UNIT 3  SOCIOLOGY OF MENTAL HEALTH

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3.0  INTRODUCTION

You might wonder that what is the need of studying the aspects of sociology in this block? Let us first tell you that, sociology is a study of understanding social systems and relating various aspects of social structures to the pattern of human behaviour. The people who are part of the social system are
Family, Culture and Mental Health

essentially interdependent for various reasons. This interdependence produces interaction between people. In the course of interaction influence is exerted on each other. Therefore social behaviour is a result of interdependence, interaction and influence and social psychology is a scientific study of this process.

Allport (1985) has defined social psychology as “the study of the way in which people’s thoughts, feelings, and behaviours are influenced by the real or imagined presence of other people.” This influence on a person’s thoughts, feelings and behaviour involves various processes. For example, the formation of attitudes is an important aspect that has to be understood. How these aspects are connected to mental health is the focus of this section.

In order to study social psychology and its relationship to mental health we need to understand social attitudes, social perception, attribution, social influence, communication patterns, leadership and social power, conformity and deviance, prejudice, group process and pro-social behaviour. The role of these aspects in mental health will be discussed in this section.

Another aspect of understanding mental health from a sociological point of view is to understand the prevailing social conditions that influence psychological functioning. In other words, it is connecting social experiences to mental health through psycho-social process that needs to be studied. The assumption that is made is based on the fact that social conditions that people live in influences their emotions, behaviour and thinking patterns. The social conditions are noted to vary across different social groups, societies and historical eras.

3.1 OBJECTIVES

With the help of this unit, you will be able to:

- understand the concept of social attitude in mental health;
- understand the concept of social perception and its influence in mental health;
- understand the role of group processes in mental health;
- understand the role the process of attribution and its role in mental health; and
- analyze the social situations that affect mental health process.

3.2 SOCIAL ATTITUDES AND MENTAL HEALTH

The formation of social attitudes is of great interest in the field of social psychology as it has a major role in how people behave in social situations. It is defined as a tendency to think, act and feel consistently in a favourable or unfavorable manner towards entities in the environment. These entities can be abstract ideas, one’s behaviour, ideologies, ideas or concrete objects. For example, one might have a favourable or unfavourable attitude towards immigrants, mentally ill people or alcohol drinking behaviour. These attitudes are learned. They are usually acquired from parents, family, friends and society, to some extent from cultural predispositions.
An attitude refers to a subjective judgment or evaluation of an entity made by an individual. For example, people may have a negative or positive attitude towards a condition or behaviour, such as all those who consume alcohol are irresponsible. It can be sometimes activated automatically and the processing may be at the preconscious level.

Attitudes are relatively persistent and stable and can be changed with effortful means. For example health promotions are aimed at changing people’s attitude towards exercising, smoking and drinking. However, two important areas pertaining to attitude change are cognitive dissonance and persuasive communication.

Cognitive dissonance is about inconsistencies in cognitions or beliefs and behaviour. It refers to two contradictory attitudes which leads to conflict in the mind of an individual by various means. Cognitive dissonance occurs when an individual holds two cognitions that are inconsistent with each other. For example, a smoker or a drinker generally holds two contradictory beliefs or cognitions which can contradict one against the other. One example is a person who consumes alcohol believes that alcohol relaxes his mind but at the same time knows that it is bad for his physical condition. This leads to an unpleasant state of mind or dissonance that has to be changed. Instead of changing the behavior (drinking), he tends to change the dissonance by either refusing to acknowledge the negative outcome of alcohol consumption or wanting to believe that consequence are not so severe that one cannot cope with.

Another way of changing attitude is through persuasion. This is a conscious attempt to change attitude through communication of some message with the help of power, language, expertise, creating likeability or appealing the individual or mass to change an existing attitude.

### 3.3 SOCIAL PERCEPTION AND MENTAL HEALTH

Social perception is the part of perception that allows people to understand how the other people think about themselves in their social world. This sort of perception is defined as a social cognition which is the ability of the brain to gain, store and process information. Social perception allows individuals to make judgments and impressions about other people. It is primarily based on observation, although pre-existing knowledge influences how we perceive an observation.

Social perception gives individuals the tools to recognize how others affect their personal lives. It helps individuals to form impressions of others by providing the necessary information about how people usually behave across situations. The social perception provides information needed for impression formation by approaching the behavior with an implicit personality theory outlook. Implicit personality theories state that, if an individual observes certain traits in another person, s/he tends to assume that his or her other personality traits are concurrent with the initial trait. These assumptions help us to make quick judgments about the character of an individual. It also helps us to “categorize” people so that we can infer additional information about them and predict their behavior. For example, if someone observes a drunken person being aggressive and violent towards people, then she/he generalizes such behaviour that most people in a drunken state would behave similarly.
Consequently, s/he avoids people who are drinking or would always perceive him to have other negative traits etc., such as being irresponsible, useless, good-for-nothing person.

Social perception is one of the initial stages of processing information in order to determine any other individual’s mind-set and intentions. It is combined with the cognitive ability to pay attention to and interpret a range of different social factors that may include: verbal messages, tone, non-verbal behavior, and knowledge of social relationships and an understanding of social goals.

Any social interaction or social skill to deal with persons is influenced by social perception. A key aspect of social interaction is the process of figuring out what others are thinking and feeling which is also referred to as Theory of Mind (ToM). The Theory of Mind proposes that the ability of the mind to attribute mental states, such as beliefs, desires, emotions, perceptions, and intentions to self and others in order to understand and predict behavior. It involves making the distinction between the real world and mental representations of the world.

In the clinical setting, For example children with autism are assumed to have deficits in the theory of mind ability. That is, they lack the ability to understand that others have needs, intentions, desires that are different from their own. This is also true of some schizophrenic and some alcohol dependent persons.

### 3.3.1 Communication

As discussed earlier also, that our social perception influences our interaction with society and form an attitude. It must also be understood that social perception cannot take place without communication. In order for people to perceive one another, information must be transmitted. This happens with the process of communication. Communication serves as the basis for social relationships of all kinds. Infact, a social system may be considered as a set of positions interconnected with communication channels. Communication is referred to as a two way process of transmission and reception of all kinds of data. Most people would probably think of communication primarily in terms of what it does for them. In the process of communication information is exchanged, demands are made, and people understand that events have occurred, will occur or may occur.

Attempts at communication may be guided and oriented by feedback. This is the information available to the communicator that comes back to him through various channels. Our monitoring of our own behaviour also provides a kind of feedback that tells how we are responding to various situations. Feedback needs to be associated with empathy that is trying to understand why people behave in such a way is also part of the interaction process. People attribute various causes to their own and other’s behaviour. The next section discusses the theories based on attribution.

### 3.4 Attribution Theory

Attribution theory is concerned with how individuals interpret events and how this relates to their thinking and behavior. This theory explains the causes of our own behavior or the other people’s behavior. Attribution theory assumes that people try to determine the cause of an act. A person seeking to understand why another person did something may attribute one or more causes to that
behaviour. Seligman et al., in 1979 established several important dimensions of attribution, that is while attributing or analyzing an act of an individual we take certain dimensions into account. They are:

- **Locus** – Internal vs external: If we consider an individual responsible for an act or behavior, we are emphasizing on internal attributions, such as ability, effort, personality trait, mood, and so on. For example, depressed individuals believe that they have no control over what happens to them in their own lives. This concept is based on the learned helplessness model of depression put forth by Seligman, 1975. External attribution refers to causes outside the person, situational factors, actions of others, difficulty of the task etc.

- **Stability** – Stable vs unstable (permanent vs temporary) – stable causes are relatively permanent, unchanging and lasting, for example, people tend to attribute solely to genetic causes or personality traits for addiction; while unstable attributions are temporary and fluctuating, here people attribute the causes of drinking to the current stressor.

- **Generality** – Global vs Specific – global causes are perceived as applicable to most actions of the person for instance there is a belief that all girls are submissive and less assertive, whereas specific attributions pertain to those that are restricted to certain domains or situations for example a person may attribute his smoking behavior to peer pressure.

- **Controllability** – Controllable vs uncontrollable – attributions that are uncontrollable are perceived as beyond one’s effort, autonomous and independent (example—a person is depressed because he has a strong family history of depression), whereas controllable causations are seen as manageable and prone to containment or mastery (example—attributing depression to negative life events such as failure in examination).

These insights into attributional processes have been usefully applied to clinical situations, especially to depression. The best-known and most studied attributional phenomenon is that of learned helplessness.

### 3.4.1 Problems with Attribution

Attribution leads to a number of cognitive biases and errors. Our perceptions of events are often distorted by our past experiences, our expectations and our own needs.

There are many common types of errors in attribution: One is attributing causes for behaviour that serves a purpose to the self. The process of attributing their success to internal causes and attributing failures to external causes is known as Self-Serving Bias.

Examples for internal attribution: Attributing your success to internal factors “I did well because I am smart” or “I did well because I studied and was well-prepared” are two common explanations you might use to justify your test performance. The tendency of attributing causes to internal factors such as personality characteristics and ignore or minimize external variables when it comes to other people is called fundamental attribution error.
### 3.4.2 Attributions in Clinical Setting

Person who accesses clinical facilities usually comes with certain complaints. These complaints are usually attributed to an underlying cause according to his/her belief system. They would have their own theories about the origin of the symptoms and go about making efforts to think and collect information in an attempt to make sense of their difficulties. Very often these attributions may not be expressed openly, however, it is essential for the clinicians to understand and bring it out in the open and discuss about it, thereby dealing with problems and misattributions. This process is called explanatory model. These beliefs profoundly influence care seeking behaviour and adherence to recommended interventions.

### 3.5 SOCIAL INFLUENCE

Social influence is a common tendency of people to behave differently when others are present than when they are on their own. In any social context there is a pervasive influence on behaviour when others are present. Studies in social psychology have demonstrated this. Social influence is said to occur when one’s emotions, opinions, or behaviors are affected by others. Social influence takes many forms and can be seen in conformity, socialization, peer pressure, obedience, leadership, and persuasion. Below, some of the more important social influences are mentioned.

#### 3.5.1 Conformity and Deviance

Conformity is a kind of influence in which people change their behaviour or belief towards that of a group’s majority view or belief, as a result of real or imagined pressure from a group. Several explanations have been put forward to account for the process of conformity. They may be because of social comparison, avoidance of conflict and increased self awareness. Different mechanism may be operative in different situations.

For example, in any culture customs leads to conformity of behaviour. Customs are transmitted from generations to generations. Conformity reduces cause and increases outcomes and thus reduces deviation. In sociological terms, “conformity” simply means to not stray from social expectations, while “deviance” means to stray from social expectations. This can be positive or negative depending on the circumstance. Without conformity it would not be possible to form a social group. Conformity makes social cohesion possible. Deviance can cause an individual to suffer physical and/or emotional suffering from others. But within deviant sub-cultures there is also the opportunity for social ties, new identity formation, and high status.

#### 3.5.2 Prosocial Behaviour

Prosocial behaviour is voluntary behaviour intended to benefit another. It consists of actions which benefit other people or society as a whole which an individual may involve in to even without getting any personal benefit. For example, helping, sharing, donating, co-operating, and volunteering behaviours are prosocial in nature. These actions may be motivated by empathy and by concern about the welfare and rights of others, as well as for egoistic or practical concerns. Empathy is a strong motive in eliciting prosocial behaviour.
Demonstrating such social norms is likely to get admiration from other people. There are factors that influence prosocial behaviour. People who are in a good mood are more likely to help others as they simply feel like doing so. So also with people who are feeling guilty, as a compensation for their guilt feelings. People in small towns are more likely to help than those who are together in cities.

Self Assessment Questions 1

State whether the following statements are ‘true’ or ‘false’-

1) Conformity is a kind of influence in which people change their behaviour or belief towards that of a group’s majority view or belief, as a result of real or imagined pressure from a group ............ 

2) Attributions that are controllable are perceived as beyond one’s effort, autonomous and independent ............................................. 

3) Social perception is one of the initial stages of processing information in order to determine any other individual’s mind-set and intentions ................................ .

4) Social perception can take place without communication .................. .

3.6 GROUP PROCESS

A group is a collection of two or more people, who are engaged in a functional relationship with each other and have a common goal. The members interact through communication process. They develop a structure as members occupy positions, acquire status, and play roles.

Group processes occur at least in three contexts: 1. Interpersonal behaviour; 2. Intra group (within-group) behaviour and 3. Intergroup (between-group) behaviour.

Group members interact over a period of time and therefore they go through a process of development that involves being accepted, resolving conflicts, attaining consensus and ultimately adjoining. During this process people form an identity, they perceive themselves as members of group and adopt a unique identity. They begin to get to know one another and form emotional bond. They usually have a sense of purpose and shared goals. Very often groups have standards of conduct such as rules that could be implicit or explicit.

The structure of the group varies such as–family members, friends, colleagues etc. group is based on the functions and specialties. Group members generally have a sense of loyalty towards the group. For a group to function together they need to be cohesive. Although there might be a difference in behaviour of group members towards their own group and how they behave towards the outer group.

There is evidence from studies that group behaviour is characterized by the following features:
• **Accentuation effect:** It refers to a tendency to magnify or overestimate the differences between groups in terms of their beliefs, preferences and behaviours. In spite of objective finding from studies showing that there are more differences in these aspects within the group than between groups, members tend to emphasize more on between group differences.

• **Intergroup competitiveness:** There is a tendency of groups to be more competitive than individuals.

• **Intergroup bias:** This refers to the tendency of group members to systematically evaluate their own group members more favorably than members from an outer group. They tend to discredit or derogate outer group members.

• **Out group homogeneity effect:** This is the tendency of groups to minimize differences between the members of the out-group and perceive them as homogenous and undifferentiated. This leads to higher chances of prejudice and discrimination.

3.6.1 **Prejudice Towards Members of A Group**

Prejudice is an attitude (usually negative) towards members of a specific group, based solely on their membership on that group. It is important to distinguish between prejudice and discrimination. Prejudice is a negative attitude directed towards people simply because they are members of a specific social group. Discrimination is a negative action towards members of a specific social group.

Prejudice is a judgment based on previous information or feelings and it is not based on present experience exclusively. It stands for an unfavorable attitude towards a person or group. The judgment is not based on adequate facts. Often based on stereotypes, it involves a certain amount of hostility against others. Sometimes it is shared by the group as a whole and therefore it is almost seems like a social norm. One of the conspicuous features of every society is prejudice towards minority. The minorities for example could be based on the race, creed or caste. The consequences of prejudice are discrimination and inequitable treatment.

Prejudice is most likely to develop under certain social conditions: firstly, Intergroup competition – this occurs when there are group conflicts especially when the resources are scarce. Another situation where it may occur is when there is unusual power distribution. Prejudice may even occur if a person or group of persons enhances their self identity and self esteem by having favourable opinion of their own group and putting down others. Apart from this, a person with authoritarian trait tends to be hostile and hold prejudices towards other groups. There is also a strong association between religion and prejudice.

3.6.1.1 **Types of Prejudice**

Prejudice can be based upon a number of factors including sex, race, age, sexual orientations, nationality, socioeconomic status and religion. Some of the most well-known types of prejudice include:

• Racism

• Sexism
3.6.1.2 Prejudice and Stereotyping

Prejudice may further result in stereotyping and discrimination. In many cases, prejudices are based upon stereotypes. A stereotype is a simplified assumption about a group based on prior assumptions. Stereotypes can be both positive (“women are warm and nurturing”) or negative (“teenagers are lazy”). Stereotypes can lead to faulty beliefs, but they can also result in both prejudice and discrimination.

It has been found that prejudice and stereotypes occur simultaneously. In order to make sense of the world around us, it is important to sort information into mental categories. However, researchers have found that when it comes to categorizing information about people, we tend to minimize the differences between people within groups and exaggerate the differences between groups. Some examples of stereotypes are ‘teenagers are irresponsible’. Stereotypes are resistant to change and persistent even though there could be evidence contrary to the current belief system and therefore it leads to discriminative behaviour or prejudiced mind set. Prejudice and stereotyping affect those who have mental illness equally.

3.6.2 Stigma

Mental illness has often the burden of stigma attached to it. The word stigma means ‘a mark placed on slaves so as to identify them.’ Earlier, whenever a person’s behavior was found to be different or deviated from normal then those persons were marked and were devalued or discriminated from the society. Mentally ill patient were assumed to be violent and people tried to avoid them and excluded them from mainstream activities. The people suffering from mental illness lack insight, decision making and are dependent on others and therefore others need to take decision for the behavioural component of stigma by discrimination. This can take place by a tendency to avoid them in social interactions such as in a marriage. Maybe withheld from help such as, providing housing facility, or even showing lack of interest in providing professional help to mentally ill people when comparing to people with physical illness.

People come together in groups to satisfy both task and social needs. To able to satisfy these needs depends on several factors, which include an important aspect of the behaviour of leadership. The following section discusses the influence of leadership process in group changes or social activity.

3.7 LEADERSHIP AND SOCIAL POWER

Leadership is regarded as a crucial factor for success or failure of any social activity. Leadership may be defined as a process in which an individual influences a group of individuals to achieve a common goal. The importance
of leadership is that it can influence a reform in social norms or perceptions. It involves three main elements:

- **Power:** It refers to an ability to influence others and it specifically refers to ability of the leader to get others to adopt common goals. There are various types of power vested on a leader like providing rewards or punishment.

- **Persuasion:** This is the ability to motivate people to follow a certain goal.

- **Vision:** Leadership implies having a vision of future and leading the team accordingly.

Leadership arises only where there is group with norms striving to reach a goal. The main objective of leader is to make the followers act or behave accordingly in order to reach to a common goal. In such collectivism, leaders play a very important part in bringing about group cohesion. Irrespective of the size of the group, the essential feature is in the narrower sense of the team is that, there is group structure with status and role relationships and a hierarchic organization. The leader-follower relationship involves social interaction, face to face, as well as indirect, by means of communication.

Gibb (1969) has given the following list of seven aspects of leadership behaviour:

- Performing professional and technical specialty.
- Knowing subordinates and showing consideration for them.
- Getting channels of communication open.
- Accepting personal responsibilities and setting an example.
- Initiating and directing action.
- Training men as a team.
- Making decisions.

Thus a successful leader is persuasive, manipulative, charismatic and can easily influence others. A leader is desired to be an expert in problem solving, decision making. Based on the qualities of leadership, the leaders have been classified in to the following types:

- **The institutional leader**

  Such a leader may maintain authority, and build up a thoroughly coherent group. The danger with this group is that it inevitably tends to become rather narrowly self-contained and non-adaptable. If, by force of circumstances, it is thrown into close contact with groups of another type, it may show itself rigid and unfriendly. Nevertheless, to exalt the symbol is the only way in which the leader whose power is in his post rather than in himself can consolidate his authority. Such a leader, since he must emphasize rank, has to maintain an attitude of aloofness in general, so far as his followers are concerned.
The dominant leader

The dominant leader is one who impresses, commands, shapes, and sways his men, presents a number of extremely interesting psychological problems. It seems certain that the hereditary basis of this type of character is so strong, that nobody who does not possess it can by training learn to control men in the dominant manner. It is in reference to the second and third classes of leaders that it is more or less true to say that a leader is born and not made.

The persuasive leader

The persuasive type of leader is, in many respects, psychologically the most interesting of all. He is, as a rule, very much the most complex and subtle character. He has always played an important part in social life, but tends to come more and more to the front as society develops. This is the political type of leadership, the civil type, the administrative type.

In conclusion, studies have shown that effective leadership styles are situation specific. The most effective leaders are those who can develop a range of leadership styles and those who know when to apply each style.

3.8 SOCIOCOLOGICAL THEORIES RELATED TO MENTAL HEALTH

3.8.1 Sociological Aspects of Mental Health

The sociological perspectives of mental health and illness are mainly based on theoretical. For example, mental disorder has been viewed to be related to the existing culture and the society to which the person belongs. The following sub sections briefly points out the various views of mental health and illness from a sociologically based perspective.

3.8.1.1 Social Causation

Theories have been put forth to explain the role of socially derived stress in the etiology of mental illness. This social approach to understand the causes of mental illness puts emphasise on the relationship between social disadvantage and mental illness. Sociologists have considered low social class and/or poverty as the main indicator of disadvantage and study the relationship between mental health and social class. However, social class has not been the only variable investigated within this social causation perspective. Disadvantages related to race, gender and age have also been studied.

3.8.1.2 Critical Theory

The relationship between socio-economic structure and the inner lives of individuals has been of interest for many writers during the twentieth century. For example, attempts have been made to understand people’s biography in relation to their social context and vice versa. Freud and his associates attempted to use insights which they had from an individual’s psychoanalytical process and extended this process to understand the societal processes. In the Frankfurt Institute of Social Research the members of the institute were known as the critical theorists. They explored the inter-relationships between the material environment of individuals and their cultural life and inner lives.
3.8.1.3 Social Constructionism

Social Constructionism is a branch of sociology that questions the prevailing commonly held views on the nature of reality. It touches upon the themes underlying what is considered as normality and abnormality in a particular society within the context of power and oppression in societal structures of that society. For example, the concept of a social construction of schizophrenia denotes that the label of ‘schizophrenia’ is one that has been socially constructed through ideological systems. These ideological systems are often not empirically defined as there is no definitive evidence for the causes of schizophrenia currently.

3.8.1.4 Social Realism

Social realism, in sociology, refers to the assumption that social reality, social structures and related social phenomena have an existence over and above the existence of individual members of society, and independent of our conception or perception of them.

The sociological perspectives of mental illness hold the view that it is essential to consider the social phenomena in contributing to the causal process of the illness.

3.8.2 Structural Strain Theory

Structural strain theory locates the origins of disorder in the broader organization of society. In order to prevent or reduce mental illness, society should be restructured to reduce levels of stressors or to enhance coping capacity. Some social structures that cause stress are the effects of poor neighborhoods on mental health and disaster situations.

3.8.2.1 Effects of Poor Neighbourhoods on Mental Health

In a study by Faris and Dunham in the mid 1930’s, in Chicago, previous residences of all patients admitted to hospitals for schizophrenia and other psychoses was recorded. They found that schizophrenic patients had lived in poor areas of the city, concentrated in the inner urban core, with high population turnover, a high percentage of rental apartments and boardinghouses, and a high percentage of foreign-born (probably immigrant) residents. Thus, they observed a pattern. Schizophrenic tended to live in neighborhoods in which few people knew one other or formed lasting ties. This study concluded that schizophrenia was caused, in part, by social disorganization and the prolonged or excessive social isolation that it produced.

This conclusion was later not acknowledged. In 1965 Dunham suggested that disorganized neighborhoods do not produce mental health problems in residents. Instead, disturbed persons selectively migrate into such neighborhoods because their poor mental health prevents them from having the jobs or money needed to live elsewhere. However, the bulk of the evidence from studies favors the causal influence of disorganized neighborhoods on mental health. This is because poor neighborhoods are characterized by high rates of racial segregation, unemployment, single-headed families, residential instability, crime, and physical decay, among an array of other disadvantages. These features of neighborhood organization have distressing and depressing influences in themselves. Neighborhoods, in short, are contexts or structures that generate chronic strain as well as magnify community members’ personal difficulties.
3.8.2.2 Survivors of Disaster

In 1976, a study was conducted by Kai Erickson on the survivors of a disaster. After a heavy rain fall, early one morning in 1972 in West Virginia, a dam constructed poorly by the Buffalo Mining Company crumbled and released tons of floodwater, which washed out 13 small coal mining communities in the valley below. Many were still fast asleep and were caught by surprise. Many were injured, 125 people were killed, and literally everything in the floodwater’s path was destroyed or swept away. The survivors were then taken by the federal to house them in scattered locations. Through in-depth interviews with survivors, Erikson and other researchers found that the shocks of destruction and damage caused by the flood were compounded by the sudden and permanent loss of community. Connections with kin and long-term neighbours and friends were cut by the survivors’ placements in haphazard emergency housing. Almost all of the survivors suffered from at least some symptoms of post traumatic stress disorder, which took years to dissipate.

Therefore, it can be noted that there are harmful consequences of social isolation or the lack of social integration. Social isolation can also take place at the individual level in terms of holding social roles.

3.8.2 Implications of Applying the Sociological Theories in the Field of Mental Illness

Studies have reflected that mental illness has been prevalent among those who are socially and economically disadvantaged or low in power and influence. The idea of the organisational role in the aetiology of mental illness is unique to this approach and may be neglected in other approaches to mental illness. In order to understand the complex and multiple causes of mental illness, it is necessary to study the stress caused by social systems, social institutions, and community contexts. Structural strain theory suggests that to prevent or reduce mental illness in society one must intervene in fairly large-scale ways, for example, by combating racial segregation, bolstering access to college education, buffering spikes in the unemployment rate, and expanding services for the elderly.

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<td>Fill in the blanks :</td>
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<td>1) ........................................... refers to the assumption that social reality, social structures and related social phenomena have an existence over and above the existence of individual members of society.</td>
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3.9 LET US SUM UP

It can be summed up from the above discussion that social behaviour is a result of interdependence, interaction and influence exerted between the members of a particular society. Further, a person’s behavior is influenced by social attitudes, social perception, attribution style, social influence and group process. This is particularly applicable to the field of mental health. In addition sociological theories explain the causes and consequences of social structures and situations that affect mental health. Social attitude towards mental health maybe favorable or unfavorable as it involves evaluation of an entity. Therefore the understanding and management of mental health issues are affected by social attitude. Secondly, how people perceive themselves socially can explain certain conditions in mental health. Also, communication plays a significant role in the process of social perception. Social influence such as conformity, deviance and prosocial behaviour explains the way in which people behave and change behaviour in the presence of others. The factors that influence group membership and behaviour helps in understanding important issues such as prejudice, stereotyping and stigma. Leadership and social power allows us to predict how they can be used to change social behaviour and attitude. Finally, the sociological theories explain social phenomena in contributing to the causal processes of mental illness.

3.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1
1) True
2) False
3) True
4) False

Self Assessment Questions 2
1) Social realism
2) The dominant leader
3) an attitude (usually negative) towards members of a specific group, based solely on their membership on that group
4) touches upon the themes underlying what is considered as normality and abnormality in a particular society within the context of power and oppression in societal structures of that society.

3.11 UNIT END QUESTIONS

1) Write in detail about social attitudes and the ways to change them.
2) What is attribution?
3) What are all the dimensions of attribution?
4) What is attribution error?
5) How is attribution applicable in clinical setting?
6) Write about group process and the concept of prejudice in group members.

7) Describe Stigma.

8) Write about the concept leadership and its role in sociology of mental health.

### 3.12 REFERENCES


