An Examination of Some Factors Involved in Lay Definitions of Mental Illness

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AN EXAMINATION OF SOME FACTORS INVOLVED IN LAY DEFINITIONS OF MENTAL ILLNESS

by

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Abstract

The study of mental illness has recently become a focus for sociological attention. Despite this focus, the tenets of the dominant theoretical orientation in the area, the societal reaction or labeling approach, require both theoretical clarification and empirical grounding. Therefore, there is a need for research directed towards these ends. The present study examines one ambiguous aspect of the societal reaction perspective.

According to this approach, mental illness is the product of a series of social contingencies, the most important of which is people's definition of (and subsequent reaction to) an individual as mentally ill. This definition is supposedly predicated upon deviant behavior in the form of a residual rule violation by the individual, and is facilitated by a number of social and situational factors, the most notable of which is labeling by a mental health professional. This research attempts to examine systematically the relative effects of individual behavior and expert labeling on people's definitions of an individual as mentally ill.

The research design took the form of a survey experiment in which participants (208 summer school students at the University of Manitoba) completed one of nine possible questionnaire versions. The nine versions represented the cells of a 3x3 factorial design in which behavior and labeling were varied. Specifically, the conditions of the behavior variable consisted of a rule violation which was non-residual, ambiguous or residual, while the label conditions comprised weak, conflicting or strong expert labeling. Participants reached a definition of a hypothetical individual presented to them in the version they received as mentally ill or not mentally ill.

Crosstabulations of the research results indicated that the number of participants reaching definitions of mental illness increased as the behavior presented varied from non-residual (33.8%) to ambiguous (70.4%) to residual (76.8%). Labeling had an enhancing effect: the number of definitions of mental illness within each of the three behavior categories increased as labeling changed from weak to conflicting to strong. A multiple regression analysis indicated that the behavior variable explained 8% of the total variance, with 'label' accounting for 5%. None of the demographic variables analyzed (age, sex, student status/occupation) were significant.

The results indicate that lay people define others as mentally ill on the basis of the others' behavior (i.e., whether or not it constitutes a residual rule violation) with expert labeling serving to facilitate these definitions. The extent to which these conclusions can be generalized to other situations and other types of behavior is a question for future research, but this exploratory study suggests the relative importance of behavior and labeling in the process of societal reaction.

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I. Theoretical Approaches to Mental Illness

A. Introduction

The study of mental illness, which was traditionally within the exclusive domain of medicine/psychiatry, has become a sociological concern over the last several decades. In the quest for an understanding of mental illness, sociologists have focused their attention on the social factors involved in its genesis, its treatment and its distribution in the population. There have emerged two basic theoretical approaches to the phenomenon within the discipline -- the medical model and the societal reaction or labeling perspective -- and there is a growing corpus of literature comprising the sociology of mental illness. However, many of the central theoretical propositions have not been empirically validated or clarified and hence there is a need for research directed toward this end.

The present study deals with one such ambiguous issue in the societal reaction approach. According to this perspective, mental illness is the product of a series of social contingencies, the most important of which are people's definition of, and subsequent reaction to, an individual as mentally ill (Scheff, 1966; Lemert, 1951; Goffman, 1961). This social definition is supposedly predicated upon deviant behavior on the part of the individual and facilitated by a number of social and situational factors, the most notable of which is labeling by others (i.e., of the individual as mentally ill). However, despite the posited importance of this contingency in the genesis of mental illness, the specific conditions under which social members define a person as mentally ill have not been empirically established. The existing studies of the definitional process have concentrated upon

factors involved in professional definitions of mental illness, and so research aimed at clarifying the factors which figure in lay definitions is necessary.

Thus, societal reaction theory and research will be reviewed and hypotheses regarding the conditions under which lay social members come to 'label' others mentally ill will be derived. Specifically, the following questions will be considered:

1. To what extent does an individual's behavior affect lay others' definitions of him/her as mentally ill?;
2. To what extent does expert labeling of an individual as mentally ill affect lay others' definitions of him/her?;
3. How do the foregoing two factors (i.e., individual behavior and expert labeling) interact to affect lay others' definitions of an individual?.

A research design will be formulated to supply answers to these crucial questions, thereby illuminating the conditions for lay labeling and providing the societal reaction perspective with a measure of the empirical grounding which it clearly requires.

Before turning to this task, however, it is necessary to situate the theoretical framework for this study within the context of the sociology of mental illness. As noted, the societal reaction approach is one of two general orientations; the other is the medical model. The two may be dichotomized on the basis of the level of analysis at which they attempt to explain mental illness: the former focuses upon the interactional matrix, while the latter posits the individual, psychological nature of the 'disease'. Because societal theory developed largely in response to the traditional medical orientation, a review of

its basic concepts is warranted. To this end, a description of the medical model and an evaluation of its sociological relevance will be provided prior to turning to an exegesis of societal reaction.

B. The Medical Model

The several schools of thought comprising the medical model are united by a shared focus on the mentally ill individual as the locus of the disease and, hence, of treatment. Implicit in this approach is the assumption that mental illness exists as a disease entity, either literally (i.e., physiologically) or figuratively (psychologically) and thus the way to learn about it is to study the individual afflicted with it (Szasz, 1961; 1970). Such individuals are located for investigation on the basis of expert diagnosis in the same way that a physical pathology such as diabetes is studied by locating physician-diagnosed diabetics.

Proponents of this orientation therefore employ the elements of the medical model of disease in constructing their conceptions of mental illness. These elements, which include pathology, etiology, nosology, therapy and epidemiology, have been scientifically proven to be invaluable in the study of illnesses afflicting the body and so it is assumed that they are equally appropriate in dealing with those which afflict the mind. The validity of this assumption is, according to critics, highly questionable inasmuch as mind and body have little in common and hence no matter how efficacious concepts prove in explicating the latter, they cannot be relevant to the study of the former (Leifer, 1969; Scheff, 1967). In order to understand the basis of this criticism, the five aforementioned elements will be defined and briefly discussed

as they apply to mental illness, followed by an evaluation of the correspondence between physiological and mental disease.

The first element of the medical model, pathology, concerns the nature and process of disease. As it is applied to mental illness, it carries with it the assumption that there is within the individual a state of illness which persists and/or develops over time (Taber, et al., 1968). The study of pathology focuses upon this posited disease process, attempting to isolate the accompanying signs and symptoms in order to improve diagnostic accuracy by refining the classification system. In physiological pathology, this involves the specification of the patient's symptoms -- his/her subjectively perceived bodily state (e.g., pain) -- and, more importantly, the objectively verifiable physiological signs such as fever or the presence of certain micro-organisms, which document the existence of a particular type of pathology. In mental illness, however, the deviant behavior which constitutes the symptomatology by which the disease is recognized is tautologically explained only by the pathology it documents. In other words, mental illness lacks the objective signs by which other forms of disease are diagnosed and classified. While there are many behavioral indicators that are taken to be symptomatic of mental illness, the absence of signs is a feature unique to this type of pathology.

An important corollary of the premise of pathology is that the individual is not responsible for his/her behavior or condition because he/she has lost control to the imputed pathogen (Wootton, 1959:207; Taber, et al., 1968).

Related to the concept of an extant disease process within the (mentally) ill individual, is the notion of etiology or causation.

Advocates of the medical model conform to the belief that there is "a pernicious agent and a causal sequence" in the case of mental illness as in other forms of disease (Taber, et al., 1968). Given the aforementioned assumptions of pathology, it follows that the etiology of mental illness is sought within afflicted individuals. Thus, the physiological and/or psychological attributes of people presumed to be mentally ill are examined for commonalities from which causal elements are posited.

The concept of nosology in medicine involves the classification of diseases according to specific and unique patterns of symptoms, signs and causes. In the realm of mental illness, classification presumes that the causes, signs and symptoms of diseases of the mind, like diseases of the body, exist objectively[1] (i.e., independent of culture and values) and hence, that each instance of illness can be accurately and objectively diagnosed and classified on the basis of the pre-defined symptomatology specified by the nosological scheme (Wootton, 1959:207). In other words, mental pathology can be placed in distinct diagnostic categories (the most common of which are contained in the Kraepelinean classification system) because it is assumed that "qualitatively different states of disorder in the personality do exist and may be

[1] The failure of research to isolate objective disease signs is generally explained by mental health professionals (when acknowledged at all) as the result of insufficient research rather than the non-existence of these signs. This is not considered a major issue, however; psychiatrists, like other medical specialists, place far more emphasis on clinical evidence than on research findings. As practitioners, their aim is action and not esoteric knowledge (Freidson, 1970b:98) and thus the experience they acquire in dealing with patients "provides a basis for therapeutic choice that is believed to be superior not only to the abstract considerations posed in textbooks but even to general, scientifically verified knowledge." (Freidson, 1970b:86).

identified." (Taber, et al., 1968).

The fourth element in the disease model is therapy -- the treatment necessary to produce rehabilitation or cure (Scheff, 1967:2). The underlying assumption is that the diseased individual requires therapy to get well and this therapy must be of the appropriate type to produce the desired return to health (Taber, et al., 1968). The applicability of the concept of treatment to mental illness is predicated on the additional assumptions that mental illness is amenable to treatment and cure, that the appropriate therapeutic techniques exist, and that without it the condition of those afflicted will deteriorate rapidly (Scheff, 1967:110-111).

Finally, the medical model assumes that disease is neither uniform nor random; rather, it occurs in identifiable and meaningful patterns among different human groups (Coe, 1970). Unlike the previous components, epidemiology moves beyond the examination of discrete individuals to the macro-social level of collectivities. For those working within the medical model, epidemiological research supplies additional information about the nature and causes of disease. In the case of mental illness, studies of this type generally locate socio-culturally and geographically the diagnosed mentally ill. By specifying the age, sex, socio-economic status, place of residence and other demographic attributes of those afflicted, the configurations of the disease in the population can be established and possible elements in its etiology are suggested (Freidson, 1970b:8).

Having defined the terms of the medical model, it is now possible to assess the validity of applying these concepts to mental illness[1].

[1] This is not to imply that these concepts are perfectly applicable to physical illness. They represent an ideal-typical model to which diseases of the body correspond to a greater or lesser extent.

It was previously noted that the major criticism regarding their application stems from the fact that the elements of the model were developed around physiological illness, from which mental illness differs radically. The most obvious difference lies in the dissimilarity of the focus of attention for investigators of the two phenomena -- medical scientists who study the former are concerned with the body as a 'physio-chemical machine', whereas mental health professionals are concerned with the mind as manifested in behavior. Physiological disease is an objectively (i.e., scientifically) verifiable disruption of the structure and/or function of the body machine (Leifer, 1969:19), whereas mental disease is rooted in the social entity of mind, which can only be inferred from the subjective evaluation of individuals' behavior (Szasz, 1961).

To return to the point made previously, mental illness is without the bodily signs by which other types of pathology can be independently established as definite and distinct disease entities. It is due to this fundamental difference that the presence or absence of physical disease in the body can be scientifically proven, since

> "what health is can be stated in physiological and anatomical terms" (Szasz, 1966:24)

(i.e., in terms of signs). However, the existence of mental illness remains largely a matter of value judgment about the appropriateness of any given action (i.e., whether or not it is interpreted as symptomatic). Hence, mental health professionals are involved in a qualitatively different type of decision-making (i.e., social as opposed to physiological) than medical professionals because their data (behavioral acts)

are qualitatively different from the bodily signs and conditions on which medical diagnoses are ultimately based (Leifer, 1969:31)[1].

It may be further argued that the concepts of medicine are not appropriate to define mental health or illness. While physiological health may be understood in terms of homeostasis, adaptation and conformity to population norms, the efficacy of these terms in the assessment of mental health is questionable, due to the socio-political connotations of such terms in the behavioral arena (i.e., only acceptance of and conformity to a status quo which may be antithetical to one's own best interests, constitutes health) (Wootton, 1959:217). Leifer concludes:

> "The use of the medical model to conceptualize psychiatric patients and practitioners may be challenged by a critique of the fit of medical and biological concepts to human social behavior. While these concepts may be useful for understanding biological survival and adaptability, their utility for understanding the rules, games, meanings and values of social action are highly dubious."
>
> (Leifer, 1969:21)

[1] This does not mean that there is no agreement among psychiatrists and/or psychologists regarding indicators of mental illness. For example, an individual who expresses the belief that everybody is plotting against him or her would likely be diagnosed as paranoid with a high degree of reliability. However, the fact that he/she is reliably diagnosed does not establish the validity of the diagnosis; to do so, it would be necessary to prove the (independent) existence of the disease via signs, which, as aforementioned, have not been determined for any kind of 'mental' illness (excluding, of course, pathologies of the brain such as tumors, lesions, etc., which remain within the province of other medical specialists such as neurologists).

Thus, the attempt to understand the phenomenon of mental illness which is established on the basis of some perceived behavioral deviation from 'certain psychosocial, ethical or legal norms' (Szasz, 1966:25) in terms of a model formulated to deal with the dissimilar phenomenon of illness of the body cannot succeed. Empirical research supports this contention: when the concepts of the medical model which have proved so illuminating in the investigation of physiological illness are employed to study mental illness, they have not proved nearly so illuminating. It remains impossible to state unequivocally in medical (scientific) terms, what mental illness is, what causes it, how the different types can be classified, and how it can be effectively treated. The lack of success[1] of psychiatric diagnosis and treatment based on this model is summarized by one critic who states on the basis of a review of research:

> "The assumption that psychiatric disorders usually get worse without treatment rests on very little other than evidence of an anecdotal character. There is just as much evidence that most acute psychological and emotional upsets are self-terminating. ... (I)t is still not clear, according to systematic studies evaluating psychotherapy, drugs, etc., that most psychiatric interventions are any more effective, on the average, than no treatment at all."
>
> (Scheff, 1967:111)

[1] It should be noted that this failure refers only to the inability of medical concepts to specify the nature of mental illness. Certainly the discipline of psychiatry has been very successful in obtaining popular acceptance of its claims that mental illness is a disease which can be understood and treated within the medical model by specialists who are medical doctors.

(Kittrie, 1971; Leifer, 1969)

Another concludes:

> "The premises of nosology (diagnostic categories) and etiology (necessary and sufficient causes) have not withstood rigorous examination, and the large body of scientific work based on these premises is not cumulative. The premises of pathology (disease process within) and treatment (directed intervention) are largely unexamined."
> (Taber, et al., 1968)

It is apparent from the foregoing discussion that mental illness differs from physiological illness in several crucial ways. Studies of the latter focus on the physiological structure and function of the body, whereas those dealing with the former focus on the social entity of mind as inferred from behavior. Pathology of the body is determined by both symptoms and objective signs, while the existence of mental pathology cannot be validated by any scientifically verifiable signs, because none have been determined. Finally, the criteria by which physical health is assessed have very different connotations when applied to human social behavior. For these reasons, then, the application of the terms of the medical model to mental illness does not appear to be warranted and cannot further understanding of this qualitatively different phenomenon.

Despite the invalidity of conceiving of mental illness in medical terms, the fact remains that a substantial amount of sociological work has employed this model. Therefore, a comment on the nature of this work is in order before turning to the other major paradigm in the sociology of mental illness.

Not surprisingly, the concerns of pathology, etiology, nosology and therapy are the domain of mental health 'professionals' -- doctors, psychiatrists and clinical psychologists. The activity of sociologists within this paradigm is confined primarily to epidemiological studies

designed to situate and describe those designated by the above professionals as mentally ill (cf., Dunham, Hollingshead and Redlich, Kaplan, et al., and Roberts and Myers in Spitzer and Denzin, 1968)[1]. Despite the large corpus of literature, the contribution of this type of work to the development of a sociological understanding of mental illness cannot be assumed.

Perhaps the most serious criticism of epidemiological investigations is that they are not based upon the concerns and definitions of sociology. Rather,

> "(b)y and large, epidemiological studies are conducted within the medical or psychiatric framework, accepting, without reservations, the various assumptions that are implicit in a medical model of mental illness."
> (Scheff, 1967:2)

To use Straus's (1957) dichotomy, such studies constitute sociology in medicine as opposed to sociology of medicine inasmuch as the terms of, and issues for, investigation are medical and the goals are medically pragmatic. It is apparent, then, that the information provided by them cannot be directly relevant to a sociological theory aimed at developing an understanding of the social factors involved in the genesis and recognition of the phenomenon of mental illness because this is not their aim. Such studies are intended to serve the ends of mental

[1] For example, Roberts and Myers surveyed people receiving psychiatric treatment in New Haven to determine their religion, national origin and immigrational status. These characteristics then were correlated with respondents' type of mental illness (as diagnosed by their psychiatrists). The results indicated that psychoneuroses were more frequent among Jews, alcoholism was higher among Irish Catholics, and schizophrenia was not related to the variables analyzed.
(Roberts and Myers, 1968)

health professionals and any specifically sociological import which they may have is serendipitous (Freidson, 1970b:46-47). For this reason, research dealing with the epidemiology of mental illness is allotted a position of secondary significance within the disciplines of both sociology and medicine (i.e., it is not strictly sociological because the medical model is employed, but neither is it medical research because the methods employed and the focus of attention are social).

In light of the marginal relevance of the sociological work conducted on the basis of the medical model coupled with the previously noted inapplicability of the terms and assumptions of this model to the phenomenon of mental illness, it is not surprising that an alternative theoretical approach based upon explicitly sociological principles and goals should emerge. It is towards this other major approach that attention will now be directed.

C. Societal Reaction Theory

The societal reaction or labeling perspective of mental illness which supplies the theoretical framework for this thesis was developed, in part, in response to the perceived deficiencies of the medical model. Based primarily on the work of Lemert (1951), Erikson (1957), Goffman (1961), Becker (1963) and Scheff (1966), it employs the conceptual tools of a more general sociological theory of deviance to "construct a theory of mental disorder in which psychiatric symptoms are considered to be labeled violations of social norms, and stable 'mental illness' to be a social role" (Scheff, 1966:25). The application by these theorists of the tenets of labeling theory to mental

illness marked a major shift from the long dominant medical conceptualization of the phenomenon. Proponents argue that mental illness is not an individual pathology, but rather a socially constructed product which emerges over time from the processes of interpersonal interaction. It is these processes (most notably the definitions and reactions of others) which are regarded as instrumental in producing extant or recurrent mental illness and stable populations of the mentally ill, and therefore the medical model's focus on isolated cases of professionally diagnosed pathology is deemed inappropriate. Instead, it is contended, attention must be directed towards the social matrix, for, in the words of one labeling spokesperson,

> "at the present time the variables that afford the best understanding and prediction in the course of 'mental illness' are not the refined etiological and nosological features of the illness, but gross features of the community and legal and psychiatric procedures."
>
> (Scheff, 1966:29)

Thus, labeling theorists shift the emphasis from internal 'causes' of the deviant behavior which is supposedly symptomatic of mental illness, to the social factors and processes involved in the recognition and definition by other individuals of behavior as an exemplification of this type of deviance. They are concerned with the way in which social members come to ascribe mentally ill identities and the subsequent effects of these ascriptions on the careers of the labeled individuals. Proponents claim that without these crucial contingencies of social definition and the consequent reaction, stable cases of mental illness would not arise. In positing the social nature of deviance, then, they eschew the naively asocial etiological position assumed by