SECTION – A

Answer the following questions in 1000 words each. 3 x 15 = 45 marks

1. Explain the psychosocial and socio-cultural causes of psychopathology.

Ans: PSYCHOLOGICAL FACTORS

Personality ‘traits’ are usually defined as those aspects of how one person relates to others, reacts to interpersonal stimuli and evaluates themselves over time. For all this, a person may laugh, cry, be angry, be thoughtful and act unkindly at different times. This does not mean that their ‘personality’ is constantly changing—it is the overall balance of thinking, feeling and behaviour that is important, not how they react in any specific situation.

A key factor is flexibility. More ‘mature’ personalities have a wider range of responses to cope with different circumstances. Those with a more limited range may manage in predictable situations but not in more challenging ones. For example, obsessional people may cope well with a highly predictable office job but do poorly in a management type position where tasks are less clearly defined. There are several causes of how personality develops. Most are based on close, long term clinical observations and offer important insights into how people think and feel.

1 Psychodynamics and the Parent-Child Relationship Freud emphasised the role of the early parent-child relationship in the development of mental illness. According to Freud, to the extent that the child did not successfully negotiate the psychosexual stages, mental illness would develop.

2 Attachment and Security The attachment model of psychopathology, developed by Bowlby resembles the contemporary psychodynamic models in that it also emphasises the early parent child relationship and how the resulting models of self and others guide development. However rather than being interested in people’s perceptions of their early experience, Bowlby was interested in the actual characteristics of the relationship. He relied on observational studies of parents and children to build his theory, rather than on retrospective reports of adults. The theory therefore has a strong empirical foundation.

3 Learned Behaviour Behavioural models suggest that all behaviours, abnormal included, is a product of learning, that is mainly learning by association. For example, according to the classical conditioning model of learning if a person experiences chest pain which results in anxiety while shopping in a departmental store, he may develop a fear of departmental stores and begin to avoid them because he associates them with anxiety. There is nothing inherently frightening about departmental stores, but this person fears them because of the association that he has formed with his earlier anxiety about having a possible heart attack.

4 Distorted Thinking Cognitive models of abnormal behaviour focus on the way people think about themselves, others and the world. Distorted cognitive processes—such as selectively attending to some information and ignoring other information, exaggerating negative feelings, expecting the worst, or making inaccurate attributions about events—have been shown to play an important role in various types of psychological disorders.

5 Family Theories Some psychologists have suggested that psychosis is a way of thinking and behaving acquired in childhood, usually as a result of the attitudes, communication and behaviour of parents. Fromm-Reichmann (1948) coined the term schizophrenogenic mother, to describe a parent who was cold, domineering and manipulative, and who had a marked tendency to induce conflict in others around her. According to Fromm-Reichmann, this combination of characteristics made these mothers unable to show normal affection to their children.

SOCIO-CULTURAL FACTORS

In contrast to the psychological and biological perspectives proposed by psychologists and psychiatrists, sociologists have long emphasised the influence of various socio-cultural factors on mental disorder. These factors are discussed below.

1 Social-Economic Status Social class is one of the most important causal factors for mental illness. This has been clearly and consistently demonstrated by studies related to mental disorder. It was found that those from the lower economic classes are more likely than those from other classes to become mentally ill. Although mental illness among the low socio-economic classes is more likely to be reported to the authorities, surveys on random samples of the population have consistently found a greater percentage of lower class people suffering from psychological symptoms.

2 Gender The next social factor associated with mental illness is gender. There are conflicting findings as to which gender is more likely to become mentally ill. In most studies women are found to have a higher rate of mental disorder, but some others find men to be more predominant or no difference between the sexes. Another social factor that has been associated with mental disorder is age. Studies conducted before the 1980’s suggested that older persons were more likely to suffer from mental disorders. This was attributed to societal neglect of the elderly eventually resulting in institutionalisation, where the neglect can continue. Yet, more recent studies in the 1980’s and 1990s show that the elderly are the least likely among all age groups to become mentally ill.

3 Race and Ethnicity A third social factor in mental disorders is race and ethnicity. Like gender, these have not been consistently found to be related to mental illness in general. While many studies have shown higher rates of psychological stress among minorities, the standard explanation has been that these groups experience more social stresses stemming from discrimination, poverty and cultural conflict.

4 Urban Environment An important social factor implicated in mental illness is the urban environment itself. Community surveys indicate higher rates of mental disorders in urban areas, particularly the inner city, than in rural areas, including the suburbs and...