



Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcddep



Full length article

Does calling alcoholism an illness make a difference? The public image of alcoholism in Italy

Anna Paola Piras^{a,b}, Antonio Preti^{a,*}, Maria Francesca Moro^a, Alice Giua^c, Giulia Sini^c,
Martina Piras^c, Mirra Pintus^a, Elisa Pintus^a, Annaraffaella Manca^a, Glenda Cannas^a,
Giulia Cossu^b, Matthias Claus Angermeyer^b, Mauro Giovanni Carta^{a,b,c}

^a Centro di Psichiatria e di Consultazione Psicosomatica Azienda Ospedaliero Universitaria S. Giovanni di Dio, Cagliari, Italy

^b Dipartimento di Sanità Pubblica, Medicina Clinica e Molecolare, Università di Cagliari, Cagliari, Italy

^c Corso di Laurea in Tecnico della Riabilitazione Psichiatrica, Università di Cagliari, Cagliari, Italy

ARTICLE INFO

Article history:

Received 4 January 2016
Received in revised form 15 June 2016
Accepted 17 June 2016
Available online xxx

Keywords:

Alcohol dependence
Stigma
Population-based study

ABSTRACT

Aims: Using data from a population survey in two communities in the region of Sardinia, Italy, we examined the association between illness definition and attribution of personal characteristics to people with alcoholism.

Methods: Quota samples, stratified by gender and age, were drawn from the general population (males: 48%; mean age 48 ± 18 ; range: 15–90). A fully-structured interview was conducted face-to-face with 404 respondents. The assessment of the public view of ‘alcoholics’ was measured by their reactions to stimulus words rated on bipolar scales, and defined with adjectives with opposite meanings at each end. **Results:** 322 participants (80%) rated the ‘alcoholic’ as ‘ill’. The definition of the ‘alcoholic’ as being ill showed a statistically higher odd of stigma across all the dimensions of personal attributes.

Conclusions: The expectation that people adopting the illness model would tend to blame less those afflicted for their condition and, consequently, stigmatize them less, was not confirmed.

© 2016 Published by Elsevier Ireland Ltd.

1. Introduction

Alcohol dependence is one of the most severely stigmatized mental disorders (Angermeyer and Dietrich, 2006). Compared with people suffering from other substance-unrelated mental disorders, alcohol-dependent persons are held more responsible for their condition, provoke more social rejection and more negative emotions, and are at a higher risk of being discriminated against when it comes to allocating financial resources to patient care (Beck et al., 2003; Schomerus et al., 2011).

In the 1950s, the World Health Organization (WHO) defined alcohol dependence as an illness. One of the expected consequences of this new approach was a reduction of stigma. The underlying idea was that by adopting the illness model, the public would tend to blame less those afflicted for their condition and, consequently, stigma would decrease. However, a number of population-based

studies conducted in the U.S. some years ago revealed that seeing alcoholism as an illness does not necessarily prevent blaming the affected person. Quite often both views, i.e. seeing alcoholism as an illness and blaming those affected by it, were held simultaneously by the same person (Mulford and Miller, 1961; Caetano, 1978; Rodin, 1981). When assessing respondents’ first-impression images of a person labeled as an alcoholic, Dean and Poremba (1983) observed that although a majority of respondents had accepted the disease concept intellectually, a majority pictured the alcoholic as a skid row habitué. The authors concluded that their results do not support the notion that greater acceptance of the disease concept would also decrease the stigma associated with the term ‘alcoholic’.

In contrast to this rather pessimistic view, a more recent population-based study from Germany found a weak but significant negative correlation between seeing alcohol dependence as an illness and blaming the individual for it. This led the authors to conclude that a further promotion of the illness concept of alcohol dependence could be seen as a means to ameliorate the stigma of this condition (Schomerus et al., 2014). However, in another survey recently conducted in Queensland (Australia) the belief that

* Corresponding author at: Centro di Psichiatria di Consulenza e Psicosomatica, AUOC Cagliari and University of Cagliari, Italy.
E-mail address: apreti@tin.it (A. Preti).

alcoholism is a 'disease' was not associated with a reduction in the desire for social distance (Meurk et al., 2014a).

Given these conflicting results it seems worthwhile to address the question again as to how the definition of alcoholism as an illness is related to the public image of people with alcohol addiction. Our study is based on data from a survey conducted in Italy. There is abundant evidence that attitudes towards alcohol use, and its abuse as well, vary greatly between cultures (Heath, 2000). Italy appears particularly interesting since alcohol consumption has decreased over the past thirty years in this country (Carta et al., 2004). This decrease in consumption may be a reflection of a growing preparedness of the public to consider alcoholism as a disease. Reduced alcohol consumption may also have an impact on the public's perception of those afflicted by alcohol dependence. It is possible that the decrease in consumption is seen as an indicator of the skills an individual possesses to stop drinking and as a result alcoholism could be considered as a weakness. Using data from a population survey in two communities in Sardinia, we will examine how the definition of alcoholism as an illness is associated – in this cultural environment – with the attribution of personal characteristics to people with alcohol dependence.

2. Method

2.1. Sample

From January 2012 to June 2013, a survey was conducted among the adult population (16 years and older) of two Sardinian communities (Gonnosfanadiga and Villacidro). Quota samples were used with stratification according to gender and age. Study participants were randomly selected from the registries of residents in the two municipalities. Table 1 reports the socio-demographic characteristics of respondents and, for comparison, those of the total population of both communities.

In each community, two hundred persons were expected to participate in the study. Informed consent was considered to be given when the person agreed to the interview. The study had been approved by the Ethics Committee of the Cagliari University Hospital "Azienda Mista Ospedaliero Universitaria di Cagliari".

Table 1
Socio-demographic characteristics of both samples.

	Gonnosfanadiga		Villacidro	
	2013 Sample (N = 201)	General population (N = 5941) ^a	2013 Sample (N = 203)	General population (N = 12376) ^a
Gender				
Males	97 (48%)	2873 (48%)	100 (49%)	6091 (49%)
Females	104 (52%)	3068 (52%)	103 (51%)	6285 (51%)
Age				
15–24 years	22 (11%)	670 (11%)	23 (11%)	1462 (12%)
25–44 years	63 (31%)	1925 (33%)	70 (35%)	4325 (35%)
45–64 years	64 (32%)	1853 (31%)	65 (32%)	3943 (32%)
65+ years	52 (26%)	1493 (25%)	45 (22%)	2646 (21%)
Marital status				
Single	75 (37%)	2183 (37%)	71 (35%)	4374 (35%)
Married/cohabiting	103 (52%)	3163 (53%)	110 (55%)	6873 (56%)
Divorced/separated	12 (6%)	61 (1%)	10 (5%)	141 (1%)
Widowed	10 (5%)	534 (9%)	11 (5%)	988 (8%)
Educational attainment				
Illiterate	1 (0.5%)	602 (9.4%)	6 (3%)	1387 (10%)
Compulsory school	126 (63%)	2581 (40%)	120 (54%)	5427 (40%)
High school	65 (32%)	1411 (22%)	67 (33%)	3010 (22%)
University degree or higher	9 (4.5%)	305 (5%)	20 (10%)	884 (7%)

^a Data about gender, age and marital status from the 2013 census, referring to persons aged 15 years and over; data about educational attainment from the 2011 census, referring to persons aged 6 years and over.

2.2. Interview

A fully structured interview was conducted with respondents. Two intensively trained clinical psychologists administered the interview face-to-face. To facilitate participation in the study, the local administrative authority advertised the survey before eligible persons were contacted at their homes. Those who did not accept to take part in the interview were replaced by other randomly extracted subjects with the same socio-demographic characteristics. Field work required about 18 months for completion.

For the assessment of the public's view on alcoholics, semantic differentials were used. This method was developed by Osgood et al. (1957) for measuring the connotative meaning of concepts. It measures people's reactions to stimulus words in terms of ratings on bipolar scales defined with adjectives having opposite meanings at each end. Typically, a person is presented with some concept of interest (in our case: the alcoholic) and asked to rate it on a number of such scales. We used a set of 18 semantic differentials developed by Camera (1985/1986) for the study of the image of people with alcohol addiction and mentally-ill people. By means of a five-point scale, ranging from +2 (positive attributes) through 0 to –2 (negative attributes), participants could indicate their perception of the 'alcoholic'. According to the author, the 18 semantic differential scales can be grouped into five theoretically derived dimensions: sensory evaluation, referring to aesthetic qualities of the person (e.g., "clean" vs. "dirty"); moral evaluation including moral judgments like "good" vs. "bad"; social evaluation, i.e. the appraisal of social characteristics of the person (e.g., "civilized" vs. "uncivilized"); comprehensibility, i.e., the degree to which the person can be understood by others ("common" vs. "strange"); and dangerousness, i.e., the perception of the threat to others posed by the person (e.g., innocuous vs. dangerous).

With the help of a single-item semantic differential, respondents could indicate to what extent they considered a person with alcohol addiction as "healthy" or "ill". In addition, socio-demographic characteristics like gender, age, marital status and educational attainment as well as alcohol consumption were assessed. In Italy, a standard drink, which is equivalent to 1 unit of alcohol, corresponds to 40 ml of straight spirits (a shot), a 330 ml can of beer (a pint), or a 125 ml glass of table wine (see Preti et al., 2014; Scafato et al., 2014). Alcohol consumption was assessed by specifically enquiring how often (in a week) and how much (in units

Download English Version:

<https://daneshyari.com/en/article/7503504>

Download Persian Version:

<https://daneshyari.com/article/7503504>

[Daneshyari.com](https://daneshyari.com)