

THE SOCIO-ECONOMIC ASPECTS OF THE YOUTH MENTAL HEALTH IN BELGRADE IN THE CONTEXT OF STRATEGIC CULTURE

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Достављен: 22. 04. 2020

Језик рада: Енглески

Прихваћен: 12. 08. 2020

Тип рада: Оригинални научни рад

DOI број: 10.5937/vojdelo2004263S

The people's mental health is an important individual and social resource, especially in the modern Serbian society, which has great problems with demography. Without full mental health, a person is not aware of himself/herself and his/her abilities, and he/she cannot develop to his/her full capacity. Therefore, a person cannot contribute to his/her well-being, and also be a productive member of the social community. Mental health is the basis of well-being, both for individuals and a healthy society, as well as one of the sources of strategic culture. The awareness of the mental health problems of a nation, especially youth, is a segment of strategic culture. There are many factors that affect mental health, and three main ones that are closely intertwined and conditioned are biological, psychological and social factors. Only if we take into account the interaction of these three factors we can talk about mental disorder as a phenomenon in its totality.

The focus of this paper will be on one of the mentioned perspectives in the study of this phenomenon. The goal is to gain the insight into those social, sociological, economic and psychological factors that can have negative consequences for mental health, in this case the occurrence and development of neurotic disorders in the youth population in Belgrade. This paper will also present the data from the study conducted in 2013, which dealt with the socio-economic

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aspects of neurotic disorder in the youth population in Belgrade. The general goal was to define which economic and (or) social factors can influence the occurrence of this neurotic disorder. The results of the research have indicated that young people who suffer from this disorder are materially and psychologically dependent on their parents. In the families of the respondents, there is a strong psychological mutual connection, especially in the relationship between the respondent and his/her mother. When it comes to family members, mother is the main financial, moral and counseling support for the respondents. The psychological dependence on emotional objects of security is one of the important features of neurotic disorder, and in our country represents a typical pattern of behaviour, a culture-based relationship between parents and children.

Key words: strategic culture, youth, neurotic disorder, social factors, economic factors

Introduction

There are many definitions of mental health and mental disorder. There are narrower and broader definitions: those stipulated by law, generally valid, as well as a great number of them that result from different sciences. According to the 2009 Law on Public Health of the Republic of Serbia, health is defined as “a state of complete physical, mental and social well-being, not just the absence of disease or incapacity”, and mental health as “an integral part of individual health and well-being, as well as the health and well-being of the community, its development and restoration”¹. The World Health Organization has described mental health as “a state of well-being in which each person realizes his/her potential, is capable to cope with the stress of everyday life, can work productively and contribute to his/her social community”². Both definitions indicate the individual importance and the functional and general social importance of mental health.

In terminological sense, normality is often used as a synonym for mental health, and abnormality as a synonym for mental disorder. The term normality is particularly present in some earlier attempts to define mental health. By definition, normality is “a state in which there are no deviations from norms or the average”³. More precise definitions of mental health have resulted from the analysis of the overall psychological development of the human individual, human needs in a society and the possibilities for their satisfaction. In this paper, the terms mental health and mental disorder will be used, with the exception of

¹ Law on Public Health, “Official Gazette of RS”, No. 22/2009.

² Introductory provisions of the Statute of the World Health Organization.

³ Sulejman Hrnjica, *Zrela ličnost*, Zavod za udžbenike, Beograd, 2008, p. 29.

the definitions of the authors who prefer to use the term normal, as opposed to abnormal, actually talking about the same phenomenon. Different scientific definitions of mental health vary depending on scientific approaches: psychological, sociological, medical, theoretical definitions within the given approaches, as well as different aspects that the authors emphasize within this complex phenomenon. Good mental health is related to the capabilities of rational reasoning, purposeful actions, the capacity to establish interpersonal relationships and the fulfilment of one's potential. Impaired mental health refers to various mental disorders, that is, to the existence of specific symptoms that indicate some type of mental disorder. One of the psychological definitions of normality (mental health) is: "A normal person is the one who is free of symptoms, who is unhindered by mental conflicts and who has a good ability to work". Many authors believe that normality is a relative concept, that milder forms of neurotic symptoms can also be found in a normal person. The mentioned attitude was first advocated by Freud, and then by his followers. In this case, the difference between the normal and pathological is made on the basis of the following principle: "to love and work".⁴ Relying on Freud's teaching, many psychoanalysts continue to emphasize different psychological aspects of mental health as central: efficiency, capacity for love, basic security, etc. Erik Erikson, one of the representatives of ego psychology, believes that a healthy person should have a differentiated sense of identity, i.e. a clear idea of themselves⁵. Harry Stack Sullivan describes a healthy and mature personality as a person who is able to cope with anxiety, which he/she can only do if he/she has a well-developed and grounded sense of basic security. Existential psychologists consider anxiety an ontological characteristic of human being, deeply rooted in human existence. It is a symptom of the emotional, psychological and spiritual disintegration that has occurred in culture. Anxiety strikes at the core of the person's self-esteem and feeling of self-worth⁶. The psychoanalyst Ernest Jones considers efficiency to be the main determinant of normality, that is, mental health⁷. According to Jones, the main cause of the blockage of individual capabilities is internal conflicts. He believes that the presence of internal conflicts in a personality can be assessed on the basis of the evaluation of unrealised capabilities. The critics of this approach emphasize the importance of external factors for the development of individual capabilities, especially culture in which an individual grows up. Whether some capability will be realised or not depends on the personality itself, as well as on the society in which an individual grows up, family relationships, the dominant model of upbringing, socio-economic status, and all of this together can be stimulating or

⁴ Ernest Džons, *Život i delo Sigmunda Frojda*, knjiga 1-2, Matica srpska, Novi Sad, 1985, p. 37

⁵ Erikson, according to Hrnjica. Sulejman Hrnjica, *Zrela ličnost*, Zavod za udžbenike, 2008.

⁶ Harry Stack Sullivan, *Schizophrenia as a Human Process*, N.N. Norton, New York, 1974, p. 54.

⁷ Ernest Džons, *Život i delo Sigmunda Frojda*, book 1-2, Matica srpska, Novi Sad, 1985, p. 38

blocking for the development of individual potential. Fromm emphasizes two interrelated criteria when defining mental health. The first refers to the well-being of an individual, and the second to the well-being of a society. A mentally healthy person, on the one hand, should be capable of fulfilling his/her human potential, and, on the other hand, to fulfill his/her social role, that is, to participate in social reproduction. When defining mental health, Fromm starts from the point of view that "the pathology of an individual is related to the pathology of a society ... that the solution is in changing a society, not an individual".⁸ There are also special psychological approaches that highlight the role of stress in creating mental disorders. They define stress as "the result of physical, psychological or social pressure or their combination", and mental disorder as "a response to stress or pressure that a person is unable to overcome successfully". It is important to consider this type of approach because of special importance that stress takes on in the postmodern, urban lifestyle. The common thing for many authors, regardless of scientific orientation, is that they describe a mentally healthy personality as a person who is able to self-realize, that is, meet the needs for personal development. According to Abraham Maslow, "a healthy, normal personality is a self-actualized personality"⁹. Most authors believe that an individual can realize his/her potential only within the framework of a wider social community, and they point out the importance of external factors. Mental health can only approximately respond to what, at some moment, in a particular context, we consider to be mental health. The very concept of mental health has to evolve in a manner that humans and their reasoning systems evolve¹⁰. In the context of strategic culture, a correlation of interest in the mental health of population can be clearly noticed, with the youth population being particularly important.

The concept of strategic culture and mental health

The concept of strategic culture is derived from the concept of political (national) culture and its interaction with strategic studies understood as the totality of scientific knowledge and acquired skills and experience in preserving national values and fulfilling national interests. It is difficult to imagine a functional and effective long-term national strategy in any field of social life, especially the field of national security, which would not be based on the main values of national culture. It is about the factors of national culture that are related to security, such as self-awareness (how a nation perceives itself, i.e. the features of a national character, their planned regional and global roles, as well as the perception of their final destiny), values (the priorities

⁸ Erich Fromm, *Bekstvo od slobode*, Nolit, Beograd, 1983, p. 31.

⁹ Hol, I. Lindzi, *Teorije ličnosti*, Nolit, Beograd, 1983, p. 56.

¹⁰ Antoan Poro, *Enciklopedija psihijatrije*, Nolit, Beograd, 1990, p. 385.

of material and/or conceptual factors that have been chosen in relation to other options in the functional analysis of investment and benefit), rules (adopted and expected models of behaviour) and worldview (beliefs, true or false, as well as experiences or lack of experience in the way the world is viewed)¹¹.

The sources of strategic culture, according to Johnson, are numerous and diverse and range from geography and history, through ideology and legends, to the access to modern technology, education and health of population. It is the health of population, more specifically, the mental health of the young population in Serbia, viewed in the context of strategic culture, that represents the main research problem of this paper. We are witnessing very bad demographic indicators, the problem of the outflow of young and often educated population, which is often commented on as the lack of the value system of the Serbian society. It is clear that solving all the mentioned problems is related to the youth population, creating conditions for their stay in the country, personal affirmation and development into useful and happy members of the society. On the other hand, although being aware that these are very worrisome processes, whose solution obviously requires a systematic and long-term effort not only by state institutions, but by the entire society, there has been no continuous actions on this front.

The Strategy for Youth Development and Health in the Republic of Serbia, which was adopted in 2006, emphasizes that "the clinical experience and results of conducted research indicate great psychological suffering of the youth population. About 1/3 of the population of high school and university students belongs to the borderline and risky group, i.e. manifests signs of psychological suffering and mental problems and disorders and expresses the need for organized psychological and psychiatric support, that is, assistance. From year to year, the number of young people who have psychological problems or manifest some, for this age, specific psychopathology, is increasing"¹². Although the problems of the young population are well-recognized in the Strategy, not much progress has been made in its operationalization and fulfillment of the set goals, which is one of the characteristics of our strategic culture.

The factors of mental health

There are many factors that affect mental health, and three main, interrelated and conditioned ones are biological, psychological and social factors. Only if their interaction is taken into account we can talk about mental disorder as a phenomenon

¹¹ Jeannie L. Johnson, *Strategic Culture: Refining the Theoretical Construct*, US Defense Threat Reduction Agency, 2006, p. 15.

¹² Strategy for Youth Development and Health in the Republic of Serbia, 2006; <http://www.zdravlje.gov.rs/tmpmz-admin/downloads/zakoni1/Strategija%20Za%20Razvoj%20i%20Zdravlje%20Mladih.pdf>, accessed on December 21, 2019.

in its totality. In this regard, the paper considers social and economic factors that can have negative effects on the development of neurotic disorders in the youth population.

Biological factors of mental health refer to hereditary factors, specific genetics, bio-chemical processes in the brain structure and the functioning of the entire nervous system. A gene that transmits mental illness has not yet been found, but it has been proven that in families where one of the family members and/or relatives has suffered from some mental illness, the chances of its manifestation through next generations increase. A genetic predisposition to some mental illness is inherited, and whether it will manifest or not depends on the very structure of personality, the way in which the overall psychological and emotional development takes place, as well as on the external influences. These factors of mental health are mainly dealt with by medical sciences.

Psychological factors of mental health refer to comprehensive growth and development of personality. The personality development can be viewed through different stages of its development and followed through individual life periods: childhood, youth and adulthood. During special developmental stages, specific capabilities and capacities of personality are established, and potential conflicts also arise. The objective of each phase is to resolve internal conflicts in a successful way, thereby strengthening the capacities of personality. Parents play a key role in the personality development during childhood. In the dynamics of the parent-child relationship, the capability to give and receive love, the control of instincts and impulses, the capability to regulate anxiety, basic security, the capacity for decision-making, responsibility for one's actions, as well as the processes of adopting moral norms and adapting to environmental conditions, are developed. An adolescent asks himself/herself some of the crucial questions related to personal identity, such as: who am I, where do I belong, what do I want to be? Adolescence is a period of development that includes a series of biological, psychological and social changes in which the ultimate goal is the establishment of a clear, stable, more complete and final self-identity. It is the time of crisis, and also of challenges, a period of self-examination, sudden ups and downs, successes and failures. At a moment, an adolescent feels immense power, and inexplicable apprehension, fear and insecurity at the other. He/she makes an effort to reconcile his/her desires with the norms and limitations of the society in which he/she lives, re-examines his/her values and goals. Conflicts with parents particularly intensify in this period. The psychological separation from parents, establishing new emotional relationships out of family and gaining economic independence is one of the most important tasks in this period. According to most psychological definitions, adolescence includes the period of life from the age of 11 to 24, which is considered the transition from childhood to adulthood. However, the age limits and typical characteristics of the youth population tend to change depending on the socially recognized definition and defining of the meaning of youth in relation to the wider social context. The current phenomenon today is extended adolescence, which is related to the shifted limit of youth in our country.

Social and sociological factors of mental health can be divided into micro factors and macro factors, depending on the approach to this phenomenon. At micro-social level, mental health is primarily influenced by family, while the unit of consideration at macro level is the role of the entire social system in relation to mental health. The question arises in what way certain elements of the social system, by their influence, contribute or not contribute to the preservation and development of mental health in a society. Within the socio-economic aspects of mental health, it is possible to analyse the level of economic development in a country, general social standard and what impact it has on mental health; then the relationship between class affiliation and mental health, level of education and mental health, professional accomplishment and mental health. Cultural aspects of mental health refer to specific systems of reflection that prevail in a culture, such as a patriarchal value system or a democratic cultural pattern of thinking, behaving and acting. They form special value systems that are nurtured within family, which is particularly important in the education process. Different value systems influence the implementation of the education model, and two main ones are the authoritarian and democratic model of education. In addition to the analysis of the representation of these two models, it is also important to define the dominant parental figure, family relationships, the frequency of family conflicts and what impact all of this has on the individual mental health. In this context, it is also important to consider the degree of independence of an individual with a specific mental disorder or emotional attachment to the primary family, as well as the degree of the development of social relations and his/her general involvement in society.

Analysing primarily psychological, social and sociological factors of mental health from the aspect of strategic culture, it can be concluded that the specifics of the sociological, economic and cultural reality of the Serbian society in the last three decades do not provide conditions for optimism regarding the conditions for the development of young generations in Serbia. The dissolution of the former Yugoslavia, the recent wartime past, sanctions and transition have greatly devalued social values and complicated the already difficult period of adolescent personality maturation.

Definitions of neurotic disorder

Along with the development of civilization, the knowledge about the character and origin of neurotic disorders has also advanced. Many scientific models have been developing: organic, medical, psychodynamic, socio-cultural and others that have explained neuroses in different ways. Neurotic disorder was originally described by Hippocrates (4th century BC), who considered all mental disorders to be brain diseases. It was the basis of the so-called organic explanation of neuroses. William Cullen was the first, in 1769, to define neuroses as nervous diseases in which he included a set of symptoms that are today characteristic of very different diseases.

With the development of medicine, many of the disorders defined by Cullen have been classified into separate groups of neurological and autoimmune diseases, very different from psychological disorders. Since the 19th century, the concept of neurosis has been increasingly used to denote a disorder of nervous functioning of psychogenic origin, without organic pathology. Along with the development of the medical approach, the most innovative, alternative approach to mental disorders - psychoanalysis, as the first psychological theory of personality, has been also developing. Psychology itself as a science originated at the end of the 19th century.¹³

Impaired mental health refers to different types of mental disorders, that is, to the existence of specific groups of symptoms that define a specific type of mental disorder. The main characteristic of neurotic disorder is the constant presence of the experience of threat and insecurity in the world in which a person lives. The main reason for this is one's own negative feelings directed towards other people and things, which a person suppresses. This excessive suppression of negative thoughts and feelings produces internal conflict and anxiety, which is the other important feature of neurotic disorder. People with neurotic disorders, as well as mentally healthy people, defend themselves against anxiety with various psychological defence mechanisms¹⁴ that are based in some culture, and also in personality itself. Namely, different structures and organizations of personality have rather different, mature or less mature defence mechanisms. Neurotic conflicts, according to Freud, originate from early childhood, as a result of stagnation (fixation) at one of the stages of psychosexual development. This is the first, typical feature of neurotic disorder. Fixation on some developmental phase (oral, anal or phallus) occurs if parents meet the child's needs too much or too little and if they are too rigid or too lenient in their efforts. As a rule, they produce disorders in the basic character which, according to Freud, is shaped in the first five years of life. Freud came to these findings based on his experience working with adult patients, implementing psychoanalysis. "Their soul-searching has inevitably led them back to early childhood experiences, which have proved to be decisive for the development of neurosis later in life"¹⁵.

¹³ Dušan Kecmanović, *Psihijatrija*, Medicinska knjiga, Beograd-Zagreb, 1989, Poglavlje: Teorijski modeli neuroza.

¹⁴ Defence mechanisms are unconscious psychological manoeuvres by which a person defends himself/herself against anxiety arising from unacceptable impulses that threaten the self-image of a person. Freud was the first to deal with defence mechanisms, back in 1894, talking about suppression as a defence mechanism. He later developed, along with the process of his practice, other defence mechanisms, such as, for example, projection. In his later years, writing about culture, Freud said that the entire culture was created as a result of the most mature and productive defence mechanism, sublimation. His daughter Anna Freud published the book "Ego and the Mechanisms of Defence" in 1936, in which she covered the entire spectrum of defence mechanisms. Her special contribution is that she made the classification of defence mechanisms in relation to different personality organizations.

¹⁵ Hol, I. Lindzi, *Teorije ličnosti*, Nolit, Beograd, 1983, p. 67.

The other important characteristic of neurotics is the insufficiently developed, differentiated and integrated ego, which is unable to establish a balance between the id and super-ego. The central conflict with neurotics occurs between these three systems of personality and reality. A neurotic is unable to satisfy many needs without accompanying feelings of guilt or fear of social condemnation, i.e. condemnation of the super-ego. Insufficiently developed defence mechanisms are the third characteristic of neurotic disorder. Unresolved conflict is solved by a neurotic with suppression and, since it uses a great part of his/her mental energy, he/she is unable to function in a productive way.

The neo-Freudians respect Freud's personality theory, but not the position that all human actions and motives are defined exclusively biologically - by the need to satisfy instincts (primarily sexual), and that the source of neurotic conflict is exclusively in the inhibition of instinctual (sexual) impulses in one of the developmental stages. Karen Horney considers neurosis to be a result of internal conflicts that cannot be studied separately from culture and the very social context in which they arise. The problems of neurotic persons are "a result of the difficulties that exist in our time and culture"¹⁶.

Horney considered neurosis a result of internal conflicts that cannot be studied separately from culture and the social context in which they arise, and the problems of neurotic persons as "a result of the difficulties in our time and culture"¹⁷. "The main conflicts around which neurosis develops are practically always the same; these are the same conflicts that a healthy person of our culture is subjected to"¹⁸. In capitalist societies, one of the main principles is the principle of consumption, and the reality is that for most people meeting consumer needs is limited. This creates a constant disparity between individual desires and possibilities for their fulfillment, which is a typical characteristic of neurotic disorder.

Fromm advocates an even more radical criticism of the contemporary US society, advocating the thesis of its negative impact on mental health. Socially structured defects are found in the very essence of the capitalist system, in the sphere of interpersonal relationships, that is, the sphere of production relations, based on private ownership over the production means. As such, "they are not recognized as diseases, but as normal phenomena, since they are institutionalized, both in the structure of the existing society and in the structure of the desired 'social character'"¹⁹. The essence is in the distorted image of normality in which the personality of the modern Western man represents the prototype of a twisted social character.

The humanization of the world assumes that the material world is not imposed as something separate, alienated from man, but that it (the material world) should be a result of human activity. "This world is human world, and man, appropriating it to

¹⁶ Karen Hornaj, *Neurotična ličnost našeg doba*, Čigoja štampa, Beograd, 2004, p. 24.

¹⁷ Karen Hornaj, *Naši unutrašnji konflikti*, Čigoja štampa, Beograd, 2004, p. 24.

¹⁸ Ibid, p. 193.

¹⁹ Erih From, *Marksovo shvatanje čoveka*, Grafos, Beograd, 1980, p. 10.

himself - and this can be done by man freed from alienation - becomes spiritually enriched, becomes more versatile²⁰. On the basis of this Marxian conception of the real and true man, Fromm develops an analysis of social character, mental health and mental disorders.

According to Fromm, industrial society is a society in which work and production crowd out the human being with his/her authentic desires and concerns. It is "a greedy society" in which the sense of morality and solidarity disappears. The relationship between people in capitalism "acquires the feature of manipulation and instrumentality"²¹. All human actions are considered morally right if they bring profit and happiness itself acquires the meaning of striving for one's own profit. Competition, as one of the main driving forces of the capitalist market, destroys the traditional principle of solidarity. "Man is driven by the desire to overcome his competitor, and he ceases to be a goal for himself and becomes a tool of his, other people's or economic interests of large corporations. Everything is subjected to the principle of work, the accumulation of capital, which on the one hand objectively has a huge value for the progress of humanity (material prosperity), but subjectively contributes to man working for nonpersonal goals. In such a system, a person does not sell only a commodity, but himself/herself as a commodity, everything is subjected to the principle of utility. He trades his capabilities, and their value is decided by the market"²². "If the properties that a person possesses cannot be used", they become worthless, "just like goods that cannot be sold"²³. In such circumstances, self-esteem becomes dependent on the success of personality; otherwise, a decline into a feeling of inferiority occurs. The growth of external threats, primarily threats of unemployment and war, as well as the enormity of cities, as an important component of the capitalist society, according to Fromm, also provoke the feelings of insecurity, fear, impersonality and lesser value in an individual. However, an average person is not aware of these feelings that are characteristic of neuroses – the feelings of isolation and powerlessness. He "conceals the feelings of shyness and fear with usual activities, success at work, leisure, and seeks confidence in his private and social relationships"²⁴.

The establishment of identity in postmodern society

Identity is closely related to the belonging and identification of an individual with the society in which he/she lives. "The 'type of identity' postulated by society is reflected in the personal sphere. Personal identity or self-identity is defined as

²⁰ Adam Schaff, *Marksizam i ljudska jedinka*. Nolit, Beograd, 1967, pp. 123-124.

²¹ Erih From, *Zdravo društvo*, Rad, Beograd, 1983, p. 113.

²² Erih From, *Marksovo shvatanje čoveka*, Grafos, Beograd, 1980, pp. 103-104.

²³ Erih From, *Zdravo društvo*, Rad, Beograd, 1983, pp. 114-115.

²⁴ *Ibid*, p. 125.

'awareness of oneself' being different from all others. The origin of the meaning of this concept is found in the philosophy of the Western individualism²⁵. As an expression of personal autonomy, identity began to be used in the 19th century, with the development of modern, capitalist societies, because in traditional ones it was related exclusively to belonging to the kinship group. It was based on the principle of sameness and, as such, was attributed according to the system of identification with the kinship group. Only in the process of separating an individual from kinship ties and with the development of the idea of individualism, identity becomes a personal characteristic that finds other forms of identification in the modern world. The period of adolescence is taken as a constitutive phase in its development. "The main question that arises in relation to personal identity is: who am I, and it cannot be answered without first answering the question: where do I belong? The answer to this question is found in different forms of collective identities that represent the basis for the development of personal identity"²⁶. "Collective identity is a prerequisite for the process of individualization. Collective identity includes cultural identity, social identity, class and national identity and other forms of group identities. Social identity is constituted through state, as belonging to a certain society that encompasses all other particular collective identities"²⁷. Cultural identity is particularly important for the establishment of individual identity because through it individual needs and ways to meet them are created, attitude towards authority, concept of one's "I", experiences of conflicts and ways to resolve them - what is considered healthy, and what is considered sick²⁸.

Value patterns are the most important component of cultural identity. "Without value commitments, individuals and collectives could not define their place in the world and understand where they belong, and how they differ from others. Depending on whether the adopted values are "harmonized or confusing, or there is anomie, the coherence of cultural identity as reliable support for the establishment of personal identity will depend"²⁹. The author defines the crisis of collective and personal identity as "the disruption of the harmony of the constitutive elements of personality or the elements of the social structure, which disrupts the basis of the common feeling of belonging to a whole, disrupts the continuity of meaning and unity"³⁰. Researching the relationship and possible sources of the crisis of collective and personal identity in Serbia is inseparable from the analysis of the historical and

²⁵ Zagorka Golubović, *Ja i drugi: antropološka istraživanja individualnog i kolektivnog identiteta*, Vikom grafik, Beograd, 1999.

²⁶ Maja Stojimirović, Istraživanje socio-ekonomskih aspekata neurotičnog poremećaja u populaciji mladih u Beogradu, *Filozofski fakultet, Odeljenje za sociologiju*, Univerzitet u Beogradu, 2014.

²⁷ Zagorka Golubović, *Ja i drugi: antropološka istraživanja individualnog i kolektivnog identiteta*, Vikom grafik Beograd, 1999, p. 32.

²⁸ Ibid, p. 33.

²⁹ Ibid, p. 36.

³⁰ Ibid, p. 54.

social context itself, primarily the process of the post-socialist transformation³¹. As rather multidimensional process, the post-socialist transformation “at global level affects equally deeply the economic, political and cultural subsystem. Within everyday life, it penetrates into the living conditions of groups and individuals, redefines their relationships, changes behaviour, expectations of perspectives”³². The question arises as to how social changes in the period of the so-called unblocked transformation in Serbia affect the chances of young people to express themselves and develop self-identity?

In the vortex of changes, it is difficult for young people to enter the sphere of work, they are forced to work on temporary contracts, low-skilled young people have less and less chances to improve their social position, while educated people are not offered secure professional careers. Therefore, “young people are left without a long-term view of the future”³³. At value level, “rather ambivalent processes of the formation of value orientations, decline of traditionalism and authoritarianism, while maintaining nationalist and confusing liberal value orientations” are expressed³⁴. All the mentioned circumstances make individualization and, in this regard, the establishment of the identity of young people in Serbia difficult. The anomic context of the post-socialist transformation “causes great structural obstacles to the integration of young people into society”³⁵. The transition to adulthood is difficult and, in this regard, prolonged dependence on parents, the so-called phenomenon of extended adolescence is ongoing. Completion of education, housing independence and starting family are postponed. There is a noticeable lack of desire to explore self-identity, personal instability, lack of will to try different life possibilities, the prevailing feeling is that a person is between adolescence and adulthood³⁶.

“The parallel between modern and postmodern society is also important from the aspect of mental healthcare and the very transition from illness to health. While in modern societies healthcare was primarily the state responsibility, in postmodern societies healthcare becomes a matter of personal responsibility, everyone becomes responsible for their health, the healthcare system is deinstitutionalized”³⁷.

³¹ The post-socialist transformation, according to Mladen Lazić, is defined as the reintegration of Central and Eastern European countries into the capitalist (world) system, Lazić, 2005.

³² Mladen Lazić, *Promene i otpori: Srbija u transformacijskim procesima*, Filip Višnjić, Beograd, 2005, p. 28.

³³ Smiljka Tomanović, Suzana Ignjatović, *Mladi u tranziciji između porodice porekla i porodice opredeljenja*, CPA, Beograd, 2014, p. 18.

³⁴ Mladen Lazić, *Promene i otpori: Srbija u transformacijskim procesima*, Filip Višnjić, Beograd, 2005, p. 33.

³⁵ Smiljka Tomanović, Suzana Ignjatović, *Mladi u tranziciji između porodice porekla i porodice opredeljenja*, CPA, Beograd, 2014, p. 38.

³⁶ Tomanović Smiljka, Stanojević Dragan, Jarić Isidora, Mojić Dušan, Dragišić Labaš Slađana, Ljubičić Milana, Živadinović Ivana, *Mladi naša sadašnjost: Istraživanje socijalnih biografija mladih u Srbiji*, Čigoja štampa, Beograd, 2012, p. 22.

³⁷ Jasna Veljković, Maja Stojimirović, „Neurotični poremećaji kod mladih u postmodernom društvu-sociološki i psihološki aspekti”, *Sociološki pregled*, No 1/2019.

The state of mental health of young people in Belgrade

Each country is responsible for monitoring the state of mental health of its population, and it submits a report on it to the World Health Organization, which performs further assessments and comparative analyses. Since the system of monitoring and assessing mental health of population has not yet been fully developed in Serbia, currently there are no representative statistical data on which mental disorders are most common in general population, as well as in special, the so-called sensitive groups. "The assessment of the global burden of neuropsychiatric disorders in Serbia is unknown". At the end of 2006, the Serbian Government adopted the Youth Health Development Strategy³⁸, which indicates that the problem of youth health is recognized and that adequate solutions are being sought in this sense. The main goal of the Strategy is to "help this group in a timely and adequate manner to transit from adolescence to full maturity in a healthy way"³⁹.

The important data presented by this Strategy is that young people are in the category with an above-average risk of poverty (12.7% are poor); that 50% of employed or over 70% of unemployed young people live with their parents due to a lack of basic resources: work, housing, money, that their mental health is characterized by a high rate of behavioral disorders, addiction, depression and suicide (Youth Health Development Strategy in the Republic of Serbia)⁴⁰.

"Young people are particularly 'affected' by the changes initiated by the post-socialist transformation, whose consequences are measured by one of the highest unemployment rates in Serbia. One of general strategic goals is: "the promotion of healthy lifestyles, preservation and improvement of the health of young people"⁴¹, and in the form of special goals: "Develop a safe and supportive environment for the development and health of young people; develop an adequate system of transfer of knowledge and skills for acquiring attitudes, habits and behaviour that lead to health. At national level, establishing a system for organized monitoring and supervision of the health status of young people, continuous monitoring of the health needs of young people, developing a unique database on young people's health, developing capacities for scientific research work"⁴².

Although there are no representative statistical data on which disorder is the most common, there is still a certain consensus among experts in the field of psychiatry that it is neurotic disorder that is the most common and that it particularly affects young population. The necessity of strategic culture to deal with the mental health problems of young people in Serbia has been clearly pointed out. In the

³⁸ Youth Health Development Strategy in the Republic of Serbia, 2006.

³⁹ Ibid, p. 3.

⁴⁰ Ibid, p. 4.

⁴¹ Ibid.

⁴² Ibid, pp. 23-24.

absence of representative research, this paper has used the research on neurotic disorders among young people in Belgrade, where a quarter of young population in Serbia is located.

The results of the research into the socio-economic factors of neurotic disorders among young people in Belgrade

The subject of the research was the youth population in Belgrade, who was diagnosed with neurotic disorders. The objective of the research was to define which economic and (or) social factors can influence the occurrence of neurotic disorders in young people, who were treated in psychiatric institutions in Belgrade. The more specific objective was to define their socio-economic status, the quality of family and social relationships. The sample consisted of 62 respondents, aged 18 to 27, and a Likert scale was used to measure certain life attitudes and values. The mentioned research did not aim to point out the problems of the overall population of young people in Serbia, but it was conducted in order to point out the economic and social factors that affect their mental health. Therefore, it will present "the tip of the iceberg" of the socio-economic factors that affect the mental health of young people, in the absence of other research that would have a more comprehensive approach to the youth population in Serbia.

The greatest number of respondents had secondary education: 52 (83.9%), four (6.5%) had college level education, and six (9.7%) had higher education. Parents supported 80.6% of respondents, and only 19.4% supported themselves from their income. The ratio of employed to unemployed was 29%:71%. Students made up 79% of the sample, which is also statistically more significant compared to 21% of respondents who were not students. Out of the total number of respondents, 52% lived in complete families, 22.6% in single parent or incomplete families, 22.6% with non-relatives, brothers, sisters or alone, and 3.2% with a partner. The average number of household members was 3.35 ± 1.03 , minimum one, maximum five members, and the median was three members.

Demographic data. The respondents were divided into two age cohorts. The first consisted of respondents aged 18 to 24, who were in the period of the so-called true adolescence, and the second group consisted of respondents aged 25 to 27 in the period of "prolonged adolescence"⁴³

The respondents' profession was analysed in relation to the share of students in the total sample and those who were not students. Students made up 79% of the sample, which is also statistically more significant compared to 21% of respondents who were not students. No statistically significant difference in the respondents' profession according to gender and level of education was proven.

⁴³ In 1980, the World Health Organization proposed classification into early, middle and late adolescence, whose age limit is up to 24.

The analysis of parents' marital status revealed a statistically much higher number of the respondents whose parents were married: 66.1% of parents were married, parents of a respondent, 21% of respondents had divorced parents, and 11.3% of parents were widowed.

The greatest number of respondents had secondary education: 83.9%, college level education 6.5% of respondents, and higher education 9.7%. The majority of respondents with higher education were aged 25 and over. The average age of respondents with secondary education was 21.7, and with higher education 25.5. Parents supported 80.6% of respondents, and only 19.4% supported themselves from their sources of income. The ratio of employed to unemployed was 29%:71%. The highest representation of employed respondents was in the case of divorced parents.

Financial position of respondents. The material position of the households in which respondents live and the housing structure were analysed. The assumption was that the majority of respondents depend financially on their parents, that they live together and that household income is below the average monthly income, which in Belgrade for a household with an average number of 3.27 members in 2011 amounted to RSD 59,391.⁴⁴

The average total household income was about RSD 77,078.90, and the average income per household member was about RSD 24,500. The greatest number of households had total income between RSD 60,001 and 80,000 and income per member between RSD 20,001 and 40,000. The highest total income was recorded in households with both parents, and the lowest in households with non-relatives (brothers, sisters) or alone. The respondents' monthly pocket money ranged from RSD 0 to 50,000, while the average value was around RSD 11,000 per month. 43.5% of respondents had pocket money up to RSD 5,000 or no pocket money at all, while 56.4% of respondents had pocket money over RSD 5,000 per month.

Housing structure of young people with a diagnosis of neurotic disorder. The average area of living space for the considered sample was 74.56 m², and 22.36 m² per household member. 11.3% of respondents lived in apartments from 20 to 34.9 m², 33.9% lived in space from 35 m² to 64.9 m², and 54.8% of respondents lived in apartments of 65 m² and more. Only 4.8% of respondents lived in space of up to 10m² per household member. Statistically, the greatest number of respondents (50%) lived in apartments over 65 m², with square footage of over 20 m² per household member, in households with three to five members. In apartments from 20 to 34.9 m², two-member households were the most common. In apartments of 35 to 65 m² there were much fewer households with five members, and in apartments of 65 m² there were much fewer households with two members.

⁴⁴ Statistical Office of the Republic of Serbia, Household Consumption Survey, 2011, p. 27. Downloaded from: http://webrzs.stat.gov.rs/WebSite/repository/documents/00/00/84/63/SB_555_Anketa_o_potrosnji_domacinstava_2011.pdf

Analysis of financial poverty among respondents. The methodology for measuring financial poverty in Serbia is adapted to the EU standards⁴⁵.

For respondents below the poverty risk limit, they were approximately four times lower than the average monthly *per capita* income of respondents above the poverty risk limit (RSD 7,161 vs. RSD 29,098). Rather more respondents below the poverty risk limit had pocket money up to RSD 5,000, while 57 respondents who answered the question about income had pocket money above RSD 5,000. 12 respondents lived below the limit with a poverty risk rate of 21.1%, and 45 (78.9%) respondents were not at risk of poverty. The average total income in the households of respondents who are at risk of poverty was over three times lower than the average total income of respondents above the poverty risk limit (RSD 28,583 vs. RSD 90,011).

The average amount of monthly income per household member is more common in the category of respondents above the poverty risk limit. No statistically significant difference in the risk of poverty according to profession (student/non-student), employment and type of work was proven. 91.7% of respondents who are at risk of poverty lived in a privately owned apartment. The average living area in this category of respondents was as much as 81.08 m², and the average square footage per member was about 20 m². With the increase in the number of household members, the poverty risk rate also increased.

In families with two members, the poverty risk rate was 7.7%, in families with three members 13.3%, in families with four members 25%, while in families with five members the rate rises to 50%. The highest rate of poverty risk was recorded in families with both parents (27.6%), and the lowest in single-parent families (14.3%) and in communities with a partner in which there were no respondents at risk of poverty.

Analysis of social vulnerability among respondents. Measuring instruments of social vulnerability were developed on the basis of indicators of social vulnerability defined by the Law on Social Welfare from 2011, published in the Official Gazette of the RS, no. 24/2011⁴⁶.

⁴⁵ It is based on the relative poverty line, which is 60% of the median national income per consumption unit. Households whose income is below the poverty line threshold are not necessarily poor, but are at greater risk of poverty than those above the established threshold. The relative poverty line, in the research year, was defined on the basis of the data on average household income for 2011 by the Statistical Office of the Republic of Serbia⁴⁵ and was RSD 10,900 per household member. All respondents who had income below the established limit were defined as a category at risk of poverty.

⁴⁶ Article 87 of this Law defines the basis for determining the right to financial social assistance, which for a single-person household in 2011 amounted to RSD 6,552.00, and for each following adult 0.5 of the base amount. In this way, the minimum income for the given sample was defined according to the number of household members who, in compliance with the provisions of the Law,⁴⁶ would be entitled to financial compensation, and they were conditionally defined as a socially vulnerable category of young people diagnosed with neurotic disorder.

Results. In the total sample, there were 16.1% of socially disadvantaged respondents and 75.8% who were not socially disadvantaged. The average income per household member of socially disadvantaged respondents was approximately 4.3 times lower than that of non-socially disadvantaged respondents. The income per household member of socially disadvantaged respondents amounted to RSD 6,593.33 on average and RSD 28,285.46 among those who are not socially disadvantaged.

The half of five-member households made requests for financial social assistance, followed by four-member households (15%) and three-member households (13.3%), and the lowest rate of socially vulnerable respondents was recorded in two-member households (7.7%). The average living area per household member among the socially disadvantaged was 19.74 ± 9.3 m² per member, while among respondents who were not socially disadvantaged it was 22.31 ± 8.5 m² per member. 90% of respondents who, according to financial indicators, were entitled to social assistance, lived in apartments over 10 m² per household member.

Family, partnership and relationships in the business environment of respondents. In the process of making important decisions, 54.8% of families where young people with a diagnosis of neurotic disorder live were guided by the so-called democratic decision-making model, and 43.5% by the authoritarian model. A statistically significant difference in the decision-making model according to gender and marital status of the respondents' parents was proven. In families with the democratic decision-making model, there were much more female respondents (76.5%), while in the authoritarian decision-making model, no significant difference according to gender was noticed. Male respondents were much more likely to believe that a father and a mother agree and exclude other family members from the family decision-making process, while female respondents more often answered that all members participate and agree on important family issues. Important family issues were more often agreed upon by all members in families whose parents are married or divorced, while it is less common in the case of widowers and widows.

The attitude of parents towards the life needs of respondents was analysed on the basis of four behavioural models: 1. moderate parents who meet the needs of respondents as much as they need, 2. parents who interfere in the life of respondents due to excessive concern, 3. disinterested parents who do not pay enough attention to respondents and 4. parents with too rigid attitudes, who do not listen to the needs of respondents.

The first model represented the "ideal" relationship between parents and children, and it comprised 46.8% of the sample. 53.2% of respondents had the other, so-called "problematic" relationships with their parents. Respondents with the democratic decision-making had moderate parents much more often, while respondents with the authoritarian model lacked more parental attention and tact for needs. The decision-making system in partnership relations was equal in most cases. Showing understanding and attention as much as necessary was the dominant attitude of partner in relation to respondent.

The atmosphere at the workplace was most often described by employed respondents as "warm", pleasant and motivating for work. Students described

professors, and employees described employers in 64.2% of cases as authoritative, pleasant and cooperative. Only 22.6% of respondents described them as distant and uninterested, and 9.4% as authoritative, "cold" and unapproachable.

The frequency of family and partner conflicts of respondents. The most common reason for consulting a psychiatrist before starting treatment of respondents was *poor communication with parents and the frequency of family conflicts* (51.6%), as well as mental and physical disorders, which 40.3% of respondents complained about. The most frequent psychological disorders among those who reported this problem were: dissatisfaction with oneself (29.7%), feeling of fear (23.5%), stress, loneliness (11.7% each), death in the family and problems with studying, 4.8% each. A significant difference was noticed according to the respondents' gender regarding the reasons for consulting a doctor for help. Among female respondents, the reasons that were much more frequent were material scarcity, professional failure and the frequency of family conflicts.

Respondents had the most conflicts with family members (95.2%), and the least at the workplace (32.3%). The most common conflicts were with parents (57.4%), then with non-relatives (21.3%), and the least with relatives and siblings (16.4%). 4.9% of respondents said that they avoid conflicts.

In families with the democratic decision-making model, statistically much lower prevalence of conflicts with parents was noticed, and higher prevalence of conflicts with siblings than in families with the authoritarian decision-making model.

The most frequent source of intrafamily conflicts was poor communication between respondents and certain family members (64.5%), followed by material scarcity (40.3%) and, in the last place, disregard for the needs of respondents (29%). Opposing attitudes were the most common reason for poor communication (25.00%), followed by money (17.50%), the distribution of the household chores (17.50%) and obligations within studies (15%), and most often with a mother (38.5%), and most rarely with a brother/sister and a grandmother (13%). The most common reason for disrespecting the respondents' personal needs by family members was also opposing views (43.75%), most often with parents, with a share of 33.3% each. In families with the authoritarian decision-making model, the most common reasons for conflict were in relation to obligations regarding studies and ways of spending free time, and in families with the democratic model, the most common reasons for conflict were the distribution of the household chores and the distribution of money.

The most common source of conflicts between partners was also poor communication in 66.7% of cases, and the most common reasons for this were jealousy and disagreement over how to spend free time. In the case of male respondents, the more frequent reason was jealousy of a partner or a "small thing", and in the case of female respondents, the lack of understanding basic emotions, disagreement about how to spend free time and irresponsibility.

The most frequent workplace conflicts were among employed respondents who were not students. No significant difference was noticed in the presence of conflicts at the workplace according to the type of work engagement (part-time employees vs. full-time employees). Poor communication with colleagues was somewhat more

frequent compared to professors in the case of students and employers in the case of employed respondents, but not statistically significant. The hostile attitude of colleagues was described as arrogance, hypocrisy, inaccessibility, irresponsibility and unwillingness to help others. Poor communication with professors and employers was described by only three out of 10 respondents, citing professors' lack of interest, bad lectures and glorification of other students.

The degree of development of social networks for support and assistance to respondents. The frequency of respondents addressing different social groups: family members, relatives, friends, partners, colleagues, others, in situations when they need financial, advisory assistance and moral support was analysed.

Social groups for financial assistance. When material support is needed, respondents first rely on their closest family members. They turn to their mother more often than their father, and consult their father more often than both parents. About 47% of respondents turn to relatives in the first three ranks for financial assistance, and this group of social assistance network is most often in the second rank. In 63% of cases, respondents rank their friends in the first three ranks, but through the entire presentation of ranks, friends occupy the third rank for the most part. 45.2% of respondents very rarely or never turn to their partner for financial assistance, while 33.9% rank their partners in the first three people they would turn to for this type of assistance. 50% of respondents would never turn to their colleagues for financial assistance, 22.5% do so very rarely and only 8.1% of respondents put their colleagues in the category of the first three people they would turn to in such a situation. The other persons, who are not specified in the questionnaire itself as a specific category, but as an open gap chosen by respondents, are in the sixth rank. 80.6% of respondents would never turn to them for assistance.

When family members are analysed individually in comparison to other support groups for financial assistance, respondents turn first to their mother - first in the first rank, father - second in the first rank, parents equally - third in the first rank, without the presence of other support groups.

Social groups for counseling assistance. When faced with an important life decision, 71.1% of respondents seek advice from their closest family members. They address their mother and sister/brother rather than their father. They turn to friends more often than partners, and relatives are the fourth in the ranking in terms of frequency. 77.4% of respondents rank their friends in the first three people they would turn to for advice, and 56.5% their partners. 79% of respondents would never, or very rarely, turn to colleagues for advice, and only 6.7% of respondents rank them in the first three people they would turn to for this type of support. When viewing the family with all members in total in relation to other groups of advisory support, respondents turn to their mother for this type of assistance first - first in the first rank, friends - second in the first rank, partner - third in the first rank.

Social groups for moral support. In 88.7% of cases, the family is the main group of moral support, followed by friends 80.6% and partner 59.7%. 53.2% of

respondents would never turn to their colleagues for moral support, 29% do so very rarely and only 3.2% of respondents place them in the first three people they would turn to for this type of support. When only family members are considered, respondents more often consult their mother, sister/brother than their father. If we consider family members in relation to other groups for moral support in the first rank, then respondents first turn to their partner - first in the first rank, friends/mother - second in the first rank, then mother/father equally - third in the first rank.

Meeting life expectations and degree of satisfaction with certain areas of life of respondents. The degree of meeting the respondents' life expectations in relation to certain areas of life was assessed: good financial status, harmonious family and partner relationships and professional success. For the areas in which a low percentage of accomplishment was recorded, the means that, in the opinion of respondents, could be used to achieve the expectations that were not accomplished were estimated. Then general value pattern in relation to relevant areas of life was assessed and the level of satisfaction with certain aspects of life was measured. The areas of life that respondents would like to change were also analysed and the aspirations of respondents regarding the desired employment and profession, in cases of an unsatisfactory choice, were considered.

Areas of life that make respondents feel safe. Out of six offered areas: enough money, material independence from parents, personal living space, professional success, psychological closeness and good communication with important people in the life of respondents, the last one stood out as the main one that causes a feeling of security and carelessness in young people diagnosed with neurotic disorder. Then, the most valued thing was enough money for life needs and professional success. No significant difference has been proven in the areas of life that arouse the feeling of security according to gender, type of household, rate of poverty risk and classification into those with/without a partner, but there is a difference according to the level of education of respondents. Respondents with secondary education valued much more often psychological closeness and good communication with their loved ones than respondents with higher education. The idea of personal living space more often aroused the feeling of security among respondents with higher education. For respondents with a university degree, having enough money was not at all the area that instils a sense of security. The question arises whether it is because they have it or not to a sufficient extent, bearing in mind that none of them was employed, and they did not have their source of income.

Meeting life expectations of respondents. The most frequent response of those surveyed was that they did not meet their life expectations (66.10%). The highest degree of meeting expectations was recorded in firm and stable friendly relationships, and the lowest in terms of professional success and good financial status.

Only 16% of respondents estimated that they reached a good material status, and about 66% that they did not reach it, which is around four times more. 47% of respondents believed that they had harmonious family relationships, while 39% did not. Harmonious partner relationships were reached by approximately 35.5% of respondents, while 40.3% did not. 71% of respondents rated strong and stable friendly relationships as reached, and 19.4% as not reached. A much greater number of respondents declared themselves not successful at professional level (61.3%), and only 22.6% successful.

Out of respondents with higher education, no one considered themselves successful at professional level, while the percentage of those with secondary education and college degree that were successful in this field was about 26%. The respondents who, according to their age, were in the period of the so-called "true adolescence" were considered professionally unsuccessful much more often, while the respondents in the period of the so-called "prolonged adolescence" had much more often an ambivalent attitude on this issue.

Areas of life that respondents would like to change. Young people diagnosed with neurotic disorder, who shared living space with their parents, wanted the most to change this aspect of their lives (56.4%)⁴⁷. This was followed by the wish to find a partner (33.9%), the wish for higher earnings (24.2%), a change of profession (14.5%), and the lowest frequency in terms of percentage was expressed in relation to a change of current employment (11.2%), because only 29% of the total number of respondents were employed. A significant difference in the wish to change certain areas of life according to gender of respondents and type of work engagement was proven. Women much more often than men and part-time employees more often than full-time employees wanted to change their income/salary.

Concluding considerations

This research has confirmed that young people suffering from neurotic disorders are materially and psychologically dependent on their parents. The majority of respondents was unemployed, shared living space with their parents and spent little on personal material needs. In the families of respondents, there is a strong psychological bond, especially in the respondent-mother relationship. Out of all family members, mother is the main pillar of financial, moral and advisory support for respondents. The relationship between neurotic and their parents is conflicting. Conflicts are most often grouped around a parental figure, in this case mother, on the issue of disrespecting the opinion of respondents. The democratic decision-

⁴⁷ Out of the total number of those who wanted to change their living space, 42.8% wanted to live with their partner instead of their parents, 31.4% wanted to live alone, 14.3% with a friend, 5.7% with a sister and the same number of respondents who lived apart from their parents wanted to share living space with them.

making model in the respondents' families is somewhat more frequent than the authoritarian one. 29% of parents were still guided by the so-called paternalistic model of behaviour, and 17.7% by the authoritarian one, while 6.5% of respondents rated their parents as uninterested in their life needs. According to Karen Hornay, neurotic is torn between their wishes, expectations and inability to fulfill them, which is one of the important characteristics of this group of mental disorders. The aspirations of respondents were focused on housing independence, professional success and gaining financial independence from their parents. However, the research has confirmed that although young people with a diagnosis of neurotic disorder have pronounced tendencies for autonomy, they have strong psychological dependence on their parents (as a culturally defined relationship), which, combined with structural obstacles, prevents them from successful individualization. The psychological dependence on emotional objects of security is one of the important features of neurotic disorders, and in our country it represents a typical pattern of behaviour, a culture-based relationship between parents and children. In Southern European countries, a strong bond is fostered between the generation of parents and the generation of children. Family relations are coloured by the specific ideology of familism, in which the overprotective relationship of parents towards children is fostered, which negatively affects the process of independence of young people.

Such a situation can encourage the development of ambivalent feelings, whose basis is one of the possible cultural contradictions of the Serbian society, the psychological attachment to primary family, on the one hand, and the natural desire for independence of young people, on the other. Furthermore, the opportunities offered by the wider social community in the form of assisting young people in gaining independence are quite limited. The individualization of young people in Serbia is difficult due to the "lack of basic resources: work, housing, money, which puts a young person in a position of prolonged financial and wider material dependence on original family"⁴⁸. Young people are deprived of one of the immanent human needs - the need for self-accomplishment through work, which is indicated by Marx, Fromm, Freud and many other authors. The WHO definition itself points to this important individual and social resource for mental health and societal well-being. Even completing higher education does not greatly improve the prospects of young people accessing the labour market. Such a situation provokes constant wavering between the feeling of power and complete powerlessness in defining one's personal destiny, which, according to Karen Hornay, is one of the important characteristics of neurotic disorder. There is a growing gap between potential and fulfilled abilities, in Jones's sense, and a neurotic personality, according to Fromm, is precisely the one that cannot express its potential in the wider social community. Although satisfied with their professional success, 66% of the young people in the sample believe that they have not met most of their life expectations, primarily in

⁴⁸ Tomanović Smiljka, Ignjatović Suzana, *Mladi u tranziciji između porodice porekla i porodice opredeljenja*, CPA, Beograd, 2014, p. 60

terms of personal financial status and professional success. It is devastating that in 100% of cases respondents with a university degree are considered professionally unsuccessful. Those who are employed, in most cases part-time, are dissatisfied with the amount of income and the type of occupation. They are left without the possibility to work productively and find satisfaction through work, in Marx's sense. Unhealthy social conditions cannot have a favourable effect on the mental health of young people. According to Zagorka Golubović, unstable economic, cultural and social conditions can encourage a crisis of personal identity. The psychological dependence of young people on their parents is prolonged and family conflicts intensify. In 52.6% of cases, respondents turned to a psychiatrist precisely because of the frequency of family conflicts. At the same time, the youth population represents a group that will be the holder of the security and defence system in the future and that should be trained today to take on this role.

If this mental disorder is also referred to as an expression of specific cultural contradictions or socially structured defects, then in the given social context there is a set of the mentioned unfavourable cultural and structural factors that stand in the way of the expressed tendency to individualize young people diagnosed with neurotic disorder. They do not run away from freedom, in Fromm's sense, but have the problem of winning it. The results of the research contribute to a more realistic and objective understanding of the mental health problems of young people, even though it is a non-representative sample. Namely, it is the research conducted by experts on the group that has been proven to have mental problems, so the results of the research cannot be questioned. Since adolescence is a period of development that includes a series of described psychological and social changes, whose ultimate outcome is the establishment of a final personal identity, it is certain that most young people have, to a greater or lesser extent, the same problems as respondents, and generalization is justified to a great extent, especially when it comes to cultural aspects.

The concept of strategic culture indicates the obligation and responsibility for continuous care of the health, education and upbringing of young generations as a pledge for the future of the overall social development, including the security and defence sector. The fact that there are no representative studies of the mental health of young people speaks volumes about the Serbian strategic culture. The mental health of young people is an important social resource, and the societal attitude towards young people does not indicate that they are given the necessary attention and support to become functional and useful members of society and the support of not only its development, but also its survival. Unfortunately, the main response of young generations to this situation in society is not fight for their better position, but an effort to leave Serbia and go to countries that have better economic and social conditions for life. It is clear that young people from the entire region do that, but if we want to develop, it is necessary to keep young people. The concept of strategic culture has instruments that detect problems in a timely manner, but their adequate and comprehensive systemic solution is the responsibility of the political elite, institutions and the long-term engagement of the entire society.

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Социјално-економски аспекти менталног здравља младих у Београду у контексту стратешке културе

Ментално здравље људи је важан индивидуални и друштвени ресурс, поготово у савременом српском друштву које има великих проблема са демографијом. Без пуно менталног здравља особа није свесна себе и својих способности, те се не може развити до својих пуних капацитета. Самим тим, не може допринети сопственом бољитку ни бити продуктиван део друштвене заједнице. Ментално здравље је основа благостања, како за појединце, тако и за здраво друштво и представља једно од извора стратешке културе. Постојање свести о проблемима менталног здравља нације, посебно младе популације, представља сегмент стратешке културе. Много је чинилаца који утичу на ментално здравље, а три основна су биолошки, психолошки и социјални чиниоци. Само ако се узме у обзир интеракција ова три фактора може се говорити о менталном поремећају као појави. Наш циљ је стицање увида у оне социјалне, социолошке, економске и психолошке чиниоце који могу произвести негативне последице на ментално здравље, у овом случају на појаву и развој неуротичних поремећаја у популацији младих људи у Београду. Овај рад представља податке истраживања спроведеног 2013. године, које се бавило социјално-економским аспектима неуротичног поремећаја у популацији младих у Београду. Општи циљ истраживања је да се утврди који економски и (или) социјални чиниоци могу утицати на појаву неуротичног поремећаја код младих људи. Резултати истраживања указују на то да су млади који пате од овог неуротичног поремећаја материјално и психолошки зависни од својих родитеља. У породицама испитаника присутна је јака психолошка узајамна повезаност, нарочито на релацији испитаник–мајка. Од свих чланова породице мајка је испитаницима главни ослонац финансијске, моралне и саветодавне подршке. Психолошка зависност од емоционалних објеката сигурности је једна од важних одлика неуротичног поремећаја, а у нашој земљи представља типичан образац понашања, културом утемељен однос између родитеља и деце.

Кључне речи: *стратешка култура, млади, неуротични поремећај, социјални фактори, економски фактори*