

SOCIAL FACTORS IN MENTAL ILLNESS

Puspita Sahoo, Mphil, PSW	Department of Psychiatry, IMS & Sum Hospital, Bhubaneswar Email – puspita.sahoo01@gmail.com
Amrit Pattojoshi*	Professor, Hi-Tech Medical College E-mail - dramritp@yahoo.com (Corresponding Author)
Rati Ranjan Sethy, MD, DPM	Assistant professor Department of psychiatry IMS & Sum Hospital, Bhubaneswar Email - ratisethy@gmail.com

Abstract :

Social factor is an important role in the development of psychiatry which influenced by many factor such as gender, social class, race and ethnicity, household patterns and some other social situation, such as disability, social security systems, labor markets, and health care organizations. The individual capacity to cope effectively persons with mental illness depends significantly on the social arrangements affecting family, work, income support and medical care. This paper provides a review of the emerging international literature to find out a linked to a wider conceptual review undertaken as part of a major project. Research have been explored in detail in relation to three areas that had been identified by the wider review as central to recovery: empowerment and control over one's life; connectedness (including both inter-personal relationships and social inclusion); and rebuilding positive identities (often within the context of stigma and discrimination). The epidemiology of mental illness in later life is complicated by the interaction among symptom occurrence, drug use, and physical illness and the varying ways individuals and families define illness, evaluate its significance and take remedial action. With aging of the population, the cumulative burdens of mental illness are increasing in most societies. Such burdens depend on not only the magnitude of dementia, depression, schizophrenia and other mental illnesses but the types of social supports and institutional arrangements that help to insulate individuals, families and communities from the most disruptive stresses and facilitate functioning.

Introduction :

“Socialization is the process by which the child acquires a cultural content, along with selfhood and Personality” (Green 1981). The personality development and the personality of different individuals have been closely related to the process of socialization and how one accepts the socially and culturally accepted behaviors. The maladaptive behavior patterns, personality traits and finally the different mental disorders may be a result of problems in socialization or the influence of different cultural and social factors one belongs to. The prevalence of different types of mental illness, crime and addiction to alcohol or drugs has been shown to be higher in areas of city lives, as compared to areas where socially the more affluent and socially better-integrated people live.

Mental Illness :

Mental illness can be seen in purely sociological terms, as a deviation from socially approved standards of interpersonal behavior, or as an inability to perform one's sanctioned social roles. Mental illnesses have direct relationship with the elements of society the basic reasons for considering mental illness as social issues are as follows;

- Development of mental illness in one person often resulting in the negative consequences such as labeling, stigma, shame and guilt.
- The cost of mental illness is high both in terms of social and monetary terms.
- A wide variety of social forces and factors like, modernization, unbridled urbanization leading to crisis and inadequacies in every aspects of life.

The widespread occurrences of mental disorder may cause trouble for the existing social system. In modern changing societies, occurrences of mental disorder can be attributed to the lack of having a supportive environment and palpable scarcity of resources for people's positive growth and development.

Social Theories :

Major Social Theories: Explaining Relationship between Society & Mental Illness

There are many theoretical propositions that explain the mutually interactive relationship between society and mental illness. Some of them give the aetiological role of social factors in mental illness or some others explain the societal reactions to mentally ill people or explain society's interpretation of mental illness or explain how social factors play an important role in the long term course, outcome and prognosis of mental illness.

A. Aetiological theories on role of Social Factors in Mental Illness

1. The Bio - Psychosocial Model: The biopsychosocial model is an approach that delivers that biological, psychological and social factors, all play a significant role in human functioning in the context of disease or illness. As per this approach health can best be understood in terms of a combination of biological, psychological, and social factors rather than purely in biological terms. The biopsychosocial approach supports the famous mind-body connection of various disorders, which addresses more philosophical arguments between the biopsychosocial and biomedical models. The model was theorized by psychiatrist George L. Engel in 1970s (Engel, 1977; McLaren, 2002).

2. The social Disorganization and Urbanization Hypothesis: Robert Farris and Warren Dunham (1939), hypothesized that under extreme social disorganization high rates of severe mental illness like schizophrenia could become rampant among the people.

3. Social Selection and Causation Hypothesis: "the social selection" perspective suggests that mental disorders are over represented in the lower socioeconomic strata as a consequence of impaired social mobility. Selection processes would likely to operate both within and across generations. Within a generation mental disorders may cause downward mobility among adults and cause the downward "drift" of these people into the lower socioeconomic strata (Jarvis 1971).

4. The Cultural Disintegration Hypothesis: This theory promulgates that social changes occurred by the events like disaster, extensive and wide spread poverty, extensive migration or widespread ill health, existing culture of the society leads to changes in the social formation which results in the broken homes, high rates of crime and delinquency, fragmentation of communication networks and wide spread delinquencies.

5. The Breeder and Attraction Hypothesis: Some pockets of a large geographical location would provoke the severe mental illness to the people because in those 'pockets' social isolation becomes a way of life and noticeable thing is 'lack of social responsibility' among the dwellers (The Attraction Hypothesis) (Gregory, 1960).

6. The Social Class Hypothesis: Developed by Hollinshead and Redlich in 1958. They found prevalence of mental disorder increased as social class decreased. They also found that certain types of psychopathology were associated with different social classes

7. Vulnerability-Diathesis-Stress-Model: This approach posits that a person is more likely to suffer an illness if he or she has a particular diathesis (i.e., vulnerability or susceptibility) and is under a high level of stress. Diathesis factors can be family history of substance abuse or mental illness; individual psychological characteristics such as hostility or impulsivity; biological characteristics (e.g., cardiovascular reactivity, hypothalamic-pituitary-

adrenal responsivity); and environmental characteristics such as childhood maltreatment or low socioeconomic status. The term stress refers to events and experiences that may cause psychological distress. Stress can influence mechanisms that help to maintain the stability of an individual's cognition, physiology, and emotion (Hankin & Abela, 2005).

2. Bio-Psychosocial-Spiritual Model: This model primarily explains the schema or the complex web of substance addiction. This model explains the complex pathway of 'alcoholism' and 'drug addiction' and how individual factors and other factors are tied and work together in substance addiction.

Firstly, Biological or genetic factors related to heritability (Cloninger et al., 1981) which are the basic premises of the disease model.

Secondly, psychological factors which incorporate individual factors and characteristics that can be assessed, many of which have been described as "risk" and "protective" factors (Hawkins et al., 1992).

Thirdly, social factors which include environmental, cultural, familial, and peer factors that have been related to social learning (Bandura, 1977).

Fourthly, spirituality and religiosity have some implications in substance addiction pathway. Positive spirituality and religiosity is a protective factor against substance addiction.

3. Poverty, Economic Crisis and Mental Disorders: Poverty indeed is a multidimensional phenomenon, which includes elements like inability to satisfy basic needs, lack of control over resources, lack of education and poor health. Poverty is associated with many long-term problems, such as poor health and increased mortality, school failure, crime and substance misuse (Murali & Oyeboode, 2004).

4. Migration and Mental Disorders: Migration is the process of social change whereby an individual moves from one cultural setting to another for the purposes of settling down either permanently or for a prolonged period. Migration to another country and culture is a stressful thing and several studies in the 1980s and 1990s showed that rates of schizophrenia were higher among migrant groups (Bhugra, 2000; Cochrane & Bal, 1987; King et al., 1994)

B. Theories on Societal Attitude, Reaction on Mental Illness:

1. Stereotyping and stigma

Stereotyping and stigma refers to the tendency of human beings to attribute fixed and common characteristics to whole social groups. The shift from stereotyping to stigmatization involves an enlargement of prejudicial social typing (an error of reasoning). Globally two most common prejudicial attitudes about mental illness are: a) authoritarianism (the belief that persons with mental illness as a class are inferior to normal persons and therefore require coercive handling) and b) benevolence (kindness to unfortunates, leading to behaviour akin to how parents treat children). Both these two attitudes are negative in nature (Corrigan et al., 2001).

C. Labeling Theory :

Labeling theory emphasizes the people's reaction and putting a particular tag on the sick person of being 'sick', 'incapacitated' so on. The labeling or societal reaction approach observed that once an individual is identified as mentally ill a number of forces work to reinforce and solidify that person's mentally ill image. The labeling or societal reaction approach observed that once an individual is identified as mentally ill a number of forces work to reinforce and solidify that person's mentally ill image (Rosenhan, 1973).

D. The Modified Labeling Theory:

Developed by Link et al (1987, 1989) to show that stigma is not only an internal process (perceptions of stigmatizing behaviors exhibited by others) but a

process that inherently involves the negative responses of persons in the environment, defined as the 'labeling' behavior of others.

Relationship between Various Social Agencies & Mental Health and Illness

Culture and Mental Illness:

Mental illness is the result of a complicated chain of events that implicate flawed biological, psychological, social, and cultural processes. Culture influences mental illness in many ways. The content of people's delusions, auditory hallucinations, obsessional thoughts, and phobias often reflects what is significant in their culture.

The incidence of mental disorders, particularly of behavioral disturbances, such as attempted suicide and alcoholism is closely associated with social situation. Severe mental disorders, such as dementia and schizophrenia, are far less influenced by socio-cultural factors than are minor mental disturbances.

Religion and Mental Health :

The positive impact of spirituality on adherence to treatment is explained by an improved quality of life, a better social support, and more positive representations of the illness by believers. The close relationship between religion and mental abnormality explained in various psychiatric literatures, which, have focused on 'religiosity' of mentally ill people or tried to distinguish between healthy and pathological religious commitment (Tseng 2003).

Gender and Mental Illness :

Feminist criticized the general outlook of the society to female patients in the lines of labeling theory and constructivist frameworks. These feminists are critical to the societal view of portraying women as vulnerable to being labeled mentally disordered when they fail to conform to stereotypical gender roles as mothers, housewives, and so on or if they are too submissive, too aggressive or hostile to men.

Race /ethnicity and Mental Illness :

Various minority or smaller ethnic groups within a large multicultural umbrella conceptualize, treat and cope with mental disorders much differently than the 'people of dominant' culture. Very often ethnic minority people have to face problems like 'discrimination', 'fear of being swallowed by dominant culture' (Kleinman, 1988), 'economic and political disparities', etc. those factors would make them susceptible for developing mental disorders. those factors would make them susceptible for developing mental disorders (Karlsen & Nazroo, 2002).

Social Capital and Mental Illness :

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- Community networks, voluntary, state, personal networks and density
- Civic engagement, participation and use of civic networks
- Local civic identity, sense of belonging, solidarity and equality with local community members
- Reciprocity and norms of cooperation, a sense of obligation to help others and confidence in return of assistance
- Trust in the community

Three Dimensions of Social Capital :

1. Structural/Cognitive

Structural social capital describes the relationships, networks, associations and institutions that link people and groups together (McKenzie, 2008).

2. Bonding/Bridging

It can be thought of as the type of social capital that a family unit has or that which is found in small, close-knit migrant groups that rely on mutual support. Bridging social capital is outward-focused and links various minority or smaller ethnic groups within a large multicultural umbrella conceptualize, treat and cope with mental disorders much differently than the

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