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| **Item C**  Many people see mental illness as arising purely from an individual’s biological or psychological characteristics. In contrast, sociologists identify social class, gender and ethnic differences in mental illness, linked to social experiences in everyday life. Other sociologists suggest the diagnosis of mental illness is a form of social control, concerned with attaching medical labels to behaviour that breaks social norms and of which dominant groups disapprove. |

**Applying material from Item C and your knowledge, evaluate sociological explanations of mental illness.**

**[20 marks]**

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| **KEY:**  Yellow – Use of the item  Red - Evaluation  Underlined – Key Terms  **Bold Purple** – Sociologists  Green - Examples |

In the past, mental illness was misunderstood. For example, madness was associated with visions of the end of the world, with evil or demonic possession. Most people were locked away in institutions and madness was kept out of sight from most of society. Whilst times have developed from locking those with mental health conditions away in asylums, the biomedical approach has dominated thought and practise when it comes to mental illness. This approach sees mental illness, like any other illness, *‘as arising purely from an individual’s biological or psychological characteristics’* and something which can be cured with medical drugs and then the individual is ‘fixed’ and can return to their role in society. There are many issues with this biomedical approach mainly that it is cure orientated and doesn’t focus on the cause of mental illness and just attempts to fix conditions such as depression through drugs, contributing to the medicalization of society. This approach is not enough for sociologists who believe that mental illness has a social cause and needs to be understood by examining patterns of behaviour, social control and labelling. This essay will evaluate various sociological explanations of mental illness.

The item states that some sociologists *‘identify that social class, gender and ethnic differences in mental illness, are linked to social experiences in everyday life’.* For example, **Brown** claims that women are more likely to suffer from a mental illness due to the fact they lead more stressful lives. Due to the social role women tend to play, women are at more risk of poverty, debt, unemployment and poor housing conditions, particularly when faced with marital breakdown or domestic violence. The situation women often find themselves in can cause feelings of stress, anxiety and depression. Other patterns to be noted are that the working class **(Link and Phelan)** and ethnic minorities **(Nazroo)** tend to suffer from mental illness more than others. This understanding of mental illness comes from social realism. Social realists believe that mental illness is a condition which does exist but as opposed to having a biological cause it is caused by the structure of society. One limitation of this perspective is that it cannot explain the stigma towards mental illness which exists and therefore only explains some aspect of how mental illness is understood in society. Equally, it ignores the biological dimension (use of drugs) of mental illness which has improved the experience for many patients across the world.

Another factor that the item states is that *‘mental illness is a form of social control’*. This perspective is dominated by **Foucault** who is a Structuralist. He states that mental illness is a way that those with power can control individuals in society. He sees the medical profession as an agent of social control, who work alongside the criminal justice system to ensure that problematic people (i.e. the mentally ill) are under surveillance. **Foucault** claims that psychiatrists have a powerful discourse, which gives them the power to define what is normal and what is abnormal. This is supported by the use of DSM (Diagnostic Statistics Manual) which Doctors and Psychiatrists use to diagnosis mental illness. Once diagnosed, patients can only be relieved of the condition (or let out of an institution) once a psychiatrist has decided they are ‘better’ meaning their fate is totally in the hands of medical professionals. Another issue is that recently, the DSM includes many forms of behaviour, which most would consider normal, as a mental condition such as shyness in children or bereavement. This means that there is less and less behaviour which is considered normal, thus controlling the way individuals behave further. One issue with this Structuralist viewpoint is that it assumes that all Doctors are in the job for the power and control of humans. However, Functionalists point out that many Doctors work altruistically, meaning they are selfless and want to help others. This is a significant contrast to the negative portrayal of medical professions that Foucault describes. Additionally, Foucault’s ideas do not provide a solution to the crisis in mental illness which is currently being seen in the UK. Research from **Rosenhan** also questions the reliability of DSM diagnosis, which further questions the role of psychiatrists in society.

Item C also claims that mental illness can be understood by looking at the attachment of ‘*medical labels to behaviour that breaks social norms’.* These ideas come from **Scheff** and **Szasz** who use a combination of Marxism and Interactionism to understand how mental illness is understood sociologically. **Szasz** is an advocate of anti-psychiatry and claims that psychiatry is fraudulent. This is because psychiatrists and doctors have to guess what the patient is going through due to the lack of physical symptoms. Because of this Szasz claims that mental illness doesn’t exist, it is purely a social construction which cannot be treated. **Scheff** states that therefore Doctors use the label of mental illness to attach to ‘bizarre’ behaviour which they do not understand. This label links to **Foucault’s** ideas about social control, and is used to explain away or justify treatment of behaviour that cannot be made sense of or explained by any other way. The label is applied to rule breaking behaviour, or behaviour which poses a threat to a smooth running society. Both Scheff and Szasz believe that once labelled patients will go through a form of self-fulfilling prophecy and live up to the label that they have been given, based on the stereotypes of the mentally ill which they learn from a young age such as ‘loonies’. This is a controversial perspective as not only does it undermine the work of psychiatrists who train for years to be able to help others, it also undermines the experience of many people who are mentally ill suffering significantly with the symptoms, as well as giving them no hope that there is no cure. The biomedical approach suggests otherwise as drugs are regularly prescribed for all kinds of mental conditions.

Continuing with this idea of labelling which is seen in Item C,**Goffman** furthers the ideas of the anti-psychiatrists, but examines what happens after admission to an institution. As opposed to help people get better, the conditions in an asylum reinforce the behaviour of madness. It is in this institutions that patients who have been labelled learn to act mad. This is not helped by the mortification process, where individuals are stripped of their identity. In Goffman’s work ‘Asylums’ he used participant observation to examine the subcultures which exist in a mental institution. He established many different ways that patients will act. Some will conform to the rules placed on them by the institutions acting like the model patient, others will become dependent on the asylum, effectively becoming institutionalised. Some rebel and some keep their head down in the hope of early release. However, the treatment of patients in an asylum made it very difficult, if not impossible to return to society as normal, not only due to their isolation but due to leaving them with a lack of identity and low self-esteem. In turn, as opposed to treat mental illness it makes their condition worse, and they either never leave the institution or keep being readmitted when attempting to cope with normal society. **Goffman’s** work has merit as he goes beyond what happens after diagnosis. However, methodologically his work is based on a small sample and there are questions over generalisability. Additionally, many asylums are no longer used due to the poor treatment of patients and the mentally ill are encouraged to stay in their communities whilst being treated. Many asylums were closed by Thatcher’s government in the 1980’s. This suggests his work is out of date.

In conclusion, all of the perspectives provide some level of understanding of mental illness. The combination of Structuralist ideas with social realism provides some insight into how mental illness is caused socially. By examining these perspectives we can begin to highlight how mental illness is caused and alongside the biomedical approach look at treating the cause and the symptoms of these conditions together. The explanations which use labelling provide some insight into what individual’s experience, but do not hint to what can be done to improve the state of mental illness in society. However, in a society where mental illness diagnosis is at its highest, and where the NHS are at loss of how to fund it and treat it effectively, sociological perspectives have a long way to go to improve the treatment and understanding of mental illness.