

The Implicit Elements Shaping General Practitioners' Social Representations of Mental Disorder

A Field Study at Bachir Ben Nasser Hospital, El Alia, Biskra

العناصر الضمنية المُشكّلة للتصورات الاجتماعية لدى الأطباء العامين حول المرض العقلي

دراسة ميدانية في مستشفى البشير بن ناصر العالية-بسكرة-

Les éléments implicites façonnant les représentations sociales des médecins généralistes à propos de la maladie mentale

Une étude empirique à l'Hôpital Bachir Ben Nasser, El Alia, Biskra

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ملخص:

تهدف هذه الدراسة إلى استكشاف العناصر الضمنية التي تشكّل التصوّرات الاجتماعية لدى الأطباء العامين تجاه المرض العقلي، مع التركيز على تحديد ما إذا كانت هذه العناصر تستمد جذورها من الثقافة الشعبية أو من التكوين الأكاديمي للأطباء. ولتحقيق هذا الهدف، تم اعتماد تقنية شبكة الترابط إلى جانب استبيان مُصمّم خصيصًا، طُبّق على عينة تتكوّن من 20 طبيبًا عامًّا يزاولون عملهم في مستشفى بشير بن ناصر بمدينة العالية، ولاية بسكرة. وقد أظهرت النتائج أنّ المكونات الضمنية المُشكّلة للتصورات الاجتماعية للأطباء حول المرض العقلي تتأثر في آنٍ واحد بالمعتقدات المستمدة من الثقافة الشعبية وبالمعارف المكتسبة من التكوين الأكاديمي. الكلمات المفتاحية: التصورات الاجتماعية، المرض العقلي، الثقافة الشعبية.

Abstract:

The present study aims to explore the implicit elements that shape general practitioners' social representations of mental illness. Specifically, it investigates whether these implicit components stem from popular culture or from the physicians' academic training.

To examine this, we employed the associative network technique along with a distinctive questionnaire administered to a sample of 20 physicians working at Bachir Ben Nasser Hospital in El Alia, Biskra.

The findings revealed that the implicit components forming doctors' social representations of mental illness are influenced both by popular cultural beliefs and by their academic education.

Keywords: Social Representations, Mental Illness, Popular Culture

Résumé:

La présente étude vise à explorer les éléments implicites qui façonnent les représentations sociales des médecins généralistes à l'égard de la maladie mentale. Plus précisément, elle cherche à déterminer si ces éléments implicites proviennent de la culture populaire ou de la formation académique des médecins.

Pour ce faire, nous avons utilisé la technique du réseau associatif ainsi qu'un questionnaire spécifique administré à un échantillon de 20 médecins exerçant à l'Hôpital Bachir Ben Nasser, à El Alia Biskra.

Les résultats ont révélé que les composantes implicites formant les représentations sociales des

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médecins à propos de la maladie mentale sont influencées à la fois par les croyances issues de la culture populaire et par leur formation académique.

Mots-clés : Représentations sociales, Maladie mentale, Culture populaire.

Introduction and Problem Statement :

In recent years, mental illness has become increasingly prevalent across the globe. The World Health Organization (WHO) has ranked mental illness as the second most significant threat to humanity up to the year 2020. Algeria, like many other countries, has witnessed a noticeable rise in mental health issues. Experts in the field estimate that over one and a half million people in Algeria are living with mental illness, and this number is expected to rise due to the country's vulnerability to the spread of what is now considered the world's second most common illness.

According to mental health statistics in Algeria, around 30% of the homeless population in the capital's streets suffer from mental illnesses. This was revealed by Professor Tijiza, head of the psychiatric department at Drid Hussein Hospital in Algiers, who stated that one in three people living on the streets is mentally ill. (Manaar, 2008)

Several factors contribute to this reality. Algeria has faced numerous traumatic events in recent years, including devastating floods and earthquakes. Additionally, the aftermath of the "Black Decade"—a period marked by severe terrorist violence—left deep psychological scars. Individuals who lost their entire families, homes, and sense of belonging are at high risk of developing serious psychological and mental health conditions. There are hundreds of such cases in Algeria today.

Moreover, widespread poverty and economic hardship have created additional pressure, particularly on heads of households. Social stressors such as unemployment, declining purchasing power, and the inability to provide for one's family—even at the most basic level—often lead to emotional repression, which may evolve into mental illness, especially among individuals with fragile personalities. Even those with strong character may break under the weight of continuous hardships and misfortunes.

In addition to the homeless individuals suffering from trauma-induced mental illness, there are also those with hereditary mental disorders. These individuals often find themselves on the streets as well, unable to work or afford treatment. In cases where the family is poor and living under harsh conditions, the street becomes their only refuge.

Despite the growing prevalence of mental illness, the concept itself remains somewhat ambiguous for many individuals, as its understanding is often shaped by cultural influences—both in terms of its causes and its interpretations. These understandings are reflected in how people think and behave, and are referred to as social representations. These representations express an individual's psychological state in a cognitive form toward a particular subject. They are shaped by accumulated knowledge, ideas, and experiences, which in turn guide a person's reactions and behaviors in specific situations. These behaviors mirror the individual's lived reality within their social context.

Given that social representations guide individuals' understanding of phenomena within their social, psychological, and biological frameworks, our study aims to explore the nature of these representations among general practitioners. These representations are shaped throughout the process of socialization and reinforced by various life experiences, eventually becoming part of the individual's core personality and frame of reference.

Social representations are also a vital tool used by researchers across psychological, sociological, and educational studies, as they help extract relevant knowledge and insights. In our research, we aim to analyze the structure of the social representations held by physicians, distinguishing between the two main interpretative frameworks : the modern scientific explanation and the traditional cultural interpretation rooted in the community they belong to.

This leads us to the central research question :

What are the implicit elements that constitute the social representations of mental illness among general practitioners ?

Study Hypotheses :

1-The implicit elements that shape the social representations of mental illness among physicians are derived from academic training.

2-The implicit elements that shape the social representations of mental illness among physicians are influenced by popular culture.

First : Theoretical Framework

1- Social Representations :

Although the term social representation is relatively recent in its formal academic usage, its application is much older. According to the philosopher Immanuel Kant, « The objects of our knowledge are nothing but representations. It is impossible to know the ultimate truth. What we refer to as 'representation' is the analysis of the conditions of knowledge, which are essentially mental structures. We are bound by the duality between the studied object and the subject conducting the study » (Maache, Chorfi, & Kouira, 2002)

From Kant's perspective, we understand that representations have a cognitive structure. Analyzing them requires considering two essential components : the object that has been represented, and the subject who created the representation and attributed a specific meaning to it. Representations are not static ; they are flexible and evolve over time, depending on the era and societal context. They are shared and circulated among all members of a society—examples include social representations of mental illness, health and disease, or other topics like digital media. In our study, we are particularly concerned with the social representations of mental illness, which always focus on a specific objective.

2-The Theory of Social Representations and the Influence of the Field

The term social representation was introduced into social psychology by Serge Moscovici in 1961. According to him, representations are almost tangible entities—they are present everywhere, embodied continuously through speech, gestures, and interactions within the environment. The

cognitive approach to human practices considered representations to be directly and indirectly linked to mental processes, emphasizing that cognitive operations and the individual's processing of information are the fundamental sources of behavior(Maisonneuve, 2000, p. 225).

Claude Lévi-Strauss also explored rituals and myths as forms of rationalization. Abric, drawing from both laboratory and field studies, concluded that representation clearly determines what is practical. His theoretical approach can be summarized as follows : there is no strict separation between the external space and the internal space of an individual or group. In other words, there is no such thing as an entirely objective reality. Every reality is represented—it is interpreted by the individual or group, integrated within a system of norms, and shaped by their own environment.

This structured and interpreted reality constitutes what individuals and groups perceive as “reality” itself. Social representation thus acts as a system for interpreting the world—it organizes the relationship between individuals and their physical and social environment, guiding behaviors, practices, and social relationships. It also serves as a decoding system of reality by establishing expectations.

Jodelet considered social representation as a form of knowledge that is socially structured and directed, aiming to construct a shared reality within a social group. Abric described it as a cognitive production through which the individual or group interprets their reality and assigns it meaning. Therefore, a representation is not a mere reflection of reality, but a meaningful system shaped by various contextual factors—such as situational contradictions, the immediate environment, intent, broader ideological contexts, the individual's social position, collective memory, social stakes, and value systems.

Social representations play a crucial role in shaping group interactions and are tightly structured by cognitive laws. While the content of social representation is determined by the nature of intergroup relations at a given time, it can also evolve as these representations influence and shape those very relations, anticipating changes and justifying their nature.(Connexions, 1999, p. 23)

Moscovici’s theory helped to understand how social groups deal with their surrounding realities—how they share and defend them. According to Guimelli, social representations consist of beliefs, opinions, knowledge, and judgments produced and shared by members of a given group in relation to a specific social issue. One of their primary functions is to give meaning to reality and to reflect the values and norms of the group.(Moscovici, 1972, p. 206)

In the field of mental operations, referred to as social thought, the theory of social representations addresses foundational assumptions about the nature of social knowledge. One key hypothesis is that social representations are formed through shared perceptions, images, and culturally rooted categories. These are passed down from generation to generation within historical and social contexts through collective memory, often over long periods of time.(Bonardi et al., 2003, p. 256)

3-Mental Illness :

Sigmund Freud defined mental illness in his book « Abrégés de psychanalyse » as one of the most severe and comprehensive disturbances of personality. It manifests through a significant disruption of mental faculties and an inability to perceive reality or achieve social adaptation in any form. It is

commonly observed in psychotic states, where the individual is disconnected from reality, with distorted emotional responses, impaired cognitive functions, personality disintegration, and noticeable behavioral disturbances. The psychotic personality is marked by a profound breakdown, loss of integration, and severe mental instability. Such individuals experience a collapse of psychological defenses, weakened repression mechanisms, and disrupted ego functioning. Most importantly, psychotic patients often lack insight into their condition, do not acknowledge their illness, resist change, and typically refuse treatment (Al-Zarad, 1984).

In light of this, mental illness can be defined as a profound disruption of an individual's personality, to the extent that they become unable to function adequately. This dysfunction affects cognitive abilities, leading to a disconnection from reality and an inability to distinguish between fantasy and fact. Emotional responses often become strange or inappropriate, and the individual fails to achieve social adaptation, psychological balance, or functional stability.

In this study, we relied on a set of physicians' responses to various situations presented through the associative network technique. These responses shed light on how the social representations of mental illness are formed among general practitioners.

Second : The Field Study

1-Research Methodology :

This study adopted a descriptive method, as it is the most suitable for identifying the implicit elements within physicians' social representations of mental illness.

2-Study Sample :

A purposive sample of 20 physicians working at Bachir Ben Nasser Hospital in El Alia, Biskra, was selected. These were the most consistently present doctors at the facility.

3-Time and Place of the Main Study:

Timeframe : From June 24 to July 10, 2012

Location : Bachir Ben Nasser Hospital, Biskra

4-Research Instruments:

The primary tool used in this study was the Associative Network Technique, a method designed by researcher Anna Maria Silvana de Rosa in 1951. This technique is widely used in the study of social representations, aiming to identify structural content, indicators of polarity, neutrality, and stereotyping within the field of meanings related to a specific representation.

This technique identifies concepts and evaluations connected to a specific representation—or a group of interrelated representations—through a structured framework. A multidimensional approach is essential to truly capture the complexity, multiplicity, and rich layers of social representations.

Third : Research Findings

1 : The Semantic Field of the Social Representation of Mental Illness :

We pointed out the content of the social representation of mental illness and identified several cognitive and knowledge-related factors that determine the semantic field and the implicit content of the social representation.

Table (1) shows the general results of the associative network along with the calculation of the polarity and neutrality index regarding the social representation of mental illness among doctors.

Table 1: General Results of the Associative Network

Rank	Elements	Frequency (1+2+3)	Frequency (1)	Frequency (2)	Frequency (3)	Salience	Polarity Index	Salience Index
1	Madness	8	2	2	4	0.87	-0.12	0.57
2	Violence	8	3	2	3	0.75	0.37	0.75
3	Psychiatric hospital	7	2	2	3	0.71	0	-0.14
4	Medication	8	2	2	4	0.62	-0.37	-0.25
5	Shock therapy	8	1	2	5	0.6	0.2	0.2
6	Loss of control	7	2	2	3	0.5	0.25	-0.5
7	Genetic factor	9	1	2	6	0.33	-0.44	0.25
8	Internal conflict	8	3	2	3	0.25	-0.25	0.25
9	Childhood trauma	8	3	0	5	0.25	-0.25	-0.25
10	Spiritual factor	10	2	3	5	0.4	0.4	-0.6
11	Weak personality	11	5	1	5	0.1	-0.81	0.81
12	Lack of social support	11	3	4	4	-0.9	-0.18	-0.18
13	Possession	8	3	1	4	-0.25	-1	-1
14	Witchcraft	8	2	1	5	-0.12	0.25	0.25
15	Family problems	8	3	0	5	-0.25	-0.25	-0.25
16	Weak faith	8	4	1	3	0.62	-0.25	-0.25
17	Evil eye	8	3	2	3	-0.25	-0.25	-0.25
18	Demonic possession	8	0	1	7	-0.75	-1	-1
19	Lack of awareness	8	1	3	4	0.36	0.81	0.81
20	Isolation	7	0	1	6	-0.71	-1	-1

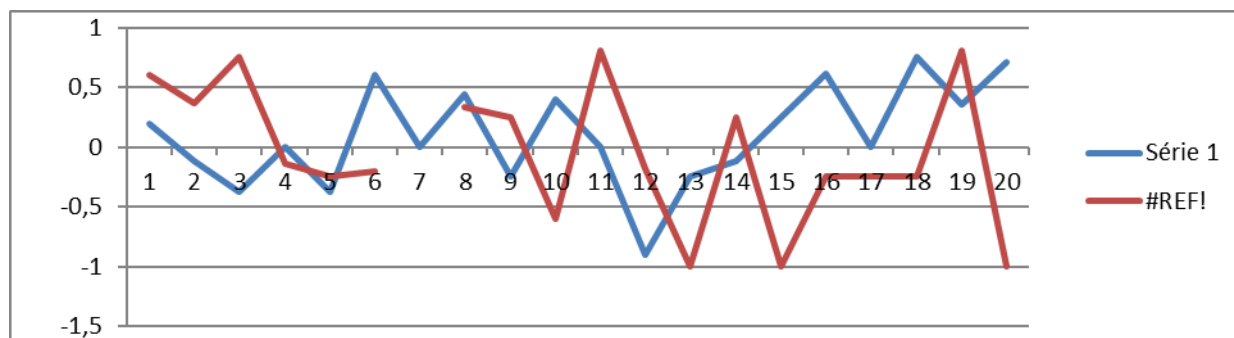


Figure (1): Related to the Polarity and Neutrality Index of the Social Representation of Mental Illness

Blue represents the Polarity Index

Red represents the Neutrality Index

On the horizontal axis, the number of cases is shown, and on the vertical axis, the specified levels of the polarity and neutrality indicators are shown. This step represents the second stage of analysis, which involves processing and interpreting the collected information from the associative network on the social representation of mental illness among doctors.

Second : The Peripheral Core of the Social Representation of Mental Illness

Table (2): Shows the results of the prototypical analysis

No.	Dimension	(+) Count	(-) Count	Mean Distinction
1	Psychological Illness	45	1	8
2	Personal weakness	36	12	8
3	Psychological equipment	33	6	8
4	Shock	18	5	8
5	Violence	16	3	8
6	Loss of control and awareness	24	6	9
7	Hereditary and genetic factors	16	4	8
8	Lack of social support	16	4	8
9	Possession and supernatural powers	21	6	10
10	Social stigma and rejection	24	3	12
11	Weak personality and will	21	3	10
12	Spiritual and religious reasons	18	4	10
13	Witchcraft and envy	20	8	16
14	Isolation	15	0	30

The data presented in the table highlight the distribution of physicians' responses regarding the implicit components shaping their social representations of mental illness. The figures suggest that participants' views are not homogeneous ; rather, they reveal a combination of influences stemming both from cultural beliefs and from academic training.

It is noteworthy that the largest proportion of responses points toward cultural determinants. This indicates that despite their medical education, general practitioners remain strongly influenced by the values, traditions, and shared understandings of their social environment. Such findings underline the persistence of popular culture in shaping professional perceptions, even within a highly specialized field like medicine.

At the same time, a considerable percentage of responses reflect the impact of academic and scientific knowledge. This demonstrates that formal training provides an essential framework for interpreting mental illness, offering physicians more structured and clinically oriented perspectives. However, the fact that cultural representations continue to coexist with scientific interpretations suggests a dual framework : doctors interpret mental illness both through professional knowledge and through cultural narratives they have internalized during the process of socialization.

Overall, the results emphasize the complexity of social representations. They are neither purely scientific nor entirely cultural ; instead, they function as a hybrid system where knowledge, beliefs, and experiences interact. This duality explains why physicians may sometimes rely on cultural stereotypes when dealing with patients, while in other cases, they resort to scientific reasoning.

Second : Analysis of Study Results and Discussion in Light of the Hypotheses :

Moscovici suggests that social representations can be analyzed based on three dimensions : information, representation field, and direction(Moscovici, 1992, p. 253)

Information : The relational network technique revealed the amount of information the sample had about mental illness, which represents their perceptions. These perceptions are similar in both quality and quantity, with a total of 176 words describing mental illness (its definition, causes, symptoms, etc.), generally without delving into scientific, psychological, or social details that lead to the illness.

Direction :(Attitude) : Direction is defined as positive or negative toward the perceived subject. According to the results of Table 3, related to the overall relational network results, and based on the polarity index that ranges between (-0.4, +0.4), this indicates that most positive and negative words are close around mental illness, with positive words accounting for 40.90% and negative words accounting for 33.52%. This shows that the positive and negative words account for 74.42% of the total 176 related words. Hence, the content and essence of the representation in the "*sample*" have relatively similar positive and negative aspects.

The hierarchical structure of the information derived from the relational network results mainly revolves around considering mental illness as: loss of responsibility, loss of future, social dilemma, and a dangerous disease.

These representations carried by the "*sample*" regarding mental illness are pieces of information that are shared by common sense. They view mental illness as it is perceived by society, influenced by the prevailing popular culture, far removed from the academic perception. Thus, we can infer the influence of society's culture and traditions on the individual. This is confirmed by Moscovici, who described social representations as the link between the individual and society, even though each society has its own system of customs and traditions. (Moscovici, 1992, p. 368)

In other words, the "*sample*" removed the excess meanings attached to the social representation of mental illness through the mechanism of clarification, and thus developed a folk perception.

Mental illness, as perceived today, is a new phenomenon in the social system, unfamiliar and unknown. This prompted the sample to search for a comparable model to make it familiar, relating mental illness to dangerous disease, loss of responsibility, social dilemma, loss of future—all

representations far removed from the academic perception of the "doctors." Thus, the representations reflect the explanation of popular culture, a pre-existing social representation.

The new social acceptance of mental illness and the adaptation to the unfamiliar aligns with the mechanism of entrenchment, which requires reinforcing traditional frameworks (popular culture) reflected in loss of responsibility, dangerous disease, loss of future, social dilemma.

This mode of thinking is characterized by memory, the dominance of prevailing positions through general mechanisms such as classification, coding, naming, and discriminatory procedures, which follow a specific logic and exclude the cognitive social mechanisms that work in social thinking to elevate societal knowledge. Through these mechanisms, society is influenced and changed, rather than being merely affected by it, as observed in the perceptions of the sample of doctors, who represent the intellectual class of society.

As observed from the study results, the neutrality index is weak, as it ranges between (-1, -0.25). This indicates that a small number of words have a neutral connotation, suggesting that neutral related words represent 25.56% of the total 176 words in the relational network. This weak neutrality explains the stereotypical responses of the sample, meaning that all individuals in the sample view mental illness with a relatively close balance between negativity and positivity, which is reflected in the graph related to the neutrality index in the relational network.

Thus, the first hypothesis was confirmed : social representations of mental illness are shaped by popular culture. The second hypothesis, which posits that social representations of mental illness among doctors are shaped by their academic background, was also confirmed but with varying degrees depending on the composition of the social representation elements.

Social representations reflecting popular culture were found in all elements of its composition, while social representations arising from their academic formation with a scientific interpretation were found only in surrounding and contradictory elements, absent from the core.

In light of the realization of both operational hypotheses, namely the existence of both social representations (popular culture interpretation, academic training 'scientific interpretation') in shaping the representation of mental illness, through the composition of social representation elements based on the previously mentioned statistical analyses, we can attribute the nature of the social representations of mental illness among doctors to be more influenced by the social representations of popular culture than their academic background, which represents the scientific explanation. This indicates that the individual does not build their perception out of nothing but refers back to the knowledge acquired from their society. The individual constructs their perception of reality from the information and experiences gathered through their senses, which remain ingrained in their memory and help them adapt, interact, and deal with others.

questions the world asks of us.

Conclusion :

Based on the above, it is clear that social representations emerge in various and somewhat complex forms. They are images that reveal a set of meanings or reference frameworks that allow the translation of what is happening. Or they are categories that help classify the circumstances, phenomena, and individuals we deal with. They are also theories that enable judgment-forms of

translation and thinking that reflect our reality today and represent a form of social knowledge. Social representation lies between psychology and sociology; it primarily concerns the way social subjects and the data surrounding us are perceived, the information circulating, and the individuals involved. In short, it is 'naive knowledge' or 'common sense,' which social sciences have traditionally referred to as "common-sense knowledge," or natural thinking, as opposed to scientific thinking.

This knowledge is formed through our experiences, information, knowledge, and thinking patterns that we receive and accept through traditions, education, and social communication. Its main goal, in all its manifestations, is to control our environment, understand and interpret events and ideas that constitute our world, and affect it and others, determining our position in it and answering the questions the world asks of us.

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