Andreas Pavlou

Sociology 101

Period 2/January 5, 2015

Exploring the Sociology Behind Mental Illnesses- Are they “real?”

1. Research Questions

 This projected looked to examine the perception of mental illnesses amongst high school students, and possibly begin to extrapolate and predict where this perception stems from. The research was guided by multiple questions:

1. What do high school students consider symptoms and proper treatments for mental illnesses?
2. How easily will people admit that mental illness patients are treated differently than an average person?
3. What are the trends between a student’s views on mental illnesses and their race and/or gender, and why do they exist?
4. Why doesn’t society harbor awareness for mental illness in the same way that they do for the flu, chickenpox, or STDs?
5. When should society draw the line between a mental illness and deviant social behavior?
6. How does the conflict theory and symbolic inteactiolamism work for or against mental illness patients?

B. Hypothesis

Based on the research conducted it is predicted that a majority high school students aged 14-18 will downplay the severity of mental illnesses, and doubt the effectiveness of modern mental illness treatments. This may be in part due to gender, cultural values and teachings, personal experiences,or sheer ignorance of the broad and dangerous scope of sickness that falls under the umbrella term "mental illness." It is also predicted that the survey data will reflect society’s apprehension towards openly treating such diseases effectively.

C. Methodology

 In order to conduct this research, data was mainly collected through surveys, personal observation and interviews. Interviews were conducted either in person or over the phone, and surveys were done at random in school, with volunteers recruited from various classes, clubs and grades. With the survey and interview data, personal observation was used to support such findings along with outside statistics, articles, and studies.

D. Survey Questions

***1. What is your gender?***

1. Male\_\_\_\_\_\_
2. Female\_\_\_\_
3. Other\_\_\_\_\_\_

***2. What is your race? (check all that apply)***

Black\_\_\_\_\_\_ White\_\_\_\_\_ Asian\_\_\_\_\_\_ Hispanic\_\_\_\_\_\_

**3. *Do you have any* experience with mental illnesses or mental illness patients**

Yes\_\_\_\_\_ No\_\_\_\_

**4.Which of the following do you think can be symptoms of mental illnesses? (Circle all that apply)**

* Alcohol or drug abuse
* Changes in sex drive
* Excessive cleaning
* Withdrawal from friends
* Screaming in public
* Prolonged Sadness

**5. Which of the following are suitable treatments for mental illness? (Circle All that Apply)**

* Prescription Medication
* Religious or Spiritual Therapy
* Institutionalization
* Psychotherapy
* Out-patient hospital treatment
* Group Therapy

**6. *To what extent does each disease impact someone’s life? Please rate on a 1-5 scale, with 1 affecting one’s life the least, and 5 affecting their life the most.***

* Mild Anxiety \_\_\_\_\_\_\_\_\_The Common Cold\_\_\_\_\_\_
* Schizophrenia \_\_\_\_\_\_\_\_Heart Disease\_\_\_\_\_\_\_
* Eating disorders\_\_\_\_\_\_\_High Blood Pressure\_\_\_\_\_\_\_
* Addiciton\_\_\_\_\_Phnumonea\_\_\_\_
* ADHD\_\_\_\_\_Anemia\_\_\_

***7. Are mental illnesses really “illnesses” or just “disorders” or “deviations?”***

* Mental illnesses are real diseases and should be treated as such\_\_\_\_\_
* Mental illnesses are not really diseases, people who suffer from them are just social deviant, not sick \_\_\_\_\_

***8. Do/ would you treat and/or look at people with mental illnesses differently?***

Yes\_\_\_\_ No\_\_\_\_\_

E. Interview Questions

1. What do you think about mental illness? Are they real? or do we make things up to define people who don’t fall into normal social roles?
2. In order to get a sex change operation you usually have to be diagnosed with a mental disorder, and up until the mid 20th century homosexulaity was considered a mental illness. Knowing this, do you think that society is too quick to call something a mental illness, and oftentimes flawed in diagnosis?- or should we trust our doctors to deem when something is a disease and is not?
3. Do you think there is enough awareness with mental illness? Especially compared to other diseases?
4. How does your culture treat those with mental illnesses, and to what extent are they acknowledged? Why is this so?
5. How do you feel about treatment of mental illness patients? Institutionalization? Therapy? Pills? What is the proper way to treat patients?
6. Are we going “too far” with mental illness?

F. The Sample Group

 For this project a survey was given out to 35 Sewanhaka High School Students between the ages of 14-18. Of the 35 surveys, 30 were used in the data set and 5 were deemed incomplete or incomprehensible. Of these 30 there were 7 Black, 4 White, 10 Asian, 4 Hispanic and 5 Mixed. 15 participants were male and 15 were female. This sample group was chosen with the intentions to represent all races (albeit a bit unevenly) but more importantly equally represent genders. Having a racially diverse sample size and an even amount of males and females allows one to track the various possible trends that the data may show. Although no specific trends in gendered or racial perception were used to predetermine the sample size, it was assumed that the study would bring light to interesting trends.

 For the interview portion of the data collection, 4 people were interviewed. This sample size was largely subject to participant availability,and therefore did not enjoy the luxury of being quite as calculated and controlled as the survey sample size. For this portion of the project one Asian female and one male , and one black female and one male were interviewed. These were all done over the phone. The main purpose of the interview portion was to allow a small number of students to voice their opinions with no leading answers or options.

G. Results and Analysis

Question 1: *What is your gender?*

* 15/30 participants identified as Male (50%)
* 15/30 Participants identified as Female (50%)
* 0/30 Participants identified as Other (0%)

 This question was included mainly to gauge baseline characteristics of participants in order to make correlations with other data. Although this question is particularly un-insightful, gender plays a large role in mental illness and the way in which we should look at them. The World Health Organization (WHO) identifies that gender works hand in hand with mental illness, seeing how in many cases gender is the major determinant of self empowerment. Socioeconomic status, occupation, treatment by society and exposure to different mental health risks differ amongst the genders, and therefore the power that each gender has to seek treatment is drastically different. In addition to this there are many mental illnesses which are more prominent in men than women, and vice versa. For example men are three times more likely to be diagnosed with antisocial personality disorder than women, and twice as likely to suffer from alcohol dependence. Woman on the other hand are twice as likely to suffer from unipolar depression, and are almost the sole group affected by gender based violence.

Question 2: *What is your race? (check all that apply)*

* 7 participants identified at Black (24%)
* 4 participants identified as White (13%)
* 10 participants identified as Asian (33%)
* 4 participants identified as Hispanic (13%)
* 5 participants identified as Mixed (17%)

 Like the previous question, this one is largely un-insightful, and was included as a baseline for analysis. However, like gender, race also affects one’s likelihood of being diagnosed with a mental illness. Statistical data shows that African Americans are four times more likely to be diagnosed with schizophrenia than white people in similar in-patient settings. In addition to trends like this, race also affects the way in which people are treated for mental illnesses. In the mid-1990s it was recognized that African Americans with mental illnesses were less likely to receive voluntary outpatient service and had a higher occurrence of institutionalization, when compared with whites. Although this research is not tracking disparities in diagnosis and treatment, such trends can be used to explain why people of different races have different perceptions on the diagnosis and treatment of mental illness.

Question 3: *Do you have an experience with mental illnesses or mental illness patients?*

* 17 participants responded *No* (57%)
* 13 participants responded *Yes* (43%)

 Less than half of the participants could testify that they have experience with mental illness or mental illness patients. This question was extremely important in order to gauge how speculative a majority of this data will be. In addition, the question gives perspective to how much the interactionist theory is at work in this survey. The interactionist theory states that sociological perspectives are largely based on acute interactions that are indicative of what is considered socially acceptable and what is not. In other words, people attach symbols to actions, and then act accordingly. While not asking participants to be specific, this question can speculate on how many of the participants can be using an interaction as a base for their answer.

Question 4: *Which of the following do you think can be symptoms of mental illness? (circle all that apply)*

* 25 participants said **Alcohol or drug abuse** can be a symptom of mental illness (83%)
* 6 participants said **changes in sex drive** can be a symptom of mental illness (20%)
* 13 participants said **excessive cleaning** can be a symptom of mental illness (43%)
* 16 participants said **withdrawal from friends** can be a symptom of mental illness (53%)
* 16 participants said **screaming in public** can be a symptom of mental illness (53%)
* 21 participants said that **prolonged sadness** can be a symptom of mental illness (70%)

Based on the data it becomes clear that the two most popular choices for symptoms of a mental illness are alcohol or drug abuse (80%) and prolonged sadness (70%). This can largely be explained with the functionalist theory and modern awareness campaigns. Functionalism states that every aspect of society is interdependent, and if everything is operating efficiently, then society will operate properly. However, when something is not acting or functioning accordingly, society must adapt to these changes in order for the system to run smoothly again. It is very possible that alcohol and drug abuse was the most popular choice because it is the only one which has the power to seriously damage a system. Alcohol and drug abuse can have lasting effects on family, friends, business and the individual- while the other symptoms affect mainly the individual. It is very important to note that every single symptom listed here is real, and therefore solidifying the fact that mental illness is largely perceptual in diagnosis and treatment.

 Prolonged sadness was probably the second most popular choice because of modern media and awareness campaigns. It is safe to say that most teenagers are aware of the dangers of depression from television, health class, and personal experience. Since prolonged sadness is often synonymous with depression, it is to no surprise that teenagers find this to be a serious ailment of mental illness.

Question 5: *Which of the following are suitable treatments for mental illness? (circle all that apply)*

* 18 participants said **medication** is a suitable treatment (60%)
* 7 participants said **religious or spiritual therapy** are suitable treatments (23%)
* 8 participants said **institutionalization** is a suitable treatment (27%)
* 22 participants said **psychotherapy** is a suitable treatment (73%)
* 9 participants said **outpatient hospital treatment** is a suitable treatment (30%)
* 17 participants said **group therapy** is a suitable treatment (57%)

According to the survey data, the most popular choice for treatment of mental illness was psychotherapy, with 73% of participants choosing it. In contrast, the least popular treatment was religious or spiritual therapy, with 27% of participants choosing this option. It can be inferred that psychotherapy was the top choice mainly because it is the least obstructive to society and adheres to a variety of people’s views. The same can be applied to to Group Therapy (57%), and Medication (60%), the next two most popular choices. It is interesting to highlight that these top three choices were consistent amongst a majority of races, with the exception of Hispanics.

Another interesting facet to note is is that males showed more approval towards medicating patients than females. In the survey a total of 11 male participants and 7 female participants selected medication as a suitable treatment for mental illness. Considering that the sample size of the survey included 15 males and 15 females, this disparity becomes very apparent and raises a few questions. Using the feminist theory of sociology, which states that men have historical dominance in society while women have faced long-term subordination and discrimination, one may infer that women have less trust in the medical system when compared to men. In part this can be attributed to a general disparity in health rights for women- in modernized countries this is best exemplified in the battle over reproductive rights, while in developing countries this can be demonstrated in many many facets of society.

The bottom three choices, Religious or spiritual therapy (27%), institutionalization (27%) and outpatient hospital treatment (30%), can largely be explained using the functionalist theory. The best example of religious or spiritual therapy has to be the very controversial testimony that one can “pray the gay away.” In more liberal places, like the greater New York City area, such ideas are much less popular. On the other hand, institutionalization and outpatient hospital treatment causes a disruption in the societal system described in the functionalist theory, and therefore people may be more disapproving of messing up the equilibrium of society. Also there seems to be a perception that mental illness hospital treatments are inhumane. This can be in large due to the latent function that institutions serve, and that is to hide those who are deemed unfit for society.

Question 6: *To what extent does each disease impact someone’s life? Please rate on a 1-5 scale, with 1 affecting one;s life the least, and 5 affecting their life the most.*

* Mild Anxiety Average Rating 3.1
* Common Cold Average Rating 1.2
* Schizophrenia Average Rating 4.4
* Heart Disease Average Rating 4.1
* Eating Disorders Average Rating 3.9
* High Blood Pressure Average Rating 3.2
* Pneumonia Average Rating: 2.7
* ADHD Average Rating: 2.8
* Anemia Average Rating: 2.8

 This question showed that students rated addiction (4.6), schizophrenia (4.4) and heart disease (4.1) as the top three diseases that have the most impact on one’s life. Conversely, the common cold (1.2), pneumonia (2.7) and ADHD, and Anemia (2.8) are the bottom four diseases. Based on this data it is clear that participants understand the severity of mental illness, and seem to rate them quite holistically especially when compared to their “regular” disease counterparts.

 Although all participants seemed to rate accordingly, an interesting trend in the data was that among races, the average rating given by the Hispanic and Asian population tended to be lower than their Black, White, and Mixed counterparts. This may be explained in part due to cultural differences and variations in perception of illness. It is extremely important to highlight that Asians and Hispanics consistently rated all diseases, not just mental diseases on a lower level.

Question 7: *Are mental illnesses really “illnesses” or just “disorders” or “deviations?”*

* 16 participants claimed that mental Illnesses are **real (**87%)
* 4 participants claimed that mental illnesses are just **disorders/deviations** (13%)

 The data presented by this question helps to tie together interesting trends noted throughout the paper. With 87% of participants acknowledging that mental illnesses are real, and with equal ratings for mental and “regular” illnesses it can be inferred that high school students do understand what mental illnesses are, and how severe they can be. However, a provincial and speculative testimony to treatment and diagnosis (symptoms) of mental illnesses goes to show that high school students really do not know much about treatment and identification of these illnesses. . This is largely indicative of the status of mental illness awareness in society, which based on many observations, is not as big of a campaign as it should be.

Question 8: *Do you treat people with mental illnesses differently?*

* 14 Yes (47%)
* 16 No (53%)

 With a small difference in the numbers of participants who say they treat mental illness patients differently and those who say they do not, this data is largely related to the conflict theory. The conflict theory draws attention to the levels of power in society, and advocate for social change and revolution. In perspective of the conflict theory, mental illness patients can be seen as an oppressed, underrepresented and subordinate group in society. This data supports this fact in the simple fact that the ticket is virtually split between people who testify “yes” and “no.”

 However, it is important to note that there is no a right or wrong answer here. In some sense mental illness patients should be treated differently, and in others they should not. This is where symbolic interactionism comes into play. Keeping in mind that more than half of the participants have no experience with mental illness patients, much of this testimony is speculative. However for those who testified that they do have experience with mental illness, their answer could be largely depended on their experience(s).

Noteable Interview Quotes

1. What do you think about mental illness? Are they real? or do we make things up to define people who don’t fall into normal social roles?
* “Real, we definitely know the difference between someone who is ill and someone who is different.” -Interviewee 3
* “I think they are real, but diagnosis exist for the purpose of classifying anything we deem out of the ordinary.” -Interviewee 4
1. In order to get a sex change operation you usually have to be diagnosed with a mental disorder, and up until the 70s homosexulaity was considered a mental illness. Knowing this, do you think that society is too quick to call something a mental illness, and oftentimes flawed in diagnosis?- or should we trust our doctors to deem when something is a disease and is not?
* “Our generation is quick to self diagnose mental illness. I personally think these ‘illnesses’ are common and can just be personality traits that people don’t necessarily like. -Interviewee 2
* “Human error is inevitable in any circumstance, including what may appear to be a solid diagnosis.” -Interviewee 4
* “Society is sometimes quick to call something a mental illness, sometimes it can just be a different way of thinking.” Interviewee 1
1. Do you think there is enough awareness with mental illness? Especially compared to other diseases?
* “The amount of awareness does not come close to that of other diseases like cancer or diabetes. The lack of awareness is probably why people don’t really understand mental illness.”-Interviewee 3
* “No, I do not think there is enough awareness with mental illness. If there was more awareness I think ‘normal’ people would act more appropriately and consciously.”-Interviewee 4
1. How does your culture treat those with mental illnesses, and to what extent are they acknowledged? Why is this so?
* “In my culture those with mental illness are acknowledged and often cared for by their parents until they are too old to do so anymore. Because my culture is to family based, those with mental illnesses are often cared by someone close rather than a nurse. Sometimes a maid or servant (common in Pakistan) will be in charge of caring for this mentally ill person”-Interviewee 4
* “I think in American culture mental illness are pitied and at the same time, romanticized. My culture definitely condemns it.”-Interviewee 2
1. How do you feel about treatment of mental illness patients? Institutionalization? Therapy? Pills? What is the proper way to treat patients?
* “I think there has to be more aid for mental illness patients but it is a slow process, and with more awareness will come better treatment. I think pills can be effective, but they are too often a cycle. I also have a conspiracy theory that mental illnesses are created for pharmaceutical companies.” -Interviewee 2
* “Tough question, I think upbringing has a lot to do with it honestly. A family member of mine has Down’s syndrome, and while this disorder is not exactly a mental illness, it is treated in the same way. His parents have been very supportive; they have joined awareness groups and gotten the rest of the family involved in the movement. Home life is often a make or break factor, especially in psychological instances.”-Interviewee 4

6. Are we going “too far” with mental illness?

* “No we haven’t gone too far, it’s all for the better of society. We have a lot of work to do with finding new treatments and raising awareness.”- Interviewee 3
* “As long as I’ve been aware, our progression with mental illness seems to be stagnated.”- Interviewee 4

Outside Sources

 Although data, observations and interviews from this study would largely conclude that high school students do believe that mental illness are real, other psychological works do not necessarily agree. Dr. Thomas Szasz, a psychiatrist who published “The Myth of Mental Illness” in 1961, spearheaded the movement against mental illness. Dr. Szasz argued against common treatments such as intisutionalizatin, drugs and the use of psychiatric diagnosis in the courtroom setting. Szasz claimed that mental illnesses were not diseases but simply “problems in living”

 Szasz lost a lot of his credibility as a professor and researcher after he became affiliated with the Church of Scientology. Although he was not a Scientologist, he did share religion's critical view of psychiatry. Because of this, he was ousted from the New York state medical field, and could not teach or practice in hospitals and universities.

 Although many of Szasz’s teachings were not indoctrinated into modern psychological practices, he did make quite a splash in the work of psychiatry at the time. He opened up novel discussions on institutionalization and forced treatment that had a lasting effect on the field of thought. As important as it is to recognize that mental illness is real today, understanding a counter argument is just a valuable.

Works Cited

1. "Gender and Women's Mental Health." WHO. Accessed January 3, 2015. <http://www.who.int/mental_health/prevention/genderwomen/en/>.
2. "The Intersection Between." Mad In America. January 20, 2013. Accessed January 3, 2015.http://www.madinamerica.com/2013/01/the-intersection-between-race-and-mental-illness/.
3. Carey, Benedict. "Dr. Thomas Szasz, Psychiatrist Who Led Movement Against His Field, Dies at 92." The New York Times. September 11, 2012. Accessed January 3, 2015. http://www.nytimes.com/2012/09/12/health/dr-thomas-szasz-psychiatrist-who-led-movement-against-his-field-dies-at-92.html?\_r=2&.
4. II, Thomas. "Dr. Thomas Szasz Dies at 92; Psychiatrist Who Attacked Profession." Los Angeles Times. September 17, 2012. Accessed January 3, 2015. http://articles.latimes.com/2012/sep/17/local/la-me-thomas-szasz-20120917-1