Studies on society and culture have shown the importance of socio-cultural factors in human development and its impact on human behaviour. These studies make it clear that human beings are almost infinitely malleable and that personality reflects the larger society – its institutions, values, norms, ideas as well as the immediate family and other interpersonal relationships to which individuals are exposed (Boas, 1901, 1938; Benedict, 1934; Kardiner and Linton, 1939). It is through our contact with socio-cultural environment that we learn the languages we speak and the customs we follow, the values we cherish and abilities necessary for dealing with problems of life. Studies in the field of culture and personality also indicate that normal as well as criminal, delinquent and other forms of anti-social behaviour are related to cultural factors (Linton, 1945).
Since mental disorders are abnormal psychological manifestations of the behaviour, it becomes clear that there is a relationship between socio-cultural conditions and mental disorders. Cultural and social factors are assumed to play a role in 'triggering off' the onset of organic mental disorders, but the assumption that sociological factors are causal is most widely held for functional mental disorders (Eaton and Weil, 1955). According to Linton (1956), a man is shaped by his culture. "Social and cultural factors determine the individual's inner structure decisively. Syndromes and diseases, their very existence and the form they take cannot be understood outside the socio-cultural context neither in their nature nor as regards their cure" (Foulkes and Prince, 1969).

As cultures vary, behaviour changes and so does the concept of normality and abnormality. The social setting in which man lives and the things he believes in are found to be related to many of the symptoms of mental pathology. How man explains, expresses and treats mental illness is influenced by his social and cultural values. Investigations have also shown that there are cultural and sub-cultural variations in the development and extent of mental disorders. Therefore a knowledge of these
factors will go a long way in understanding the cause of mental illness. It will also help in the diagnosis and treatment of mental disorders. Even a partial answer to them might lead to insights that could result in improvements in methods of prevention, cure and treatment.

The cultural milieu in which people in India live is supposed to create many problems. India is a vast country and the range of her problems too extensive. Centuries of feudal exploitation, colonial rule in the past, inequalities perpetuated by caste-system, fatalism of masses, lack of suitable educational system, a general aversion to work, unemployment and so on have created much poverty which puts individuals and society in great tension. The structure of ignorance in India consists of illiteracy, superstitious beliefs and prejudice. Other problems include those produced by casteism and untouchability. Manifestation of casteism in the form of favouritism to one's own caste and hostility to others is still rampant in the contemporary Indian society. The caste hierarchy consists of Brahmans, Kshathriyas, Vaishyas and Sudras. Untouchables are those peasants, workers and slaves who perform dirty menial tasks. Their plight in India, as Brij Mohan (1972) points out,
dates back to hoary antiquity. In his opinion, their present is insecure and future utterly bleak. This can create anxiety and tension among this group and affect their mental health.

Social and cultural factors in India cannot be looked upon as separate from religion and religious values. The major religious communities in India are Hindus, Muslims and Christians. These communities in India have absorbed and influenced each other immensely. The caste-system, which is overwhelmingly Hindu in origin but followed by other religions in India in one form or other (Segal, 1965) is suggestive.

Each religion has its own explanation of mental illness and to some extent, its own methods of treatment. Faith in a supreme power (self, God, fate or nature) is deep-rooted in an Indian. In Hindus, these beliefs are inculcated through the great epics of Ramayana, Mahabharatha and many other ancient writings which are taught either in the home or in the schools. However these beliefs and attitudes are shared by other religious communities as well. The effect of change in a background like this will be extremely stressful to its members. The sudden changes shake the whole person.
The old people are shocked to see the change in the young. The young being in the formative stage is struggling to select the best without knowing which is the best. Value conflict is greatly felt by the young. The absence of proper value or goal seems to be the important problem of the day.

In addition to this, industrialisation and urbanization are creating numerous problems. Foreign influence and better communication media are bringing about changes in the outlook of the people. Indian culture is a helping, caring, close knit culture. We care for the old, teachers, guests, poor and so on. But a shift from a dependent structure to an independent atmosphere affects all institutions (family, religion, education, etc.) and the individual becomes a victim to the conflicts. The impact of modern civilization and technology on traditional Indian society and its age old values, as Sondhi (1979) holds, has been traumatic and cataclysmic. He points out that in less than fifty years, we went through a process of change which took the west a few hundred years. This accelerated change has left behind a trail of destruction in various fields, horror and shattered psyches.
Personal and social disorganization, which have a negative influence on mental health, is caused by marital disharmony. The cause of this disharmony includes large family and limited income; attitude toward sex which is accompanied by a sense of secrecy and a sense of guilt because the cultural values have described it as something 'bad' or dirty. Arranged marriage, male dominance, dowry system, etc. also act as factors in marital disharmony.

Prostitution is also another evil. The problem of prostitution is the problem of the dignity of a woman in a society ruled by man. The failure of woman represents the failure of the home, the school, the community and the whole society. An Indian prostitute is a product of multiple forces - want, ignorance, hunger, poverty and disease. Many go for this profession for financial gain. But it degenerates her mentally.

The effects of alcoholism and drug addiction in an Indian is different from its effect in a person of another country. Here it can lead to individual and family disorganization which culminate in total collapse. Begging implies helplessness, poverty and dependence on other's charity. It deems the basic dignity of an individual because it basically involves the superiority and inferiority of the giver and the receiver.
Thus there are many factors in the psycho-social environment of India today, which are having their adverse effects on mental health. But there is a general lack of statistics on the incidence and prevalence of mental disorders. In a search for figures of mental morbidity in this country, Dube (1964) says that there is no such information available. The Health Survey and Development Committee (1946) reports that hospital figures cannot be relied upon as the functioning of mental institutions in India has been unsatisfactory. The Mental Health Advisory Committee of the Government of India (1966) suggests a possible prevalence of mental illness of 20 per 1000 population and 18 and 14 per 1000 for semi-rural and rural areas respectively. Even though reliable statistics is not available admission and population in government and private hospitals show that in Kerala, as in other parts of India, the number is on the increase and that mental illness is a serious problem.

Besides the problem of the mentally ill there is also degrees of abnormality among the normals. It is a daily experience to see many in the society who have doubts, problems and beliefs which are sometimes unreasonable, but pre-dispose an individual to mental illness.
Previous studies on the relationship between socio-cultural factors and mental illness in countries at different stages of development technologically, economically and culturally have shown that these factors play a decisive role in the causation of mental abnormalities, and in the symptomatology and the methods of treatment developed and used. Discussion with some experts in the mental health field in Kerala has convinced the investigator that this problem needs systematic study.

The present investigation is undertaken with a view to understand the 'Social aspects of mental illness'. Here the term 'social aspects' is used in a wider sense to include various aspects or factors in the social and cultural environment of the individual. In this sense, it is inclusive of the socio-economic status of the individual and his family, various aspects in the family that can create problems for the individual, stressful experience to which the individual is exposed, especially in the formative years, the religious attitudes, beliefs and values entertained by the individual and so on.

For the purpose of the study, two groups of subjects, one normal and the other mentally ill, are selected, as detailed in Chapter III.
**PROBLEM**

The aim of the study is to see:

1. Whether there is any significant association between mental illness and the socio-economic status
2. Whether the factors related to family are significantly associated with mental illness
3. Whether the religious values, beliefs and practices are significantly associated with mental illness
4. Whether attitude toward sex, marital adjustment and attitude towards family planning are significantly related to mental illness.

Eventhough the aims of the study are broadly stated under the above four major heads, each of these problems is studied in terms of the different components or factors that fall under these major heads (the factors considered under each of them are given in Chapter III). Analyses are done on the basis of these factors separately to arrive at the significance of the association between each of these factors and the mental illness.

In addition to the factors associated with mental illness, information has also been obtained from the mentally
ill regarding the situations that precipitated the dis-
order, source of referral, treatment, if any, received 
before consulting the psychiatrist and the type of 
treatment. This was done with a view to see whether the 
patients consult the psychiatrists or approach some native 
healers and also to understand the nature and type of 
treatment used by the native healers.

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