Integrating Social Representations Theory and Bio-psychosocial Model for Intervention in Mental Health

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Studies on mental illness have predominantly taken bio-medical perspective. However, recent researches reveal the need for a more holistic approach. Besides the biomedical factors, psychological and socio-cultural factors also play important role in explaining mental illness. The present paper emphasizes the importance of the psycho-social factors in understanding of mental health and illness. Highlighting the importance of bio-psycho-social model towards understanding of mental illness, the paper attempts to establish the relevance of Social representations theory in attaining commonsense understanding of mental health and illness through a qualitative study. The study revealed that the meanings and notions held by common people of mental health and illness were more inclined towards psycho-social explanations. In conclusion, the author suggests for an integration of the commonsense knowledge with other approaches for designing of intervention programmes for effective interventions.

Keywords: Social representations, bio-psycho-social model, mental health, mental illness.

There are wide array of experiences associated with mental health and illness, which affect the health seeking preferences and responses towards mental illness. Though there are well-established biological models to study the pattern of illness, there are certain limitations attached to them, which make it necessary to study illness behaviour with different perspectives. There have been a few attempts to explore beliefs, attitudes, and rate of incidence of mental illness in the Indian context. However, there is lack of studies emphasizing the content and the development of lay knowledge towards mental health and illness. As far as health services are concerned there is a wide gap between the service seekers, and the help providers. The present paper was an attempt to explore mental health and illness representations using the theoretical framework of social representations. The social representations theory concerns the commonsense or lay knowledge that develops in the psycho-social and cultural contexts.

Bio-psycho-social model for understanding mental illness

The existent trend of research focuses on the epidemiological approach, which studies the incidence and types of mental illness. According to Kessler, within the psychiatric epidemiology there exists uncertainty regarding diagnostic categories and criteria; underreporting due to respondent's reluctance to admit symptoms; and additional problems exist in studies of special populations (as cited in a report by International consortium for mental health policy services ICMHPS, 2001). Thus, sometimes researchers are restricted to information that is inadequate to design any program or policy. Though, the biomedical model is a widely accepted model but the importance of other models like psycho-social

cannot be discounted. The present trend of research also advocates for adopting an eclectic approach or the bio-psycho-social view to study mental illness.

Engel defines the bio psycho-social model of illness integrating the bio-medical model with other psychological, social and cultural models (as cited in Armstrong, 2005). The bio-medical model provides the medicalized model of illness that often results in the negative connotations and creates a stigmatized view of mental illness. He criticizes the bio-medical model and advocates for the bio-psycho-social model. According to him, there are no fine demarcations between illness categories and they are embedded into the psycho-social and cultural contexts (as cited in Kaplan, n.d.). Modern psychiatry has also adopted Engel's vision in 1980 and the American Psychiatric Association in the third edition of the Diagnostic and Statistical Manual of Mental Disorders, has accepted the bio-psycho-social model in clinical, educational and research settings within the multi-axial system.

Social representations and lay knowledge

Social representations approach helps in understanding the phenomena of health and illness in social, psychological and cultural contexts. It offers a broad framework to obtain information about people's perception, understanding and management issues pertaining to health seeking behaviour. Moscovici introduced the notion of social representations, which is being applied widely to study health related issues. Social representations have been defined as commonsense theories generated by people to understand everyday reality. According to Moscovici, (as cited in Augostinos & Walker, 1995) "Social representations… concern the contents of everyday thinking and the stock of ideas that give coherence to our religious beliefs, political ideas and the connections we create as spontaneously as we breathe. They

make it possible for us to classify persons and objects, to compare and explain behaviours and to objectify them as parts of our social setting. While representations are often to be located in the minds of men and women, they can just be found 'in the world', and as such examined separately" (pp. 136).

The dynamic framework of the theory provides a broader perspective to explore dimensions of health and illness that remain unattended from the bio-medical perspective. Defining of health and illness through social representations approach involves linking of individual thinking with social knowledge shared by people having shared identities, beliefs, norms, ideologies, and other related aspects. These representations also help in understanding how different meanings can be anchored to the same phenomenon. Social representations reflect the tacit understanding of group. Social representations shape and are shaped by broad social influences through social institutions such as media and other sources of information. Stating the relevance of the lay explorations Friedson, commented that the lay knowledge forms an important part of the referral system in which the social structure acts as a central point to further evaluations (as cited in Calnan, 2001).

Social representations and lay understanding of physical health and illness

Herzlich (1973), while commenting on health and illness in her work expresses the role of environmental, physical and social factors in making sense of health and illness. In her study of the lay conceptualizations of health and illness she found that illness was not mere absence of disease but more than that. Illness was represented to be destructive, as liberator, and as an occupation. The concept of health held multiple representations and was expressed in various forms. Three main distinctions within the category of health were health in a vacuum indicating the absence of illness; the reserve of health

referring to organic-biological functions in an individual, and health as equilibrium referring to a state of experience in which health is gained and lost as a personal experience. The study found that the understanding of health and illness is a complex process in which social, psychological and cultural elements play important role. Thus, studying lay representations is a mode to look at the commonsense perspective, which is far from the world of scientific rationalizations and yet very informative.

Researches in the trend of social representations have mainly focused upon the physical aspects of health and illness e.g., Joffe (1996); Gervais & Jovchelovitch, (1998); Flick (2000); and Goodwin et al. (2003) etc. These studies emphasize how lay people make meanings facts about physical health and illness and provide explanation based on psycho-social and cultural factors affecting health and illness. Social representations of mental health and illness have received less attention and still needs to be explored further. The next section of the paper tries to illustrate the relevance of the social representations theory in attaining lay meanings of mental health and mental illness.

Social representation and lay understanding of mental health and mental illness

The lay explorations of mental health and illness within the social representations framework help in understanding the local concepts and vocabularies used by people while communicating about health and illness. The commonsense understanding of health and illness to a large extent is influenced by the social beliefs and practices prevalent in that particular society. Such representations help in exploring the relevant social and cultural context of health and illness. These explanations are different from the biomedical and other scientific explanations of psychology and psychiatry.

A few studies have been done investigating the social representations of mental illness taking the lay as well as the professional perspective (e.g. Zani, 1993). Results revealed similar structural representations among health workers and students. However the representations of mental illness varied among the group of mental health professionals. Jodelet discovered that people shared multitude beliefs about madness (as cited in Morant, 1998). One of these beliefs was that madness was implicitly considered to be contagious. Foster (2001) found social representation of mental illness with central aspects of unpredictability, permanence, violence and otherness. A study in the Indian context done by Wagner, Duveen, Themel, and Verma, (1999) reported madness embedded in culture. It was found that people held modern notions along with the traditional notions of madness. All these studies reveal that the commonsense representation of mental illness is primarily embedded in psycho-social explanations.

The other relevant issue pertains to the experience of illness and information gained about illness from various sources. Social representations are formed through communication of thoughts and ideas between people and groups. People derive information about mental health and illness from newspapers, television, cinema, magazines, and internet. Variation in experiences, sources and membership within the society results in different representations. There could be minor differences within a small group or there could be larger groups with different representations in the society at large. This characteristic of social representations has been termed as 'polyphasia' by Moscovici (1988). He referred to such types of differences or variations in representations as polymorphic representations and attributed it to the dynamism of the social representations. De Rosa in her study on social representations

of madness found polymorphic representations. The representations of madness ranged from age-old beliefs in supernatural to modern view of psychotherapy and medicalisation (as cited in Augoustinos & Walker, 1995). In the Indian context, a study on social representations of madness was conducted by Wanger, Duveen, Themel., and Verma, (1999). The results of the study revealed polymorphic representations of madness. The phenomenon of mental illness was understood in terms of traditional beliefs in ghost possession at the same time people held awareness of the modern healing practices in terms of practice of psychiatry.

These polymorphic representations of mental illness within a group suggest relevance of exploring the lay representations of mental illness in different groups and in different psycho-social and cultural contexts. The emphasis of such lay explorations should be to look at the attributes leading to similarities as well as differences in representations, as they affect health and illness behaviour. Concepts of mental health and illness are also not culture free. Though, mental health problems by and large occur all over the world but its manifestation may vary from one culture to another depending upon the socio-cultural and psychological environment. Rodnin and Salovey have commented that defining of health may vary from culture to culture and as a result there may be differences in health related practices and health seeking behaviour of people (as cited in Benisovich & King, 2003). Therefore, it is important to explore the lay conceptualization of mental health and illness to explore the local understanding and in the process focus upon the needs of the target group. The conceptualization of mental health and illness are subject to change over time and thus they need to be explored again and again to understand the developments in health and illness beliefs that in turn may affect health and health seeking behaviour.

Social representations and exploration of lay meanings for intervention

The conceptualization of health and illness in a community involves wide range of factors. Community relationships and interactions play an important role in dealing with mental health and illness issues. Studies have been done focusing on the community perspective, within the Social representations framework (e.g., Campbell & Jovchelovitch, 2000). In continuation of this trend of research an attempt has been made by Howarth, Foster, and Dorrer, (2004) and the study concludes that social representations theory can enrich community health research. The social component is important in defining a person as mentally ill or mentally healthy. People in a community determine the pattern of social action and also conceptualize social conduct, according to which healthy people are treated as in-group members and ill people are regarded as out-group members. Lay representations of illness have roots in wide range of factors ranging from attribution of causes to health beliefs that guide health-seeking practices.

There are no common threads to connect the lay information to the scientific models of illness as a result of which, there remains a large gap between the issues addressed by the intervention programmes and the issues that are relevant from common man's perspective. There remains a large gap between the lay knowledge and the knowledge of the experts. This gap is reflected in the intervention programmes and needs to be attended. Many issues remain unattended and unnoticed commonly by the policy makers. In order to design effective intervention programmes it is essential to integrate the following: experts/ specialists views, epidemiological studies, government mental health policies, non- government service providers, local health providers, local people's understanding about illness and their treatment beliefs (WHO, 2001).

Given the limited number of studies focusing on the commonsense conceptualization of mental health and illness in the Indian context, a study was conducted to examine the relevance of lay representations of mental health and mental illness using the theoretical framework of social representations.

Method

Sample:

Sixty respondents with an age range of 21 to 55 years were selected for the study. All the respondents belonged to urban middle class, having at least an educational qualification of graduation.

Measures:

The respondents were asked to write detailed description of conceptualization of mental health and mental illness. This allowed gathering of in-depth information about mental health and illness.

Data Analysis:

Data obtained was content analyzed using the method of 'Concept book approach' proposed by Dichter (as cited in Mostyn, 1985). Qualitative content analysis involved development of coding schemes for mental health and mental illness separately. The qualitative analysis followed a systematic procedure to provide structure and meaning to data.

Results

The qualitative content analysis resulted in core themes of mental illness and mental health that have been described as under:

Core themes of mental illness

The lay understanding of mental illness primarily focused on meanings derived from the psycho-social contexts. The commonsense conceptualization of mental illness was glued to social norms, values, personal experiences, and shared beliefs that get developed in the social course of action.

The core themes reflected that mental illness could be caused due to psycho-social factors (such as anxiety, fear); relationship problems (such as abandoning of parents by children, conflicts among spouse and separation in relationships); stress in day to day life developed due to various kinds of pressures (such as work pressure, parental pressure); due to any emotional or material loss (such as loss in business, death of a dear one). Unrealistic ambitions and unfulfilled desires produced mental tensions and agony; that could lead to mental illness. Discrimination at work place (such as ill treatment, wage discrimination, and unfair promotions) could lead to mental health problems. Other kind of discrimination included discrimination based on gender, caste and religion.

People held stigma against mentally ill people and considered them as dangerous and aggressive who could harm other people. They were considered to be 'different from the normal' and they were perceived as 'other' in the society. The element of otherness indicated individualization of the mentally ill person. According to the respondents mental illness was an incurable condition and mentally ill people could never come back to normal life. They were considered as burden for family and society. A general sense of negativity existed among the people against the mentally ill. People wanted to maintain social distance from the mentally ill person. Family members of the mentally ill person were also not well accepted in society. The discriminative attitude of people resulted in isolation and exclusion of the mentally ill. These negative reactions affected the help seeking behaviour and the recovery of mentally ill people.

The representations revealed that due to lack of the social support system the self-esteem of mentally ill person gets lowered and thus there is no positive ray of hope left for them to come out of their problems. As a result, their social; professional; and personal life gets adversely affected. There was less awareness

about the right kind of treatment options for mental illness. The respondents considered that it could not be cured and expressed their unawareness about the treatment options.

Core themes of mental health

The respondents expressed less awareness about mental health concept. This could be attributed to lack of adequate information about mental health in public. The lay understanding of mental health comprised of psycho-social indicators such as being dutiful, stable, social, calm, generous, well-behaved, and caring. According to the respondents, a mentally healthy person could handle the challenges of life. Mental health was associated with proper functioning of brain, having organized thoughts, and being logical. People acknowledged the importance of physical fitness for being mentally healthy, however all physically fit looking people could not be considered essentially mentally healthy. According to the respondents, a person could have normal and healthy looks and yet could be suffering from mental illness. One of the important representations was that absence of mental illness was not synonymous to mental health.

Discussion

The present study found that the lay conceptualization of mental health and mental illness primarily comprised of psycho-social explanations. This observation reaffirms the limitation of the bio-medical model and reestablishes the importance of the bio-psycho-social model in understanding the complex phenomena of mental illness. The findings suggest that the bio-psycho-social model is advantageous over a reductionist bio-medical model. The study also suggests the relevance of social representations framework in understanding mental illness as it provides a broader framework that essentially captures the multiplicity of the psycho-social and cultural contexts that contribute to mental illness. The report generated by the (Health and Consumer Protection Directorate General, [HCPDG], 2005) mentions that there are multiple factors that lead to mental illness such as - 'biological (e.g., genetics, gender)', 'individual (e.g., personal experiences)', 'family and social (e.g., social support)', and 'economic and environmental (e.g., social status and living conditions).' Therefore, an intervention in mental health should focus on these dimensions along with the biological aspect mental illness.

The lay knowledge attained from using the social representations framework can be useful in many ways. According to Weiss, Issac, Parkar, Chowdhury and Raguram (2001) the lay knowledge contributes in structuring of health polices and aids health professionals in different settings dealing with different populations. The lay knowledge can be applied to design mental health programmes focusing on the needs of people specific to a community. For designing of intervention programmes the feedback from different perspective plays a pivotal role in enhancing the understanding of mental illness and also proves helpful in clinical context of public health and guiding international agencies in development of effective interventions (Parkar, Castellino & Weiss, 2005). Since, most of the intervention models are based on medical models of diseases they overlook the common man's perspective and understanding and results in the failure of intervention programmes. Mental illness is a complex phenomenon therefore, the strategy to deal with it should also be an exhaustive. To make the mental health intervention programmes a success, an integrated approach is desired.

Conclusion

The study reveals the relevance of the lay knowledge in understanding the phenomena of mental health and mental illness. There is need for a common link or thread that bridges all these gaps and helps

to look into the issues that needs to be addressed. The social representations framework allows for a wide coverage of these issues and thus offers an explanation of mental illness outside the medical model. Social representations framework provide in-depth information involving different dimensions, however this knowledge is not appropriate and sufficient for developing an objective model of health or illness. Therefore, it cannot be concluded that any specific model is better rather; an eclectic view is desirable that incorporates features from different models that best suits the nature of intervention.

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