

3: Mental Illness

Discovery

Mental illness is feared, stigmatized, and treated as though it is statistically unusual

Some behaviors associated with mental illness are deviant in that they are unexpected and disruptive

Mental health deviants have high level of distress and disorder that go beyond the observed population

Over the past two centuries, mental illness has been studied almost exclusively by experts (DSM-5)

Mental illness has been taken out of social, cultural, and moral context, viewed only in terms of the **disease model**

Mentally ill people are expected to fill the **sick role**, to “treat” themselves and fix their illness.

- How you play the “sick role” affects how society sees you as norm-breaking or norm-adherence
- Deviance from the “sick role” could be viewed as failure to meet the social responsibilities of mental illness
- However, the very condition that leads to mental illness can prevent people from abiding by the “sick role”

Historically, methods used to treat mental illness have often been harmful

- Palliative and curative prescriptions, such as neuroleptic drugs and antidepressants, have been shown to exacerbate rather than ameliorate mental illness

History of Mental Illness

Early understanding of mental illness

- Notions of evil spirits
- Mentally ill are punished by witches and devils
- Communities heal mentally ill by “casting out demons”

1247: Bedlam Asylum (Simon Fritz)

- Chained mentally ill for public observation

1800s Increase in professional nursing

- Moral treatment advocates fought for humane, safe, and clean mental institutions

1914 First world war

- Soldiers had shell shock
- People realized that mental illness can be caused by trauma
- Cause and effect

1945 after second world war

- Chemical cures for mental illness indicated chemical, not moral, roots of illness
- HOWEVER.. Popular opinion still saw mental illness as weakness

1950+ modern social science

- Realization that social factors affect mental illness

1950+ quantitative methods

- Noticed mental illness was more prevalent in certain geographies, and living situations
- Neighborhood disadvantages (poverty, danger) are associated with above-average rates of depression and substance abuse
- Rates are also higher in areas of high residential mobility
 - Areas of residence changes and uncertainty: low income households, renters, young families

Robert Faris and Warren Dunham

- Found high rates of schizophrenia in slum neighborhoods
- People living in slums are segregated from normal social contracts
- These people are likely to develop seclusive personality (a main trait of schizophrenia, they believed)

Present day

- We are more accepting, open-minded
- Mental illness includes more than psychotic disorders
- Suicide often comes from depression, and is a consequence of mental illness or anomie
- ***** on the test this will be related to Durkheims categories of suicide

Mental Illness in Canada

- Each year, over 12% of population suffer from anxiety disorder
- 20% of Canadians suffer from mental illness in their lifetime
 - ~7,620,000 Canadians
- Mental illness is a leading social and health problem

Characteristics of Mental Illness

Mood Disorders

- The most common mental illnesses are a combination of biochemical, psychological, and social causes
- Around 8% of non-institutionalized adults meet the criteria for **Major depression** at some point in their lives
 - Incapacitating sadness, and sensed isolation
- Mood disorders can include:
 - major/clinical depression
 - Mania
 - Bipolar disorder (mania and depression alternation)
 - Dysthymia (chronic mild depression)
- Women are twice as likely as men to be depressed, two or three times as likely to develop dysthymia
- The presence of a second mental illness increases the severity of the original illness

Mania (heightened moods) experience:

- Uncontrollable streams of ideas
- Inability to sleep
- Heightened self-esteem

Depression:

- Decreased energy and interest
- Desire to isolate from others
- Feelings of guilt
- Suicidal thoughts

Schizophrenia

- Uncommon
- Causes difficulty interpreting reality
- Causes difficulty performing basic tasks
- Results from biochemical disturbances in the brain
- They also experience
 - Hallucinations, delusions, disorganized behavior, and social withdrawal
 - Early on, they may lose their ability to sleep, concentrate, and/or relax

Schizophrenia

- Though some people maintain healthy lifestyles, people with schizophrenia:
 - Are unlikely to marry (60–70%)
 - Are likely to abuse substance (up to 80%)
 - Are likely to attempt suicide (40–60%)
 - Are more likely to attempt suicide (15–25x that of the general population)
 - Are likely to commit suicide (10%)

Anxiety Disorders

- Phobias, panic attacks, and/or obsessive compulsive disorders
- Typically develop during adolescence, they limit education, work, recreation, and social participation
 - Each year, 9% of men and 16% of women

Suicide

- Social in its causes and consequences
- Durheim says suicides are **social facts**, revealing a great deal about societal cohesion and personal connectedness
- Suicide contagion is known as the **werther effect**
 - 1774, Germany and France, wave of suicides, *the sorrows of the young Werther*
- Divorced people without children are prone to suicide
- Suicide is a result of depression and loss of meaning, often resulting from a troubled family history, poor family functioning, and conflictual parent-child relationships.
- An estimated 90% of suicide victims had diagnosable psychiatric illnesses
- Suicide is highly gendered
 - Women more likely to commit suicide
 - Men more likely than women to succeed in suicide attempt
 - Women are more socially connected than men, but are more economically disadvantaged
- Risks of suicide increased by parents with
 - Excessive criticism
 - Over protectiveness
 - Weak bond
 - Lack of emotional expressiveness

Communities and Subcultures of Mentally Ill

Mentally ill people often end up in similar communities

Mental illness often associated with homelessness

Public communities of mentally ill people are often the result of **deinstitutionalization**

Goffman's Asylums

- Discusses the defining features of **total institutions**
 - Places where people are cut off from society
- Mental hospitals, convents, prisons, and military institutions
 - Organized to exercise total control of inmates
 - All aspects of life conducted in the same place under a single authority
- Asylums are not healthy!
 - Getting rid of asylums requires social supports to integrate people back into the broader community

Media Depictions of Mental Illness

Mass media depictions of the mentally ill tend to follow three emotional arcs

- Tragedy (most common)
- Comedy
- Patronizing sympathy

Hollywood depictions

- "Loveable simpleton"
- "Disables-as-eccentric"

Social Support Networks

Support for mentally ill people include

- Informal networks of other mentally ill people (especially online)
- Personal networks based on kindness and friends
- Voluntary or charitable support groups
- Formal groups organized and funded by government

Social networks provide emotional support and instrumental support and social control

- They get sick people to address their medical needs and use the health system
- Larger, more cohesive networks, are better for people's health
- The greater a person's **social capital** (social and family resources), the better his or her chances of avoiding hospitalization
 - More likely to use outpatient services

Theories

Theories of Mental Illness

Functionalist theory

- Social disorganization → conditions of modern life (rapid change, disrupted relationships, and social isolation) leads to anomie and egoism → leads to greater mental illness
- Functionalists continue to study the importance of social (dis)organization as a source of mental illness and health

Symbolic Interactionist Theories

- Stress the importance of labels and the casting of people into the “sick role”
 - Receiving a label means becoming an outsider
 - Ill people may avoid seeking help to also avoid being rejected
- **Deinstitutionalization** was considered a triumph by symbolic interactionists
 - Integrated mentally ill with normal society
 - Reflected the influence of Goffman’s asylums
 - Institution inhabitants decreased by 60% between 1965 and 1985

Critical Theories

- Mental illness are reflections of the unequal distribution of social stresses, vulnerabilities, and disadvantages in society
- Mental health requires access to satisfactory food, housing, clothing, security, and health care
 - People in higher positions have better access to resources, more likely to remain healthy

Postmodern approaches

- What we believe about mental illness is an ideological product
- The **diagnostic and statistical manual of mental disorders** (DSM-5) is a compendium of cultural assumptions that mask the biased methodology used to discover these findings
- Michelle Foucault: Madness and Unreason
 - The idea that the “mad” are sick and in need of mental treatment is not an improvement on earlier thinking
 - Modern treatment of mentally ill is harsh and unsympathetic
 - Theories of madness reflect a bourgeois civilizations preoccupation with productivity and profit

Consequences

Social and Health Consequences

Crime and Victimization

- Mentally ill more likely to have verbal and physical conflict
- Mentally ill people more likely to be victims
- Prisons have a higher than average rate of mental illness

Stigma

- Arises from superstitions, lack of knowledge, old belief systems, and a tendency to fear and exclude people we perceive as different
- Stereotypes about mental illness are learned in early childhood
 - “Duh”
 - “That’s crazy”

Mental Illness and work

- Mental illness leads to unemployment
 - 70%-90% of mentally ill are unemployed
- Often leads to lower self worth

Economic Consequences

- Public interested in the cost of mental illness
 - Loss of employment, earning and productivity
- WHO predicts that by 2020, depression will be the second leading cause of disability burden
- Depression may cost Canada as much as \$14.4 billion a year
- Prescription drug manufacturing is a huge business

Social Policy Implications

- Education
- Poverty reductions
- Diagnosis
- Family-based care in suicide prevention
- deinstitutionalization