

## THE IMAGE OF PSYCHOLOGY AS A HEALTH PROFESSION AMONG THE GENERAL POPULATION

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*This study explores the perception among the general population about psychologists as health professionals. Telephone surveys were used to assess opinions in a sample of 1562 people from all over Spain. An opinion questionnaire was employed to evaluate respondents' perceptions of the psychologist's competencies, as well as the attention received from mental health professionals and the utility of the services they offer. The data were analyzed by sex, occupation and age. The results reflect a favourable view in relation to Psychology as a health profession, with a clear preference for psychologists over psychiatrists to deal with emotional problems and disaster or emergency situations in all the variables. These data represent a valuable contribution to knowledge about perceptions of the psychologist as a health professional.*

*En este estudio se evalúa la percepción de la población general sobre el psicólogo como profesional vinculado a la salud. Se trata de un estudio de poblaciones mediante encuestas telefónicas a una muestra de 1.562 personas de las diferentes provincias españolas. Se empleó un cuestionario de opinión para evaluar la percepción de las competencias del psicólogo y las asistencias y demanda de los profesionales de la salud mental. Los resultados, analizados según las variables de sexo, profesión y edad, reflejaron una posición muy favorable al carácter sanitario de la profesión del psicólogo. Se manifestó una clara preferencia por los psicólogos para abordar situaciones emocionales, catástrofes o emergencias en todas las variables mencionadas. Los datos suponen una aportación útil y valiosa acerca de la percepción del Psicólogo como profesional sanitario.*

The progress made by Spanish Psychology in the last thirty years has been considerable. Among the most important developments have been the incorporation of psychologists in different work contexts, especially that of healthcare (Seoane, 2005), and the increased importance of their role in society in general. Today, no-one is surprised to find the psychologist involved in a wide range of settings: private practices, hospitals, schools, companies, disaster situations, and so on; thus, for example, the important work carried out by teams of psychologists in the wake of the March 11th terrorist attacks in Madrid in 2004 did not seem at all out of place to the general public (Lillo de la Cruz et al., 2004). However, studies focusing on the public image of psychologists are few in number, at least in Spain, probably due to the relative youth of the discipline. Moreover, the majority of such studies use biased samples, and many concentrate on the clinical dimension of Psychology, comparing it with other health disciplines (Cabrero, Richard & Sancho, 1988; Dollinger & Thelen, 1978; Hidalgo, Nicolás & Yllá

1991; Murray, 1962; Nunnally & Kittross, 1958; Small & Gault, 1975; Tallent & Reiss, 1959; Thumin & Zebelman, 1962; Webb, 1985; Wood, Jones & Benjamin, 1986). Over the last 20 years, studies on the image of Psychology among the general population have been carried out in many countries, including the United States (Faberman, 1997; Janda, England, Lovejoy & Drury, 1998; Rose, 2003; Schindler, Berren, Mo, Beigel & Santiago, 1987; Wood et al., 1986), Austria (Friedlmayer & Rössler, 1995), Finland (Montin, 1995), France (Freixa i Baqué, 1984, 1985), Norway (Christiansen, 1986), Israel (Raviv & Weiner, 1995), Australia (Hartwig & Delin, 2003), Argentina (Sans de Uhandt, Rovella & Barbenza, 1997) and South Africa (Stones, 1996).

Among the studies on attitudes and opinions of the general public towards Psychology in English-speaking populations, one of the most important is the meta-analysis of 60 studies published between 1948 and 1995 by Von Sydow and Reimer (1998), which analyzes attitudes towards psychotherapists. Some relevant conclusions can be drawn from this comprehensive review. Thus, it emerges that, in general, mental health professionals are held in fairly high esteem, but to a lesser extent than medical professionals, and that recognition of different

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types of psychotherapists differs between cultural contexts. For example, while in the United States in the 1970s clinical psychologists were attributed a high status, in Germany and Australia psychiatrists had more prestige. Likewise, the differences perceived between the activities of these two types of professional were not very clear in early studies on public opinion, though this has changed over the years, with most respondents in later surveys perceiving that the psychologist deals with non-serious psychological problems and applies tests, whilst the psychiatrist's job involves the treatment of serious mental disorders using psychoactive drugs; even so, in the most recent studies there is a tendency to view the psychologist as also equipped to deal with the latter type of disorder. Although in general no correlations are found between gender and attitudes towards psychologists, some of the reviewed studies suggest that women have a more positive image of these professionals than men. Finally, among children and young people the image of health professionals has improved over the years, though the elderly remain more sceptical.

Given that the objective of the present study is to analyze the image of the Spanish psychologist, it makes sense to begin with a review of studies of this type carried out in Spain. The most comprehensive of the works published to date on the image of the psychologist among the Spanish general population is that of Berenguer and Quintanilla (1994), which we shall describe in some detail. However, it is also worth mentioning some studies published prior to that report, in the 1980s and early 90s. Thus, Berenguer, Díaz and Quintanilla (1982) assessed data from the general population on their opinion of Psychology in a sample of 94 people, while some years later Hidalgo et al. (1991) carried out a similar study, extending their research to cover the image of both Psychology and the psychologist, in a sample of 400 residents in the Basque province of Vizcaya. A different approach was taken by Cabrero et al. (1988), who analyzed the comparison between Psychology, Medicine and Nursing made by a sample of 19 nurses. As it can be seen, these works display the common problem of small number of participants and specificity of sample.

Among the first serious studies of the image of Psychology among the general population in Spain, notable for its sample size, is that of Seisdedos (1983), who analyzed the utility attributed to Psychology by the general

population in a sample of 1076 people (military, professionals and schoolchildren). The results revealed that just 8.45% of those in the survey showed some degree of disagreement with the utility of Psychology, and that almost half thought it useful. As regards different sectors of the population, support for the utility of psychological science was found to be lower among older respondents, those of lower professional or employment status and those with poorer education, while women showed a more favourable attitude towards the utility of Psychology than men. Nevertheless, it was also found in this survey that positive opinion towards the utility of Psychology showed some association with belief in occult sciences.

As mentioned above, the most complete survey up to now on Psychology's image among the general population was carried out by Berenguer and Quintanilla (1994), who studied a representative sample of 1523 participants (795 women and 728 men) aged between 19 and 69. Although in general their knowledge about Psychology and psychologists was adequate, the survey showed their ignorance of certain areas of Psychology, as well as some confusion between Psychology and related disciplines, such as Psychiatry (for example, 37% thought psychologists could prescribe drugs), Sociology (83.5% thought it necessary for psychologists to have some knowledge of this discipline) or Education Science (74.3% considered it relevant to a psychologist's training). It is also noteworthy that 16.8% of those in the survey thought it possible to be a practising psychologist without a university degree in the discipline.

An apparent improvement in the public perception of psychologists, with respect to the findings of Seisdedos (1983) a decade earlier, is that very few respondents associated them with "unscientific" activities, such as drawing up astral charts or reading palms. Nevertheless, surprisingly, more than a third of the sample still thought parapsychology and graphology were necessary areas of knowledge for a practising psychologist. As regards the activities of these professionals, the majority of the sample identified psychologists with the diagnosis of emotional problems (87.1%), the application of tests (85.3%), psychotherapy (71.9%) and relaxation (66.2%), establishing an eminently clinical profile for them. The second major area of activity for psychologists, in the opinion of those surveyed, would be in the school context, with 73.2% of respondents associating them with vocational and career interviewing. The third major pro-

file identified was that of the “work and organizational” psychologist (more than 50% cited among psychologists’ tasks those of personnel selection, consultancy for companies and the organization of training courses); finally, respondents recognized the psychologist’s role in the field of road safety (43.6%). Also assessed in the 1994 study were possible similarities and differences between the social recognition of psychologists and comparable professionals, namely, social workers, economists, schoolteachers, doctors, education workers, psychiatrists and priests. Of these professionals, doctors were assigned the highest prestige and social recognition, and social workers the lowest, the psychologist being situated in an intermediate position, similar to that of the psychiatrist.

As regards participants’ personal experience with psychologists, 21% had had some kind of contact with a member of the profession, the majority of such contact occurring within a clinical and/or educational context, underlining once more that these are the two areas with most social relevance. In 63.7% of cases the duration of the professional relationship was less than six months. Among those that had had direct experience with a psychologist, level of satisfaction with their work was high, and rating of their personal characteristics (language, intelligence and appearance) quite positive. In sum, since the consolidation of Psychology as a university discipline during the 1980s, its image and that of psychologists among the general population has improved over time, though there are still important biases and considerable ignorance of many of the tasks these professionals are qualified to carry out (Berenguer & Quintanilla, 1994).

Among the research in this area carried out since 1994, one of the most important studies is that of Yllá and Hidalgo (2003), who analyzed the differences perceived by the general population between psychologists and psychiatrists, using a sample of 400 participants aged 16 to 65. Despite the fact that the entire sample was recruited in the province of Vizcaya, the conclusions drawn from this work are interesting in that they provide an up-to-date idea of the psychologist’s image among the public in general. The results suggest that, in case of need, people with lower social status are more likely to consult a psychologist than those from higher social classes. As far as age is concerned, younger people identify more readily with the work of the psychologist than with that of the psychiatrist, and by gender, women

show more preference than men for psychological treatment over medical treatment. In general, the psychiatrist is attributed a medical role (treatment of mental disorders and possibility of prescribing drugs), while the psychologist is associated with behavioural disorders and everyday life problems. Another important finding is that those who report having used the services of a psychologist consider their work to be of great value, indicating that these professionals are obtaining social recognition. The authors conclude that knowledge about psychologists and acceptance of their role have both increased significantly, and that they are in fact gaining ground on psychiatrists.

The present study, taking into account previous findings, aims to provide a more comprehensive picture of Psychology’s image among the general population in Spain, with a large sample of participants from all parts of the country, and using a data-collection instrument that will enable us to considerably improve upon current knowledge in this field, particularly in relation to the general public’s perception of the psychologist as a health-related professional.

## METHOD

### Participants

The 1562 people (70% women and 30% men) participating in the study came from a variety of Spanish provinces. Age range of the sample was 18 to 94, with a mean of 47.13 and a standard deviation of 17.31. Participants were recruited from among the general population, in accordance with the protocol described in the Procedure section.

### Instruments

Data for this study was collected by means of an *Opinion questionnaire on the competencies of the psychologist*, designed by the authors specifically for this research, and which comprised four parts. The first part evaluates the opinion of the general public on the psychologist’s capacity for preventing, diagnosing and treating clinical problems of an emotional and “mental” nature and providing legal and forensic advice and assessment. Participants are also asked in this part about the degree of similarity between the work of the psychologist and the psychiatrist, whether there should be psychologists in all hospitals, and whether Psychology can help to improve people’s health. Response format for this first part is: yes,

no, don't know. The second part of the questionnaire refers to whether the person has ever seen a psychologist and/or psychiatrist, and whether this helped them to resolve their problem. Answer format is yes or no. In the third part, respondents are asked about their predilection for seeing a psychologist and/or psychiatrist for an emotional problem. They are also asked about the utility of psychologists and psychiatrists in disaster or emergency situations. Response options are: psychologist, psychiatrist, both, neither, and don't know. The question in the fourth part concerns whether the psychologist should be considered as a health professional. Finally, the questionnaire requests data on age, sex, occupation and place of residence. As regards the internal consistency of the instrument, the  $\alpha$  value is 0.65.

### Design

This is a study of populations by means of questionnaires according to the classification proposed by Montero and León (2005). In writing the article we have followed, as closely as possible, the norms drawn up by Ramos-Álvarez and Catena (2004).

### Procedure

First of all we collected information on population figures for all Spanish provinces. The figures refer to 1st January 2003, and were obtained from the website of the National Institute of Statistics (2004). The number of surveys per province to be obtained was calculated from the population data. Telephone numbers were taken from the website of *Telefónica* (the Spanish national telephone company). In order to show telephone numbers it was necessary to enter at least a first name and a province. We therefore selected a series of first names at random, entering each one with the name of a province. On doing so, the website provided the first 50 numbers corresponding to this data, so that after each 50 numbers it was necessary to input a new first name until the quota of interviews for that province was completed. We made a note of the names used for each province so as to avoid the risk of calling the same number twice. When a call was answered, the person was asked to participate in the study and given some brief information about the research and how to reply to the questionnaire items. All those who answered the phone were given the same information and instructions. If the person agreed to collaborate, the interviewer read each item from the

questionnaire and entered the responses in a computerized database.

Data collection took place during the months of May and June 2005. Calls were made from a laboratory at the Psychology Faculty in the University of Granada, where the researchers were able to use the computers to select the telephone numbers from the *Telefónica* website and enter participants' responses to the questionnaire in the database. Interviewers were four researchers specially trained in telephone interviewing, working in shifts. Calls were made from Monday to Friday between 9 am and 2 pm and from 4 pm to 10 pm, in order to reach as wide a variety as possible in terms of age, sex and occupation. Finally, it should be mentioned that it was impossible to make calls to the province of Lérida, as these numbers were unavailable on the *Telefónica* website. An eventual total of 1562 completed questionnaires was obtained.

### Results and Conclusions

The results obtained both for opinions about Psychology as a health profession and for the other aspects relevant to the study objectives are presented below in accordance with sex, occupation and age range of the participants. Tables 1 and 2 show the principal descriptive data for the sample of the general public employed.

As regards the opinion of the sample about Psychology as a health profession by sex, Table 3 shows the percentages of favourable and unfavourable responses to the items on the opinion questionnaire. As it can be seen, for all the questions, and for both men and women, the percentages are highly favourable to the consideration of Psychology as a health profession, with a general consensus between the two sexes. The only question where the result was markedly less favourable was number 6 (*Do you think the work of the psychiatrist and the psychologist is similar?*), this being the case for both women and men (see Table 3).

However, while the differences by gender, according to the data in Table 3, do not appear to be great, an analysis of participants' total scores reveals that the differences are indeed significant (see Table 10), the women's mean scores being higher (7.24, as against 6.95 for men).

Furthermore, we collected data on participants' visits to psychologists and psychiatrists, also recording the figures for each sex separately (see Table 4). It was found, first of all, that both men and women visit psychologists more

than psychiatrists, and that perception of the problem having been solved was higher in the case of attention from a psychologist than in that of attention from a psychiatrist, also for both women and men.

Finally, both men and women clearly prefer to visit a

**TABLE 1**  
**DISTRIBUTION OF THE SAMPLE OF GENERAL POPULATION BY PROVINCE**

Province	Frequency	Percentage	Province	Frequency	Percentage
La Coruña	42	2.7	La Rioja	13	0.8
Álava	12	0.8	Las Palmas	38	2.4
Albacete	17	1.1	León	20	1.3
Alicante	59	3.8	Lugo	16	1.0
Almería	22	1.4	Madrid	184	11.7
Asturias	40	2.5	Málaga	48	3.1
Ávila	11	0.7	Melilla	3	0.2
Badajoz	13	0.8	Murcia	47	3.0
Baleares	36	2.3	Navarra	23	1.5
Barcelona	180	11.5	Orense	16	1.0
Burgos	16	1.0	Palencia	8	0.5
Cáceres	16	1.0	Pontevedra	34	2.2
Cádiz	43	2.7	Salamanca	14	0.9
Cantabria	22	1.4	Segovia	7	0.4
Castellón	18	1.1	Sevilla	60	3.8
Ceuta	3	0.2	Soria	4	0.3
Ciudad Real	19	1.2	Tarragona	26	1.7
Córdoba	29	1.8	Tenerife	34	2.2
Cuenca	9	0.6	Teruel	6	0.4
Girona	27	1.7	Toledo	21	1.3
Granada	31	2.0	Valencia	74	4.7
Guadalajara	10	0.6	Valladolid	20	1.3
Guipúzcoa	32	2.0	Vizcaya	43	2.7
Huelva	19	1.2	Zamora	9	0.6
Huesca	10	0.6	Zaragoza	34	2.2
Jaén	24	1.5	Total	1562	100

NOTE: It was not possible to make calls to Lérida as the numbers for this province were not available on the Telefónica website.

**TABLE 2**  
**DISTRIBUTION OF THE GENERAL POPULATION SAMPLE BY SEX, OCCUPATION AND AGE**

Sex	N	Occupation	N	Age range	N
Women	1.094	Professionals/Employees	768	18-37 years	534
		Homemakers	453	8-56 years	517
Men	468	Retired people	190	57-75 years	418
		Students	120	76-94 years	91
		Unemployed	28		

NOTE: The shortfall in cases from the total of 1562 participants in the occupation and age range variables is due to the omission of this data by respondents.

psychologist than a psychiatrist for the case of an emotional problem, and consider the former more useful than the latter in disaster or emergency situations, as the figures in Table 5 show.

With regard to the analysis by occupation, in all five groups considered (homemakers [“housewives”], retired people, unemployed, professionals/employees and students), scores showed favourable opinions about Psychology as a health profession, and this is the case for all the questionnaire items (see Table 6). Only in the case of question 6 (*Do you think the work of the psychiatrist and the psychologist is similar?*) were the percentages of favourable responses markedly lower, and this was the case across all five occupation groups examined.

The differences found by occupation in the responses to these questions were analyzed to reveal whether they were significant. For calculation of the total mean scores, a 0 was assigned to unfavourable responses about the health-related nature of Psychology (NO) and a 1 to favourable responses (YES). The response option DON’T KNOW was excluded due to the difficulty of correctly interpreting its meaning. In Table 10 it can be seen how, for the case of occupation, the differences between total mean scores are indeed significant, the highest scores (and therefore those most favourable to Psychology as a health profession) being found in the “homemakers” group, and the lowest in the “unemployed” group.

Table 7 shows interesting data on participants’ visits to psychologists and psychiatrists by occupation. Analysis of the data reveals that attention is sought from psychologists and psychiatrists in fairly equal measure among retired people and homemakers/housewives. For the case of professionals/employees, and even more so for that of students, there are considerable differences, with a marked preference in favour of psychologists.

As regards the preference for one type of professional or another in the case of a personal emotional problem and in that of a disaster situation (questions 13 and 14, see Table 8), percentages in favour of psychologists are clearly higher in all cases.

As far as the different age groups are concerned, percentages of responses favourable to Psychology as a health profession (see Table 9) are higher in all the groups, compared to an unfavourable position, and markedly so. It is only in questions 6 and 7 where more

moderate scores are found (“Do you think the work of the psychiatrist and the psychologist is similar?” and “In your opinion, can a psychologist make expert assessment in the legal and forensic contexts?”).

Analysis of the differences in total mean scores by age groups confirmed the absence of significant differences (see Table 10).

With regard to visits to a psychologist or psychiatrist by age group, in all cases more participants had seen psychologists than psychiatrists, the 38 to 56 group being that which had most sought psychological attention (30.2%). It is also important to note the results for the

item about solution to the problem in question, in which high percentages of affirmative responses were obtained – over 50% in all cases, for both psychologists and psychiatrists (see Table 11).

Finally, with regard to the preference for one type of professional or another in cases of personal emotional problems and disaster or emergency situations (questions 13 and 14, see Table 12), by age group, for both situations preferences were clearly on the side of psychologists, with figures of over 50% in all cases (except the 76-94 group) in favour of the use of psychological rather than psychiatric services.

**TABLE 3**  
**PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES FROM PARTICIPANTS TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION, BY SEX**

Items	Women (%)		Men (%)	
	YES	NO	YES	NO
1. In your opinion, can psychologists help to prevent health problems?	84.7	6.8	85.2	7.5
2. From your point of view, are psychologists qualified to diagnose mental problems?	73.0	10.7	74.5	11.3
3. Do you think the psychologist is a professional who should be present in all hospitals?	95.9	1.6	92.3	5.1
4. In your opinion, are psychologists qualified to treat emotional and mental problems that affect health?	86.0	5.7	83.9	7.1
5. Do you think Psychology can help to improve people's health?	91.3	3.4	90.8	4.1
6. Do you think the work of the psychiatrist and the psychologist is similar?	57.5	28.8	55.0	32.3
7. In your opinion, can a psychologist make expert assessment in the legal and forensic contexts?	67.1	10.9	68.7	13.9
8. Finally, do you think psychologists should be considered as health professionals?	93.7	3.6	89.5	5.8

\* The shortfall for 100% corresponds to the option DON'T KNOW.

**TABLE 4**  
**PERCENTAGES OF VISITS TO PSYCHOLOGIST AND PSYCHIATRIST, BY SEX**

Items	Women (%)		Men (%)	
	YES	NO	YES	NO
9. Have you ever been to see a psychologist?	27.3	72.7	22.9	77.1
10. Did they help you to solve your problem?	78.8	21.2	78.1	21.9
11. Have you ever been to see a psychiatrist?	16.5	83.5	13.3	86.7
12. Did they help you to solve your problem?	66.1	33.9	72.3	27.7

**TABLE 5**  
**PERCENTAGES\* OF RESPONSES ON PREFERENCE FOR PROFESSIONALS IN GIVEN SITUATIONS, BY SEX**

Items	Women (%)				Men (%)			
	Psychologist	Psychiatrist	Both	Neither	Psychologist	Psychiatrist	Both	Neither
13. If you had an emotional problem, who would you go to, a psychologist or a psychiatrist?	64.3	9.1	17.1	3.8	60.3	9.4	18.0	6.9
14. In disaster or emergency situations, who do you think is more useful: a psychologist or a psychiatrist?	55.4	9.9	29.0	1.8	58.9	9.4	24.8	2.4

\* The shortfall for 100% corresponds to the option DON'T KNOW.

**TABLE 6**  
**PERCENTAGES\* OF RESPONSES ON PSYCHOLOGY AS A HEALTH PROFESSION, BY OCCUPATION**

Items	Homemakers (%)		Retired people (%)		Unemployed (%)		Professionals/Employees (%)		Students (%)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. In your opinion, can psychologists help to prevent health problems?	85.9	4.4	84.2	5.3	82.1	3.6	84.4	8.9	85.8	8.3
2. From your point of view, are psychologists qualified to diagnose mental problems?	72.2	9.5	70.0	10.5	78.6	17.9	74.0	11.3	80.8	10.8
3. Do you think the psychologist is a professional who should be present in all hospitals?	97.1	0.0	93.2	3.2	92.9	7.1	94.7	3.4	90.0	6.7
4. In your opinion, are psychologists qualified to treat emotional and mental problems that affect health?	83.4	4.4	83.7	5.8	85.7	7.1	87.0	6.9	86.7	5.8
5. Do you think Psychology can help to improve people's health?	91.6	2.2	88.4	4.7	96.4	3.6	91.9	3.9	87.5	5.0
6. Do you think the work of the psychiatrist and the psychologist is similar?	67.1	16.6	66.3	24.2	50.0	35.7	50.9	37.2	42.5	40.0
7. In your opinion, can a psychologist make expert assessment in the legal and forensic contexts?	63.4	8.2	55.8	15.8	57.1	21.4	73.8	11.7	65.8	15.8
8. Finally, do you think psychologists should be considered as health professionals?	95.8	2.2	93.2	4.7	96.4	3.6	91.0	5.1	86.7	5.8

\* The shortfall for 100% corresponds to the option DON'T KNOW

**TABLE 7**  
**PERCENTAGES OF VISITS TO PSYCHOLOGIST AND PSYCHIATRIST, BY OCCUPATION**

Items	Homemakers (%)		Retired people (%)		Unemployed (%)		Professionals/Employees (%)		Students (%)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
9. Have you ever been to see a psychologist?	24.8	75.2	17.4	82.6	28.6	71.4	29.1	70.9	24.2	75.8
10. Did they help you to solve your problem?	79.3	20.7	78.8	21.2	75.0	25.0	76.5	23.5	93.1	6.9
11. Have you ever been to see a psychiatrist?	19.0	81.0	16.8	83.2	21.4	78.6	14.6	85.4	4.2	95.8
12. Did they help you to solve your problem?	69.3	30.7	78.8	21.2	50.0	50.0	64.1	35.9	66.7	33.3

**TABLE 8**  
**PERCENTAGES\* OF RESPONSES ON PREFERENCE FOR PROFESSIONALS IN GIVEN SITUATIONS, BY OCCUPATION**

Items	Homemakers (%)				Retired people (%)				Unemployed (%)				Professionals/Employees (%)				Students (%)			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
13. If you had an emotional problem, who would you go to, a psychologist or a psychiatrist?	58.7	10.2	21.2	2.6	48.4	14.7	21.1	8.9	75.0	0	7.1	14.3	66.7	8.2	15.4	5.1	77.5	5.0	12.5	0.8
14. In disaster or emergency situations, who do you think is more useful: a psychologist or a psychiatrist?	56.3	9.9	25.8	1.8	51.6	14.2	26.8	4.2	53.6	17.9	25.0	0	59.4	7.0	28.9	1.8	46.7	17.5	29.2	0.8

1= Psychologist; 2= Psychiatrist; 3= Both; 4= Neither.  
\* The shortfall for 100% corresponds to the option DON'T KNOW.

**TABLE 9**  
**PERCENTAGES\* OF FAVOURABLE AND UNFAVOURABLE RESPONSES TOWARDS PSYCHOLOGY AS A HEALTH PROFESSION, BY AGE GROUP**

Items	18-37 years (%)		38-56 years (%)		57-75 years (%)		76-94 years (%)	
	YES	NO	YES	NO	YES	NO	YES	NO
1. In your opinion, can psychologists help to prevent health problems?	86.0	8.4	85.1	7.0	83.5	6.0	83.5	3.3
2. From your point of view, are psychologists qualified to diagnose mental problems?	78.5	10.1	72.9	9.7	69.4	14.6	65.9	5.5
3. Do you think the psychologist is a professional who should be present in all hospitals?	94.4	3.7	96.3	1.9	93.8	2.6	93.4	1.1
4. In your opinion, are psychologists qualified to treat emotional and mental problems that affect health?	87.1	6.2	86.3	5.6	83.0	6.9	81.3	4.4
5. Do you think Psychology can help to improve people's health?	91.0	3.9	93.4	2.9	89.0	4.5	89.0	1.1
6. Do you think the work of the psychiatrist and the psychologist is similar?	48.3	35.8	55.7	32.5	67.0	23.2	64.8	11.0
7. In your opinion, can a psychologist make expert assessment in the legal and forensic contexts?	69.9	12.5	75.4	9.3	58.4	14.6	51.6	8.8
8. Por último, ¿cree usted que el psicólogo debe ser considerado profesional sanitario?	89.3	6.0	95.4	2.3	93.3	4.3	90.1	4.4

\* The shortfall for 100% corresponds to the option DON'T KNOW.

**TABLE 10**  
TOTAL SCORES FOR PSYCHOLOGY AS A HEALTH PROFESSION, BY SEX,  
OCCUPATION AND AGE GROUP

Sex (F=8,87)*				Occupation (F=4,77)**										Age range (F= 2,24)							
Women		Men		Homemakers		Retired people		Unemployed /Employees		Professionals		Students		1		2		3		4	
Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
7.24	1.13	6.95	1.50	7.44	0.97	7.25	1.33	6.60	2.06	7.03	1.31	7.05	1.20	7.02	1.23	7.22	1.25	7.17	1.36	7.54	0.84

\*p<0.01; \*\*p<0.001  
SD = Standard deviation  
Retd.: Retired people  
Unempld. = Unemployed  
1= 18-37 years; 2= 38-56 years; 3= 57-75 years; 4= 76-94 years.

**TABLE 11**  
PERCENTAGES OF VISITS TO PSYCHOLOGIST AND PSYCHIATRIST,  
BY AGE GROUP

Items	18-37 years (%)		38-56 years (%)		57-75 years (%)		76-94 years (%)	
	YES	NO	YES	NO	YES	NO	YES	NO
9. Have you ever been to see a psychologist?	26.8	73.2	30.2	69.8	22.8	77.2	11.0	89.0
10. Did they help you to solve your problem?	78.7	21.3	77.1	22.9	79.8	20.2	88.9	11.1
11. Have you ever been to see a psychiatrist?	9.4	90.6	20.1	79.9	19.6	80.4	5.5	94.5
12. Did they help you to solve your problem?	52.8	47.2	67.3	32.7	76.8	23.2	100	0

**TABLE 12**  
PERCENTAGES\* OF RESPONSES ON PREFERENCE FOR PROFESSIONALS  
IN GIVEN SITUATIONS, BY AGE GROUP

Items	18-37 years (%)				38-56 years (%)				57-75 years (%)				76-94 years (%)			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
13. If you had an emotional problem, who would you go to, a psychologist or a psychiatrist?	75.9	4.9	11.3	4.9	61.3	9.9	19.5	3.7	54.5	12.2	20.1	6.9	37.4	17.6	28.6	6.6
14. In disaster or emergency situations, who do you think is more useful: a psychologist or a psychiatrist?	55.6	13.1	26.0	1.1	60.0	5.6	29.8	1.7	56.9	10.8	24.2	3.1	38.5	8.8	4	

1= Psychologist; 2= Psychiatrist; 3= Both; 4= Neither.  
\* The shortfall for 100% corresponds to the option DON'T KNOW.

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