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Group as a source of mental illness

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Abstract:

Mental disorders are often seen as problems related to individual factors such as the individual's genes, predispositions, mechanisms and coping strategies, as if the individual is solely responsible for his or her illness. Mental health is seen as a subject of observation and clinical cases that manifest themselves through symptoms. This perspective diminishes the fundamental and significant role that the group can play in the development and aggravation of mental illness. It is undeniable that the group is necessary and essential in the life of the individual, as it regulates the life of the individual. Human society is based on a set of rules and laws that govern the relationship between the individual and the group, forming what is known as the social system. Any deviation from this system exposes the individual to punishment. The process of social normalisation enables the individual to become familiar with these rules and laws, to incorporate them into his or her social make-up, and to provide a specific framework for his or her behaviour. The group provides security and safety for the individual and serves as a protective factor. However, it can also become a source of danger when social conflicts arise between individuals and groups, leading to conflicting goals or conflicting methods of achieving these goals. This leads to conscious or unconscious conflicts, especially when individuals suffer from repression and the concealment of emotions, which can lead to psychological disorders.

Keywords: group, social system, mental illness.

A group is a social unit made up of a collection of individuals (two or more) who interact with each other in specific situations, creating reciprocal social relationships. It is within these groups that the social roles of individuals are defined. A group may consist of two individuals, known as a dyad, or it may extend to thirty individuals, known as a small group. The number may increase further to form a large group. The group is governed by its own criteria.

Hamed Abdul Salam Zahran defines a group as "a social unit consisting of a collection of individuals, two or more, who engage in mutual social interaction. Human groups are characterised by the presence of language as a primary means of communication. They are bound together by explicit relationships, which may be geographical, kinship, economic, goal-oriented, work-related, a sense of dependency, gender-related, or a sense of belonging to a single entity. In a group, individuals' social roles, status and behaviour are determined according to a set of criteria and values specific to the group. These criteria shape the behaviour of its members, at least in matters related to the group, in order to achieve a common goal" (Zahran, 1984).

Indeed, the concept of the group is considered a fundamental concept in social psychology, referring to the domain in which the individual is connected to others, where a sense of belonging or rejection arises.

Seignobos (2014) also sees the group as a collection of individuals who share similar aspects, such as language, religion and traditions, and who work together and cooperate in carrying out certain actions, such as war, governance and trade.

The group is characterised by several features, the most important of which is the unity of norms and values that guide the behaviour of its members. These norms and values form a frame of reference to which the members of the group relate their actions.

The group is also characterised by the unity of purpose it seeks to achieve. It provides opportunities for the growth, development, positive interaction and satisfaction of the needs of its members. It fosters a sense of responsibility, duty and achievement among its members.

An individual belongs to multiple groups, and this plurality is an important element in understanding the complexity of the relationship between the individual and society. The modern individual is a pluralistic being, and the family group is considered to be one of the most important groups to which an individual belongs (Dodier, 2009).

Groups are classified on the basis of several criteria, the most important of which are:

1. Primary and secondary groups: Cooley distinguished two types of groups: primary groups and secondary groups. Primary groups are characterised by members living together, interacting directly (face to face) and responding to each other. They include primarily family groups. On the other hand, secondary groups consist of members who do not live together.

Some researchers argue that the classification of groups into primary and secondary is based on the appearance of the group in an individual's life. For example, the family is a group that has direct, deep and continuous contact with the individual. On the other hand, secondary groups represent the general wants and needs of the individual, and their behaviour is characterised by intention and choice. Examples of secondary groups are schools.

2. Small and large groups: Small groups are characterised by a small number of members who know each other personally, typically less than 30 people. Large groups, on the other hand, are characterised by a large number of members who do not necessarily know each other personally but share common beliefs, such as nations or ethnic groups.

Formal and informal groups:

Formal groups are those set up by an organisation to direct its members towards important organisational goals. Membership of formal groups is usually compulsory (e.g. in schools). Informal groups, on the other hand, form spontaneously and membership is voluntary. They consist of groups with common interests (such as associations and clubs) or friendship groups based on emotional ties (such as cliques and gangs).

Reference group:

The reference group concept was first introduced by Hyman in 1942. A reference group is a group to which individuals refer when evaluating their own social behaviour. Members of a reference group share similar motivations, preferences and attitudes, and individuals adopt its values and norms as a frame of reference. The reference group plays a crucial role in shaping an individual's social behaviour by defining social norms and criteria for the acceptance or rejection of certain behaviours (Zahran, 1984).

Many researchers argue that groups are necessary for individuals at different stages of their lives as they provide opportunities for social learning and personal growth. Individuals both influence and are influenced by the groups to which they belong through social interaction. The extent to which an individual is integrated into a group depends on his or her adherence to the group's norms, values and standards, which can be seen as his or her conformity to the social system.

Auguste Comte sees the social system as a necessary regulatory process for social life, maintaining balance and stability within the social structure. Hobbes argues that in the absence of a social system there is no guarantee of human stability. Parsons, the proponent of social pattern theory, emphasises the need for a dominant system in

social life, as the sub-patterns within any society cannot function randomly, but rely on harmony and coordination (Abdullah Hassan, 2003).

Many researchers, including medical researchers, point out that socially active individuals enjoy good health and are less prone to depression and cognitive decline, whereas socially isolated individuals are at higher risk of early death, similar to obesity and smoking.

In the same context, Henri Wallon (cited in Pachés, 2007) suggests that groups are necessary and essential for children, not only for their social learning, but also for their personal growth and awareness.

Pachés (2007) also states that a good group is one in which individuals feel comfortable. It is a group that has a collective project aimed at influencing society. It is open to the outside and allows each member to build relationships with others and to serve others, because living together requires serving others. Thus the basic functions of a group are defined, which include teaching individuals social norms, creating distinguished individuals, teaching them to live together, enabling them to engage in social bonding, developing thinking and self-expression skills, problem-solving skills, and imparting attitudes and values through social interaction with others.

However, under certain circumstances, a group can deviate from its noble mission and become a source of danger rather than protection. Hamed Zahran (1984) points out that factors leading to the weakening of group cohesion include a decrease in the satisfaction of the needs of its members, a decrease in the status of the individual within the group, and negative experiences of individuals within the group. Contradictions between group and individual norms can also contribute.

Mustafa Fahmi (1979) suggests that mistakes made by parents in the early years of child rearing can lead to poor compatibility. Furthermore, a study by Margalit et al.

(1999) shows that negative socialisation and peer rejection in childhood can lead to compatibility problems such as academic failure and problems in secondary school, as well as mental health problems in adolescence (Abdulwahid Ibrahim, 2014).

Psychological and mental well-being refers to a state in which an individual is in good health, able to think and function well, and able to respond appropriately to environmental stimuli. However, this state of wellbeing can be disrupted by various mental health problems and disorders, leaving individuals unable to cope with difficult and distressing situations and to maintain their emotional equilibrium.

According to the World Health Organization, mental illness is characterised by a profound disturbance in thinking, emotional regulation and behaviour, accompanied by discomfort and impairment in multiple domains. There are many types of mental illness that fall under the broader umbrella of mental and psychological health problems, including psychiatric disorders, psychosocial difficulties, and other mental conditions that are associated with severity and functional impairment.

Many researchers have questioned the causes of mental disorders, whether they are individual or social in nature. These studies include Margaret Mead's anthropological research on mental disorders among teenage girls in Samoan society. Mead explored the causes of these disorders, asking whether they were biologically or culturally based. Her findings showed that the absence of specific inhibitions about sexual practices in the traditional environment of Samoan children allowed them to live pleasurable lives without the imposition of strict rules that created guilt. This, in turn, reduced the likelihood of mental disorders in adolescence (Hamel, 2020).

Gaulejac (2017) argues that failure and disappointment are often attributed solely to the individual, as if they were solely related to their personal characteristics, desires and behaviours. According to Gaulejac, failure is seen as a reflection of the individual's psychological and mental incapacity, despite the fact that it is also influenced by increasing social anxieties and obstacles. The issue of unemployment is

a prime example of this phenomenon, where it is no longer seen as a purely economic problem, but rather as a personal problem attributed to the individual's incompetence, inefficiency and shortcomings. This perception of personal guilt can have a negative impact on self-esteem and the ability to navigate the labour market. Similarly, Gaulejac explains stress as a personal weakness rather than a result of external demands, and professional burnout as a result of individual incompatibility rather than workload. Depression is also explained as a result of personal problems rather than a lack of available resources to achieve one's goals. Cultures that emphasise high competence place the responsibility for success squarely on the individual, leading to social recognition ("You must be a winner"), while those who fail are blamed and may be considered patients, their incapacity attributed to physical or mental problems. To challenge this perspective, Gaulejac (2017) provides an example of class neurosis (*la névrose de classe*), illustrating how social and psychological dimensions interact and influence each other. Class neurosis is not a disease, but rather an identity conflict experienced by individuals whose social class has changed. In this conflict, feelings of hatred, desire and guilt arise from social contexts of non-recognition, humiliation and contempt.

In conclusion, this researcher argues that understanding behaviour should be based on the exchange between psychological and social contexts, as there are connections between society as an entity and the individual as an entity. Mental disorders tell us something about the state of society. For example, if hysteria and neurosis were prevalent in a society in the 20th century (the society in which Freud lived), then what characterises current societies in the 21st century are psychological burnout, hyperactivity and bipolar disorders.

Dorvil (1990) points out that a mentally ill patient does not play the same role as a physically ill patient in terms of participation, compliance with medical orders, efforts made, and most requests for treatment coming from family, work and legal

authorities. Furthermore, the difference between a mentally ill patient and a physically ill patient lies in their relationship with others. This relationship is the main cause of mental health problems. This relationship is quickly obscured by stigma (diagnosis), medication, hospital beds, relapses and social care. By confining madness (folie) to the realm of illness, the human aspect of madness is avoided and the recognition of its human nature is evaded. In this way, medical science stands between the normal person and the mentally ill in order to avoid confrontation. Madness provokes and painfully questions the person who is considered normal, obedient and subject to social constraints. Madness carries a truth that goes beyond the conventional truth imposed by the social order. In other words, madness represents an absolute freedom that rejects the social order.

On the basis of the above, Dorvil (1990) emphasises the social nature of mental illness. Diagnosis does not come from the offices of mental health professionals, but from the community in which the individual lives. Before seeking psychiatric help, people with mental illness experience long periods of suffering in their families, neighbourhoods and workplaces. Those around them become aware of the symptoms of madness, indicating the existence of criteria and values that distinguish the normal from the abnormal within human communities. The actions of the mentally ill involve transgression of the accepted norms of a society, and this creates problems. In the past, mental illness was considered a social deviance before it was recognised as a medical condition. The mentally ill were confined to asylums, tied to walls and beaten because they were considered morally deviant before they were medically classified. This deviance was seen as a philosophical and social problem before it was seen as an illness.

Behaviour that disrupts and threatens the social and ethical rules that govern community life thus informs us about mental illness.

The abnormal behaviour of the mentally ill does not indicate a failure to fulfil their social roles, but primarily an inability and a failure within the contexts of social normalisation. In other words, it indicates the failure of society to instil respect for the norms, commands and prohibitions that are essential to community life. As a result, the individual fails to achieve his or her goals, which leads to disengagement from the normative system. The rejection of social engagement by the person with psychosis is a form of protest against existing social relationships and against what is familiar and accepted. This is a result of their involuntary compliance with social agreements in which they do not believe. Thus, in the face of the danger of self-destruction, they take a step back and move towards a state closer to the true essence of mental health and freedom, beyond what is considered normal.

In the same context, several researchers (Corin, Bibeau, Uchoa, 1993) point out that classical anthropology has been more interested in the symbolism of rituals and therapeutic pathways for mental illness than in detailed and comprehensive descriptions of the signs and symptoms exhibited by individuals, and has neglected the social environment of disturbed individuals. On the other hand, transcultural psychiatry argues that any mental disorder implicitly traverses culture, manifesting itself in its patterns of expression, its development, and the collective individual and social responses it evokes. The symptoms associated with a particular disorder, such as schizophrenia, carry cultural imprints specific to the individual.

Benedetti (2003) confirms that mental illness is often seen as individual madness. Mental patients are not only victims of their own irrational attitudes that lead them to experiences of persecution, but in many cases they are individuals who have been psychologically traumatised during their formative years or childhood. This is because every family, without exception, in all societies and cultures, combines both humane and inhumane customs and behaviours that hinder progress.

In summary, mental illness refers to a range of disorders and conditions that have different causes and cause difficulty and suffering in the lives of those affected. Mental illness affects all sexes and age groups without distinction. Mental disorders are classified according to scientific criteria set out in international manuals. One of the best known is the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is regularly revised on the basis of research and scientific studies.

Mental disorders represent a significant global health burden due to the substantial costs associated with their treatment. They are also associated with increased mortality and risk of suicide.

Numerous studies have confirmed that people with mental illnesses are not only victims of individual factors, but often also of the pressures of the groups to which they belong. This can pose challenges for their integration and adaptation to the demands of these groups, making them vulnerable to various mental disorders, ranging from mild to severe.

References:

- Hassan, Sameer Abdullah (2003). The social system from a structural-functional perspective. Journal of Damascus University. Volume 19, Issue 1.
- Zahran, Hamed Abdelsalam (1984). Social psychology. Al-Alam Al-Kutub. Cairo, 5th edition.
- Abdelwahid, Suleiman Ibrahim (2014). Social psychology and the needs of contemporary life. Al-Warraq for Publishing and Distribution.
- Hamel, Amira (2020). A psychocultural reading of mental disorders. Journal of Research in Humanities and Social Sciences, 12(1).

- Corin, Ellen; Bibeau, Gilles; Uchoa, Elizabet (1993). Elements of an anthropological semiology of mental disorders among the Bambara. *Anthropologie et sociétés*, vol. 17, no. 12.
- Divil, Henri (1990). Mental illness as a social problem. *Service social*, vol. 39, no. 2.
- Fisher, Gustave-Nicolas (2020). *The basic concepts of social psychology*. Dunod.
- Seignobos, Charles (2014). *The historical method applied to the social sciences*. ENS Edition Lyon.
- Pachés, Vincent (2007). *Building interactions between individuals, groups and society*. *Vie sociale et traitements*, n° 95. Edition ERES.
- Dodier, Radolf (2009). *Individuals and social groups in space*. Archives ouvertes.
- Benedetti, Gactano (2003). *Social psychopathology and mental illness*. *Sud/Nord*, no. 18.
- Gaulejac, Vincent (2017). *Living in a paradoxical society*. *Nouvelle revue de psychosociologie*, no. 24. Edition Erés.