrenia and the psychosomatic condition of individuals suffering from it, which, in turn, results in stereotyping, labeling, social exclusion, and discrimination in various aspects of life.
2. Age is a determining factor in how people formulate labels for individuals with diagnosed schizophrenia. Unlike individuals in the age range of 18-28, those in the 40-50 age group more frequently use the term „schizophrenic” to label someone with the illness.
3. Both women and men tend to negatively interpret the portrait of an individual with a diagnosed mental disorder, relying on a range of prejudices and emphasizing pejorative traits such as psychomotor agitation, aggression, and threat.
4. Place of residence also influences the negatively or positively biased perceptions. In rural areas, the population more intensively expresses hostile attitudes toward individuals diagnosed with schizophrenia compared to those from urban areas.
5. Stigmatization is most pronounced in aspects of life where individuals with a psychiatric diagnosis are entrusted with responsibility for another person, such as the negative attitudes of those surveyed regarding the establishment of a family by someone with a mental illness and their ability to fulfill a parental role.
6. Stigmatization is a serious consequence of a schizophrenia diagnosis, negatively affecting a person's mental state and worsening their life position due to discrimination in the job market, as well as the lack of openness from others to engage in relationships.
7. The tasks arising from the educational function of a nurse, which include shaping a sense of responsibility in society for not only one's physical but also mental well-being, are fundamental in combating stigmatization.

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