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MENTAL ILLNESS, WOMEN AND EXCLUSION: A SOCIOLOGICAL STUDY

Ms. Swaroop A. Waghmare

MA, NET , PhD Scholar, Department of Sociology, Tilak Maharashtra Vidyapeeth, Pune.

ABSTRACT:

Disease has been one of the fundamental problems faced by every human society and every known society has devised ways and means to cope up with the same and there by created a system of medicine. It is related to such beliefs and practices which are part of health system of a given culture to which the term ethno-medicine is applied.

This paper throws light at the perceptions and attitude of parents and relatives having female mental patients. The authors have studied – respondents of female patients (parents & relatives) to unveil the concept. Focused group interviews of a few medical and paramedical personnel have been taken including social workers.

The study reveals that the attitude of the family members and parents towards female patients admitted in Regional Mental Hospital, Pune is by and large negative which reflects in their attitude towards health and nutritional care of the patients.

The findings of this paper are significant from theoretical as well as practical perspective as not much research is done by sociologists in India from this perspective.

KEYWORDS*: Women, Mental Patients, Attitude, Lower Caste, Family & Relatives..*

INTRODUCTION:

Disease has been one of the fundamental problems faced by every society and every known society has developed ways and means to take care of the sick in the community, thereby creating a system of medicine. It is to such beliefs and practices which are part and parcel of a culture the term ethno-medicine is referred to (Hughes Charles 1968; Tribhuwan Robin 1998).

Depending on the people's perceptions regarding the origin and cause of an illness the decision for choosing a therapy takes its course. Tribhuwan Robin and Gambhir R. D. (1995) in their paper captioned Ethno-medical pathway: A Conceptual Model have highlighted how a patient takes a decision to choose a therapy in a given cultural situation.

Concept of Health

As indicated by the World Health Organization (1948) "Wellbeing is a finished condition of physical, mental and social prosperity, and not simply the non appearance of illness.

Thus a healthy person is one who-

a) has a sound body
b) is happy and contented
c) is capable of living in harmony with other, and
d) tries his best to keep others happy.

Hence, a healthy person is physically, mentally, socially and spiritually well.

Concept of Mental Health

Jahoda Marie (1958) summarized the general characteristics of mental health regarded as important by various authors under the following headings: self acceptance, integration of personality, ability to withstand stress, autonomy and independence of social influences, perception of reality free from need

distortion and environmental mastery. Each of these characteristics contains terms that cannot be defined objectively except by making assumptions about social values.

CONCEPT OF MENTAL ILLNESS

Broadly mental illness is defined in terms of four factors:
1. Whether there are glaring psychological and social symptoms;
2. Whether the behaviour departs from some statistical concept of normality;
3. Whether the behaviour is injurious to self and others; and
4. Whether it violates conventional norms.

The symptoms are:
a. Using speech that is senseless
b. Engaging in violent or self-destructive behaviour
c. Seeing things that do not really exist eg, hallucinate
d. Withdrawing into states of extreme depression or unresponsiveness

Types of Mental Illness (Deman, Dinesh; 1992)

There are different types of mental illnesses. Some are severe and some are mild in nature. Broadly, mental illness can be classified in three groups:
1. Psychosis – the severe type of mental illness;

Psychosis is illness in which patients talk and behave abnormally. The functions of the body and mind are severely disturbed resulting in impairment of individual and social activities. Patients lose touch with reality and people label them as 'mad'. Patients are not even aware of their illness and they neglect their needs and works. They even hear voices and see things which do not exist, ie, they hallucinate.

The medical practitioners recognize two broad types of psychosis:
a) Organic
b) Functional

The former has physical causes ie; is caused by bodily illness or damage to brain, or consumption of alcohol, drugs etc. The latter has no clearly defined physical cause and is assumed to have a psychological basis. The two sub-types of organic psychosis are: acute (of short duration) and chronic (of long duration), while the three main sub-types of functional psychosis are: Schizophrenia, Mania and Paranoia.

i) Schizophrenia: It literally means a 'split mind'. The personality becomes disintegrated and detached from the social environment. It is defined as a disorganization of normal thought and feeling, ie; feelings and thoughts of patients suffering from this are not integrated together. It varies in its symptoms. Malfunctioning of certain brain cells is believed to be its important causative fact. Environmental stress precipitates schizophrenia in pre-disposed individuals. Schizophrenics may withdraw from reality or distort it to suit themselves. A Schizoid personality has a tendency towards over-sensitivity and distrustfulness. An attack begins with gradual or occasionally sudden withdrawal from day to day activities. The emotional responses become inconsistent and speech disorganized. This illness accounts for about half of the chronic mental cases. (Julian Joseph, 1977)
ii) Manic Depression: It is another form of psychosis in which the individual shows moods of extreme excitement or depression. The cycles of mood vary in length and regularity. (Frank J. McVeigh, 1978)
iii) Paranoia: It classifies those who are extremely suspicious of others and imagine they are being persecuted by someone, real or unreal. No logical argument can convince this person that he is not in danger. Often, other behaviour patterns tend to be normal and the person may otherwise be realistic. (Arnold Buss and Eldth H. Buss, 1969)

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2. Neurosis – minor type of mental illness;

Neurosis is a mild type of mental illness wherein patients show either excessive or prolonged emotional reaction to any given stress. They have symptoms like anxiety, fear, worry, tension, sadness, vague aches, and pains etc. They are aware of their problems and seek help. These patients lose ability to interact with others and fail to carry on normal functions. Various neuroses include depression, hypochondria (constant feeling of illness), obsessive neurosis (compulsive behaviour, eg; washing one's hands frequently). Phobia (an unreasonable fear) and psychosomatic illness (emotionally caused headaches, ulcers etc)

3. Other disorders – It includes: epilepsy, hysterical fits and mental retardation;

Epilepsy comes in attacks in which patient loses consciousness and falls down anywhere. It occurs at any time, place and situation. Children and young adults are more often affected by it. (Manual of Mental Health for Multipurpose Workers, 1985)

Hysterical fits, unlike epilepsy, occur at specific time, place and situation.

The shortcoming of above classification is that symptoms of different types tend to be unreliable over time. Persons may exhibit symptoms of several classifications at the same time or consecutively. Agreement among psychiatrists rarely exceeds 50 per cent on what form of psychosis or neurosis a person suffers from or even whether he is psychotic or neurotic. Cememetxki and Abott and Rosenhan have also observed that the symptoms of the various forms of mental disorders are vague and abstract.

OBJECTIVES OF THE PAPER:

Given the above background, the present paper aims to highlight, social exclusion issues associated with female mental patients in a given socio-cultural context, keeping in view the following objectives:

1. To understand the ratio of male-female patients admission in mental hospitals.
2. To unveil the causes of mental breakdown among female patients.
3. To document the attitude of family members and relatives towards them.
4. To understand their problems after they are discharged by the hospital authorities.

THEORETICAL BACKGROUND

Health and illness is not only because they are intrinsically interlinked and interesting but also disease is considered as an outcome of organization of society. Sociologist depending on their model of society develops different explanation of the social shaping and production of disease. Marxist emphasize on the role of class; Feminists the role of patriarchy; Foucauldians the way society is administered by professionals; and those focusing on ethnicity, the impact of racism. Disease and inequality are interlinked. The outcome of the unequal distribution of political, economic and social resources necessary for healthy life is social gradient of health. (White, 2002)

A simplified overview of the Sociology of Health

Theory	Model of Society	Cause of Disease	Role of the Medical Profession
Marxist	Conflictual and Exploitative	Putting profit ahead of health	To discipline and control the working class and provide individualized explanations of disease
Parsonian	Basically harmonious and stable set of interlinked social roles and structures	Social strain caused by meeting the demands of social roles	Rehabilitate individuals to carry out their social roles
Foucauldian	A net of power relations, with no one	'Diseases' are labels used to sort and	To enforce compliance with 'normal' social

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	dominant source – Administered Surveillance	segregate the population to make it easier to control.	roles and to ensure that we internalize these norms
Feminist	Exploitative and repressive of women through patriarchy	Carrying out the social role enforced on women by patriarchal men; the medicalization of a around her reproductive life cycle	To enforce conformity with patriarchal norms of femininity and motherhood

Source: White Kevin (2002) An Introduction to the Sociology of Health and Illness, Sage Publications.

Political Economy and Marxist Approaches

Researchers in the materialist and Marxist traditions have produced one of the most powerful sociological accounts of the production of disease and its social pattern of distribution. These methodologies stress the deciding job of monetary interests in both creating sickness and in forming the manner in which it is managed. Marxists contend that medication serves a key capacity in industrialist social orders: it accuses the casualties of infections, which are brought about by the business people's quest for benefit, for their own condition. Moreover, the very manner by which illness is dealt with is itself a part of entrepreneur society. The restorative calling goes about as a specialist of social control of the regular workers, individualizing and depoliticizing ailment, and controlling access to the wiped out endorsement. Staggering expense, specialized 'fixes' are sought after, which don't mend individuals yet do deliver tremendous benefits. Prescription in an industrialist society mirrors the attributes of free enterprise: it is benefit situated, accuses the person in question, and recreates the class structure regarding the general population who become specialists (for the most part male, secretly taught upper-white collar class understudies) or medical caretakers (by and large lower-working class ladies). Access to wellbeing administrations likewise reflects class disparity.

Parsonian Sociology of Health

An elective examination of medication is given by Talcott Parsons, who contended that cutting edge social orders, while having an entrepreneur economy, have non-industrialist social structures. He contends that the medicinal calling is one such structure. Therapeutic experts are roused by elements other than profiting, for example, thinking about their patients. They play out a key non-monetary capacity by acting in light of a legitimate concern for the entire network, treating people explicitly for their malady, without condemning them, and using the best of logical information. They are, in the event that you like, an equalization to the fly-wheel of aggressive private enterprise in which the market would some way or another keep running over people. In the meantime, Parsons goes onto make the significant point that medication is a noteworthy foundation for con-trolling abnormality in present day social orders. It isn't only a kindhearted foundation dependent on logical consideration, however acts to check the degenerate inclinations of people, who generally may endeavor to get away from their social jobs. Parsons contends that the strains of present day life might be so extraordinary as to drive individuals into the wiped out job to get away from their typical obligations, and this inclination should be checked. So while he has a more ideal point of view on prescription than the Marxist, regardless he considers it to be playing out a social capacity that is past its case to be the simply logical treatment of infection. Parsons' examination indicates how the therapeutic calling acts to control persuaded abnormality and gives a record of ailment as a reaction to social strain. Parsons' concept of the sick role is a very useful concept for problematizing the idea of disease as natural and biological, but is limited in its focus on acute illness episodes. Overall, Parsons' 'consensus' focus on modern societies as stable is not as true as it appeared to him, writing in the 1950s. Neither is his picture of the altruistic workings of the medical profession as persuasive as it might once have been.

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Foucault's Sociology of Health

It is with the improvement of the classification of malady, the result of the professionalization of prescription, that Foucault is concerned. Michel Foucault points out another significant part of current society: it is a controlled society, in which proficient gatherings characterize classes of individuals – the wiped out, the crazy, the criminal, the freak – for a regulatory state. For Foucault, prescription is a result of the regulatory state, policing typical conduct, and utilizing credentialed experts to authorize consistence with the 'ordinary'. Present day society is a rendition of Max Weber's Iron Cage, in which the calling (and its illness classifications) professional vide a totalizing observation of residents. Foucault likewise makes the significant point that the greater part of us, more often than not, have disguised these standards of conduct and seldom require the administrations of the helping experts. As will be seen, his argument raises serious questions for the Marxist and the feminist positions. For feminists modern society is patriarchal and men wield power over women who are forced to comply with men's definitions of how they should appear and perform. In any case, Foucault's hypothesis ofpower accentuates its diffuseness and the eagerness of the vast majority of us – people – more often than not to conform to societal standards. Similarly Foucault's contention challenges Marxist records that emphasis on power as unified in the hands of the industrialist class. For Foucault control isn't the property of any one gathering, regardless of whether situated in class connections or man centric society. The value of Foucault's position is the manner by which he verifiably finds medicinal information, particularly considering the improvement of the human science of the body. By indicating how the body is verifiably developed, Foucault has been appropriated and reached out by women's activists who demonstrate that it is the development of sexual orientation explicit bodies that needs investigation.

Feminist Approaches

The case the Marxists ignore the manners by which contemporary life isn't constantly molded by financial variables, that Parsons does not go exceptionally far in archiving the 'strains' of public activity, and that for all his enthusiasm for bodies, Foucault does not talk about sex. Women's activist humanism looks to expand and grow particularly Marxist and Foucauldian social science. Women's activists' key contention is that the manner by which we are associated into manly and female social jobs will have a deciding impact on our wellbeing and sickness. They contend that medication assumes an essential job in authorizing adjustment to these social jobs, and is particularly focused at ladies. This is on the grounds that controlling ladies' capacity to duplicate is integral to a male centric culture. It is no mishap, the women's activists contend, that practically all the therapeutic consideration paid to ladies is around their conceptive organs and their life cycle as it identifies with their capacity to have kids. As a rule, the determinations and treatment of ladies as ailing are close to daintily masked social standards of ladies' proper social jobs, particularly their job as mother There have been powerful accounts of the role and function of modern medicine growing out of an intermingling of Marxism and feminism. Marxist-women's activists have contended that the starting points of private enterprise, man centric society and medication are interwoven. The need to ensure the authenticity of posterity to take into consideration the legacy of capital implied that the restorative calling assumed a pivotal job in the control of ladies. In contemporary free enterprise, the calling plays out the capacity of legitimizing the arches tic job of ladies in the 'private' circle, changing over into a 'reality' of nature, ladies' mothering and supporting jobs. It consequently ensures the raising and supporting of the up and coming age of laborers at least expense to entrepreneurs. It additionally makes ladies in charge of a bigger piece of the human services of the unrewarding parts of the populace – the youngsters and the matured. Feminist reactions to the way in which medicine 'medicalizes' their bodies have raised crucial issues at the centre of sociological explanations of disease. On the one hand, to explain women's experience of a capitalist patriarchy as 'disease' provides them with an explanation of the way in which they are oppressed. For example, arguing for the existence of pre-menstrual syndrome as a disease provides an account of their stress that has a social legitimacy. On the other, to transform their social experience

into a biological explanation leaves them powerless in the face of male medical practitioners' definitions of them as diseased.

Research Methodology

The findings of this paper are based on secondary data and qualitative analysis of socio-cultural background of female mentally ill patients in Regional Mental Hospital, Pune.

Locale of the study

The present study was carried out in Pune city.

Target Population

All the Indoor and Out-door patients registered in Regional Mental Hospital, Pune.

Using an Interview Schedule, **Personal Interview** were conducted to analyze the attitude of the respondents.

(ie; Family members/relatives of mentally ill patients, doctors, nurses, social workers etc).

Research Tools

An interview schedule was prepared to gather qualitative data from the respondents.

Analysis

Since the data was qualitative in nature it was analyzed manually and the facts were presented accordingly.

Findings

1. Male : Female Ratio

Studies by social scientists have revealed that the percentage of female patients in India is 307,094 (Disability Census 2011). Our study has revealed that the percentage of female patients in the Regional Mental Hospital Pune is almost 805 (34.65-35%).

2. Causes of Mental Breakdown

Focus group interviews with parents and relatives of female patients revealed that the causes of mental breakdown among females are:

a) Marital issues
b) Harassment at place of work
c) Dowry issues
d) Extra-marital affairs
e) Stress
f) Harassment by the in-laws
g) Infertility

3. Attitude shown by the parents and relatives

The main objective of the study was to assess the attitude shown by the parents and relatives were as below:

a) Negative attitude towards female patients

- It was observed that the parents and relatives of most female patients did not visit them. Furthermore, they would not mention that they have a mentally ill daughter in the family, due to the fear that their other daughters and sons will not get married.
- A few medical and paramedical staff revealed that the parents and relatives of female patients also showed negligence towards proper nutritional care of the female patients. Less or no nutritional care, higher the chances of sickness and weakness, further leading to higher chances of death.

- It was observed that if the mental patient is a male nutritional care was better as compared to female mental patients.
- The degree of social exclusion among female mental patients is higher than males.

Concluding Remarks

Primary data revealed that by and large the attitude of parents and relatives towards female mental patients is negative in terms of social, marital, physical, mental care, because females are considered to be weaker and second sex.

RECOMMENDATIONS

Given this background the author have given following recommendations:

1. Family counseling sessions should be compulsorily done every month in the mental hospital.
2. Community awareness programs should be introduced for mental health in society.
3. Guidance about nutritional care should be given for the development of patient.
4. Therapies should be introduced to help the patient to cope up stressful situations.
5. Employment opportunities should be created for women mentally ill patients.
6. Government mental hospitals should have a tie-up with NGOs/Civil Society to have better access to the grassroots of society.

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Ms. Swaroop A. Waghmare
MA, NET , PhD Scholar, Department of Sociology, Tilak Maharashtra Vidyapeeth, Pune.

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