

SOCIOLOGICAL REVIEW OF THE NEXUS BETWEEN DEVIANT BEHAVIOUR AND MENTAL HEALTH

BY

Abdullateef Ibrahim Bidemi: Department of Sociology, University of Lagos, Akoka, Lagos

Fanu Omolade Oyindamola: Department of Sociology, University of Lagos, Akoka, Lagos

Ibrahim Olanrewaju Sodiq: Department of Sociology, Lagos State University, Ojo, Lagos

Taiwo, Tayo Amos: Department of Urban and Regional Planning, Federal University of Technology, Minna, Niger State

&

**Abdulganiyu Abdulazeez Opeyemi: Department of Sociology, University of Lagos, Akoka, Lagos
Corresponding E-mail: ibrosctohima@gmail.com**

Abstract

It is incontrovertible that deviant behaviour in any human society reflects the presence of social norms. This paper sociologically unravelled the nexus between deviant behaviour and mental health, coupled with a close review of existing literature; the paper begins by unfolding the conceptual clarifications of deviant behaviour and mental health and subsequently opened a discourse on the nexus between deviant behaviour and mental health. The paper concluded through a careful review of existing literature that deviant behaviour has a significant connection with mental health, especially when considered from human sociocultural perspectives. Applying the labelling theory, the conclusion was also made that cultural norms and values impact the determinant of who is a deviant and how such an act of deviance can be labelled mental illness. Insert the suggestions?

Keywords: Deviant behaviour, Health, Labelling theory and Mental health

Introduction

Deviant behaviour in any human society reflects the presence of social norms, as deviation would not occur without a specified pattern of wrong and right. Social Norms exist nearly everywhere in human society. Different societies across the world, whether simple or complex, have a strong interest in preserving the interests of their member by instituting sanctions for deviation and rewards for conformity. This is to uphold some morality in society so that people can live in peace and harmony. According to Raymen & Smith (2019), living in peace and harmony is a sign of a healthy lifestyle; illness or disease, known as a physiological problem, can also be viewed in moral terms (Wu et al., 2021). This is further reinforced by the fact that many scientific explanations of health lay the blame for illness and disease on personal behaviour, for example, smoking which can cause lung cancer, gambling which cause bankruptcy, drug which can cause addiction, unprotected sexual intercourse, which is linked to HIV/AIDS, overeating which can be linked to obesity in many cases turns illness and disease into a moral issue, where the individuals are labelled deviant for being ill significantly when it alters their mental health and well-being (Chen et al., 2021). Subsequently, individuals with such deviant labels begin to be viewed as “them” and the labellers as “we” (Ohlsson, 2018). Relying on existing literature, this paper is poised to explore the nexus between deviant behaviour and mental health.

Conceptual Clarifications

Deviant Behaviour

In Nalah and Ishaya’s (2013) conception, the social understanding of the study of deviance examines cultural norms, how they change over time, how they are enforced, and what happens to individuals and societies when norms are broken. Deviance and social norms vary among societies, communities, and times, and often sociologists are interested in why these differences exist and how these differences impact the individuals and groups in those areas. What is deviant to one group may not be considered deviant to another. Sociologists define deviance as violating standard rules and norms (Narayanan & Murphy, 2017; Macionis & Gerber, 2010). It is simply more than nonconformity. However, it is behaviour that departs significantly from social expectations. Sociologists stress social context; deviance is looked at in terms of group processes, definitions, and judgments and not just as unusual individual acts (Santos & Eger, 2014)

Furthermore, it is widely recognised that established rules and norms are socially created (Lugosi, 2019), not just morally decided or individually imposed. Deviance lies not just in the behaviour itself but in the social responses of groups to behaviour by others (Macioni, 2010). This means; that deviance can either be positively or negatively exhibited. In contrast, the psychological perspective to deviance emphasised criminal tendency or deviance as human natural drives (Marsh et al., 2005) and urges repression in the unconscious through socialisation (Mertens et al., 2016). In a strictly academic sense, deviant behaviour or deviance means those behaviours or characteristics that violate significant social norms and expectations and are negatively valued by many people (Galperin, 2003). We can also look at deviance simply as those behaviours that breach commonly held norms, values, and expectations. In essence, any act or behaviour that departs from conventional norms are called deviants.

Haward Becker, a renowned sociologist, sees deviance as that behaviour that people so label (Siegel, 2011). Some types and examples of deviant behaviours in many societies include armed robbery, murder, examination malpractice, rape, forgery, drug abuse and addiction (smoking and drinking), bribery and corruption, homosexuality, vandalism, gangsterism, intimidating behaviours, keeping late hours, sexual harassment and indecent dressing (such as transparent and tied clothes for girls, and radical wears or appearance like coiling of hairs e.t.c for boys), disobedience to parents, elders, and other social authorities, addicted to party, gossiping, greed, jealousy, truancy, among others (Nalah & Ishaya, 2013). The study of deviance can be divided into the study of why people violate laws or norms and how society reacts. This reaction includes the labelling process by which deviance comes to be recognised as such. The societal reaction to deviant behaviour suggests that social groups create deviance by making the rules whose infraction constitutes deviance, applying those rules to particular people, and labelling them as outsiders (Amine & Gicquel, 2011).

Health and Mental Health

It is unsurprising that mental health is a crucial element of human general health, and as such, we must define health while conceptualizing mental health. Health, or lack of health, was once merely attributed to biological or natural conditions (Reinert et al., 2021). Sociologists have demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors (Graham et al., 2019). Where medical research might gather statistics on a disease, a sociological perspective would provide insight into what external factors caused the spread and distribution of such disease and illness (Crellin, 2020). The sociology of health and illness studies the interaction between society and health (Wiens et al., 2020). More particularly, sociologists examine how social life impacts morbidity and mortality rates and how morbidity and mortality rates impact society. This discipline also looks at health and illness in social institutions such as the family, work, school, religion the causes of disease and illness, reasons for seeking particular types of care and patient compliance and non-compliance (Lipson et al., 2019). Psychologically, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience (Wutich et al., 2020). More specifically, mental health is an expression of emotions that signifies a successful adaptation to a range of demands (Mojtabai & Olfson, 2020). The World Health Organization defines mental health as a state of well-being in which the individual realises his or her abilities, can cope with the everyday stresses of life, can work productively and fruitfully, and can make a contribution to his or her community (WHO, 2009; UNICEF, 2010). Maintaining good mental health is crucial to living a long and healthy life.

There are noticeable differences in patterns of health and illness across societies, over time, and within particular society types. There has historically been a long-term decline in mortality within industrialised societies, and on average, life expectancies are considerably higher in developed rather than developing or undeveloped societies (Vaidyam et al., 2019). Patterns of global change in health care systems make it more imperative than ever to research and comprehend the sociology of health and illness; continuous changes in the economy, therapy, technology and insurance can affect the way individual communities view and respond to the medical care available (White, 2016). These rapid fluctuations cause the issue of health and illness within social life to be very dynamic in definition. The definition of mental health highlights emotional well-being (Miller et al., 2001), the capacity to live an entire creative life, and the flexibility to deal with prospective life's inevitable challenges (Conrad, 2005; Jensen, 2007). This model generally encompasses psychological, anthropological, educational, religious and sociological perspectives

and theoretical perspectives from personality, social, clinical, health, and developmental psychology (Botterweck & Michael, 2011).

The Nexus between Deviant Behaviour and Mental Health

As established in the introductory part of this paper, deviancy in medical sociology has a significant link with mental health, illness, and diseases caused by specific behaviour put up by an individual, such as smoking, gambling, and drug use. This is further reiterated by Dornbusch (2001) when he asserted that deviance and mental illness often go hand-in-hand. While not all deviants are considered mentally ill, almost all mentally ill persons are considered deviant since mental illness is not considered “normal”. When studying deviance, then, sociologists also often study mental illness. This is evident in the work of Erving Goffman, cited in Disshion et al. (2004), where he suggested that part of the process of becoming mentally ill is linked to how a person’s “presenting culture” is stripped from them when they enter into a state of mental illness. By presenting culture, Goffman means denying the mentally ill person his or her appropriate behaviour by enforcing a new rule on them. Failure to conform can be seen as evidence of mental illness and the need for medication. Going back in literature, it was found in the work of Conrad and Schneider (1980) cited in Vazsonyi (2001), where they examined how gambling changed from being viewed as an immoral act in the 19th century to being viewed as an illness during the 20th century. The dominance of the medical definition and label was finally assured when the American Association of Psychiatrists formally included a new entry of “pathological gambling” in the handbook of recognised diseases.

Thus, a medical condition of pathological gambling now exists, which provides both an explanation and a course of therapy to combat the disease (Vazsonyi, 2001). The connection between deviance and mental health can be further explained succinctly through the lens of the classical sociological theories, which regard mental illness a little differently. However, they all look to the social systems in which mental illness is defined, identified, and treated. The functionalists believe that by recognising mental illness, society upholds values about conforming behaviour. Symbolic interactionists, in their conception, see mentally ill persons not as “sick” but as victims of societal reactions to their behaviour. Finally, conflict theorists, combined with labelling theorists, believe that the people in a society with the fewest resources are the most likely to be labelled mentally ill. For instance, women, racial minorities, and the poor all suffer higher rates of mental illness than groups of higher social and economic status. Further research has consistently shown that middle- and upper-class persons are more likely to receive some form of psychotherapy for their mental illness (Cooke et al., 2004; Mojtabei & Olfson, 2020). Minorities and poorer individuals are more likely only to receive medication and physical rehabilitation and not psychotherapy (Burke et al., 1997 cited in Wu et al., 2021)

However, those mentioned above gave two possible explanations for the link between social status and mental illness, leading to deviant behaviour (Ahmad et al., 2020). First, some say it is the stresses of being in a low-income group, being a racial minority, or being a woman in a sexist society that contributes to higher rates of mental illness because this harsher social environment is a threat to mental health (Fatoki & Kobiowu, 2020). On the other hand, others argue that the same behaviour labelled mentally ill for some groups may be tolerated in other groups and, therefore, not labelled as such (Mori et al., 2019). For instance, if a homeless woman exhibited crazy, deranged behaviour, she would be considered mentally ill. In contrast, if a rich woman exhibited the same behaviour, she might be seen as merely eccentric or charming. Furthermore, women also have higher rates of mental illness than men (Lugosi, 2019). This stems from the roles that women are forced to play in society; poverty, unhappy marriages, physical and sexual abuse, the stresses of rearing children, and spending much time doing housework all contribute to higher rates of mental illness for women, thereby suffering from the label of deviance (Mawby, 2004).

Theoretical Justification

Labelling Theory

Labelling theory refers to individuals becoming deviant when a deviant label is applied to them; they adopt it by exhibiting the behaviours, actions, and attitudes associated with it (Macionis & Gerber, 2010). Labelling theory argues that people become deviant due to others forcing that identity upon them. This process works because of stigma (Freud, 1976); in applying a deviant label, one attaches a stigmatised identity to the labelled individual. With a huge element of symbolic interactionism, this theory also has elements of conflict theory, since the dominant group can decide what is deviant and acceptable and enjoys

the power behind the labelling process (Macionis & Gerber, 2010). An example of this is a psychiatry hospital that labels people as mentally ill, and because of this, they begin to view themselves as ill and incapable of changing. This is in tandem with the view of Howard Becker when he asserts that “deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an offender”.

The deviant is one to whom the label has successfully been applied; deviant behaviour is behaviour that people label (Howard, 200). Labelling theory allows us to understand how past behaviours of a deviant-labelled individual are reinterpreted by their label. It reprints consistent negative thoughts (Hobin et al., 2020), influencing their behaviours. It is based on the idea that behaviours are deviant only when society labels them as deviant (Jessen, 2007). As such, conforming members of society, who interpret certain behaviours as deviant and then attach this label to individuals, determine the distinction between deviance and non-deviance. Labelling theory questions who applies what label to whom, why they do this, and what happens due to this labelling. Influential individuals within society (psychologists, medical practitioners, judges, police officers, e.t.c.) typically impose the most significant labels. Labelled persons may include drug addicts, alcoholics, criminals, delinquents, prostitutes, sex offenders, and psychiatric patients, to mention a few.

The consequences of being labelled as deviant can be far-reaching. Social research indicates that those who have negative labels usually have lower self-images, are more likely to reject themselves, and may even act more defiantly due to the label (George, 2010). Unfortunately, people who accept the labelling of others, be it correct or incorrect, have difficulty changing their opinions of the labelled person, even in light of evidence to the contrary. If the repressed feeling and thoughts are fixated, it could result in mental or psychological trauma of psychosis or neurosis (Freud, 1976). In furtherance of the above, it could also be inferred that people whom the labellers have viewed as deviant also encounter further labelling and becomes mentally weak in the society. Despite the importance of the cultural factor in deviant behaviour, the medical approach still has a significant part to play. The investigation of individual pathology among the members of deviant groups continues to lead to results of practical and theoretical importance.

Conclusion

Based on the foregoing, clear academic distinctions and connections have been made between deviant behaviour and mental health. Looking through some scholarly production, it was found that deviance has a significant connection with mental health, especially when they are considered from the social perspective. This is why a thorough exposition of these relationships has been done by conceptualising deviant behaviour as an act that goes against the established social norms in any human society in which most people are labelled and accepted as such. The relationship between deviance and mental illness is considered a culturally and socially related category whose precise borders and meanings change over time and place and are hotly debated in sociology of health literature.

References

- Ahmad, M. S., Iqbal, F., Siddique, R., Abbas, S., & Fakhr, Z. (2020). *Responsible leadership and workplace deviant behaviour: modelling trust and turnover intention as mediator. Leadership and Organization Development Journal*, 64-78
- Amine, A., & Gicquel, Y. (2011). *Rethinking resistance and anti-consumption behaviours in the light of the concept of deviance. European Journal of Marketing*.
- Burke, V., Milligan, R. A. K., Beilin, L. J., Dunbar, D., Spencer, M., Balde, E & Gracey, M. P. (1997). *Clustering of health-related behaviours among 18-year-old Australians. Preventive medicine*, 26(5), 724-733.
- Chen, J., Forsyth, C. J., & Biggar Jr, R. W. (2021). *Young Puritans: Adolescent Abstainers and Mental Health. Deviant Behaviour*, 42(2), 288-295.
- Conrad, P. (2005). *The sociology of health and illness. Macmillan*.
- Cooke, D. J., Michie, C., Hart, S. D., & Clark, D. A. (2004). *Reconstructing psychopathy: Clarifying the significance of antisocial and socially deviant behaviour in the diagnosis of psychopathic personality disorder. Journal of personality disorders*, 18(4), 337-357.
- Crellin, J. K. (2020). *A social history of medicines in the twentieth century: to be taken three times a day*. CRC Press.

- Dornbusch, S. M., Erickson, K. G., Laird, J., & Wong, C. A. (2001). *The relation of family and school attachment to adolescent deviance in diverse groups and communities. Journal of Adolescent Research, 16*(4), 396-422.
- Fatoki, F. T., & Kobiowu, S. V. (2020). *Factors associated with deviance among secondary school students in South Western Nigeria. Gender & Behaviour, 18*(3), 16483-16491.
- Freud, S. (1961). *The ego and the id. In J. Strachey. The standard edition of the complete psychological works of Sigmund Freud, 19.*
- Galperin, B. L. (2003). *Can workplace deviance be constructive?. In Misbehaviour and dysfunctional attitudes in organisations (pp. 154-170). Palgrave Macmillan, London.*
- George, M. (2010). A theoretical understanding of refugee trauma. *Clinical Social Work Journal, 38*(4), 379-387.
- Graham, S., Depp, C., Lee, E. E., Nebeker, C., Tu, X., Kim, H. C., & Jeste, D. V. (2019). *Artificial intelligence for mental health and mental illnesses: an overview. Current psychiatry reports, 21*(11), 1-18.
- Hobin, E., Schoueri-Mychasiw, N., Weerasinghe, A., Vallance, K., Hammond, D., Greenfield, T. K., ... & Stockwell, T. (2020). *Effects of strengthening alcohol labels on attention, message processing, and perceived effectiveness: A quasi-experimental study in Yukon, Canada. International Journal of Drug Policy, 77*, 102666.
- Becker, H. (2001). Georges Perec's experiments in social description. *Ethnography, 2*(1), 63-76.
- Jensen, G. F. (2007). *The path of the devil: Early modern witch hunts. Rowman & Littlefield.*
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). *Increased rates of mental health service utilisation by US college students: 10-year population-level trends (2007–2017). Psychiatric services, 70*(1), 60-63.
- Lugosi, P. (2019). *Deviance, deviant behaviour and hospitality management: Sources, forms and drivers. Tourism Management, 74*, 81-98.
- Macionis, J., & Gerber, L. (2010). *Sociology: Emile Durkheim's basic insight. Academic Journal of Interdisciplinary Studies, 2*(3).
- Marsh, D. R., Schroeder, D. G., Dearden, K. A., Sternin, J., & Sternin, M. (2004). *The power of positive deviance. Bmj, 329*(7475), 1177-1179.
- Mawby, R. I. (2004). *Reducing burglary and fear among older people: An evaluation of a help the aged and homesafe initiative in Plymouth. Social Policy and Administration, 38*, 1-20.
- Mertens, W., Recker, J., Kummer, T. F., Kohlborn, T., & Viaene, S. (2016). *Constructive deviance as a driver for performance in retail. Journal of Retailing and Consumer Services, 30*, 193-203.
- Miller, J. D., Lyman, D. R., Widiger, T. A., & Leukefeld, C. (2001). *Personality disorders as extreme variants of common personality dimensions: Can the five factor model adequately represent psychopathy?. Journal of personality, 69*(2), 253-276.
- Mojtabai, R., & Olfson, M. (2020). *National trends in mental health care for US adolescents. JAMA psychiatry, 77*(7), 703-714.
- Mori, C., Temple, J. R., Browne, D., & Madigan, S. (2019). *Association of sexting with sexual behaviours and mental health among adolescents: A systematic review and meta-analysis. JAMA pediatrics, 173*(8), 770-779.
- Nalah, A. B., & Ishaya, L. D. (2013). *A conceptual overview of deviance and its implication to mental health: a bio psychosocial perspective. International Journal of Humanities and Social Science Invention, 2*(12), 1-9.
- Narayanan, K., & Murphy, S. E. (2017). *Conceptual framework on workplace deviance behaviour: A review. Journal of Human Values, 23*(3), 218-233.
- Ohlsson, R. (2018). *Public discourse on mental health and psychiatry: Representations in Swedish newspapers. Health, 22*(3), 298-314.
- Raymen, T., & Smith, O. (2019). *Deviant leisure: A critical criminological perspective for the twenty-first century. Critical Criminology, 27*(1), 115-130.
- Reinert, M., Fritze, D., & Nguyen, T. (2021). *The State of Mental Health in America 2022.*
- Santos, A., & Eger, A. (2014). *Gender differences and predictors of workplace deviance behaviour: the role of job stress, job satisfaction and personality on interpersonal and organisational deviance. International Journal of Management Practice, 7*(1), 19-38.
- Siegel, L. J. (2011). *Criminology. California: Thomson Wadsworth. Sociological Spectrum, 27*, 475-505.

- Vaidyam, A. N., Wisniewski, H., Halamka, J. D., Kashavan, M. S., & Torous, J. B. (2019). *Chatbots and conversational agents in mental health: a review of the psychiatric landscape. The Canadian Journal of Psychiatry, 64*(7), 456-464.
- Vazsonyi, A. T., Pickering, L. E., Junger, M., & Hessing, D. (2001). *An empirical test of a general theory of crime: A four-nation comparative study of self-control and the prediction of deviance. Journal of research in crime and delinquency, 38*(2), 91-131.
- White, K. (2016). *An introduction to the sociology of health and illness. Sage.*
- Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). *A growing need for youth mental health services in Canada: examining trends in youth mental health from 2011 to 2018. Epidemiology and psychiatric sciences, 29.*
- Wu, A. F. W., Chou, T. L., Catmur, C., & Lau, J. Y. (2021). *Understanding the links between self-concept, sociocultural deviance and mental health problems in pathological social withdrawal. Current Psychology, 1-7.*
- Wutich, A., Brewis, A., & Tsai, A. (2020). *Water and mental health. Wiley Interdisciplinary Reviews: Water, 7*(5), e1461.

AVAILABILITY OF ICT FACILITIES FOR TEACHING AND LEARNING IN SHEHU IDRIS COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY, MAKARFI, KADUNA STATE, NIGERIA

BY

Yusuf Ibrahim: Aliyu Muhammad Shika Library, Shehu Idris College of Health Sciences and Technology, Makarfi, Kaduna State

&

Hadiza Abubakar Shehu: Aliyu Muhammad Shika Library, Shehu Idris College of Health Sciences and Technology, Makarfi, Kaduna State; E-mail: yususaibrahim22@gmail.com

Abstract

The main objective of this study is to identify the availability of ICT facilities for teaching and learning in Shehu Idris College of Health Sciences and Technology, Makarfi, Kaduna State, Nigeria. The Quantitative research methods as well as descriptive survey research design were adopted for this study. The population of this study comprised the entire students and lecturers (75 & 15) in the School of General and Applied Sciences, particularly, Health Information Management Department of Shehu Idris College of Health Sciences and Technology, Makarfi. The instrument used for data collection was questionnaire; the researcher sought the respondents to rate each of the options on a 4 point Likert scale in the tables for answering the research question numbers two and three. The instrument was subjected to face validity by the three experts and the reliability coefficient obtained through a pilot study was 0.82 and data were analyzed using descriptive statistics particularly frequency, percentage, mean and standard deviation. The findings revealed that, ICT facilities that are commonly available for enhancing teaching and learning are computer, internet, e-mail services, computer laboratory and social network. The study also found out that. It was also discovered that majority of the respondents highly utilizes ICT facilities for enhancing learning activities in the college computer laboratory, college business center, college library & college Internet centers. It is recommended that other ICT facilities such as radio, television set, scanner machine, photocopier machine, public address system, video conferences should be provide by the management of the college for easy facilitating teaching and learning.

Keywords: ICT facility, Teaching, Learning and Makarfi

Introduction

Information and Communication Technology facilities tend to expand access to education and enhance effective teaching and learning. Through the use of ICT facilities, learning can occur anytime and anywhere. Online course materials, for example, can be accessible 24 hours a day, seven days a week. Teleconferencing classrooms allow both learner and teacher to interact simultaneously with ease and convenience. Umar and Mohammed (2009) stated that Information and Communication Technology (ICT) is an umbrella term with include computer technology, information technology, communication technology, communication satellite, system software, application software, the Internet, and electronic delivery systems such as radios, televisions, and projectors among other facilities, and is widely used in today's educational system to enhance and facilitate teaching and learning efficiently and effectively. Information and communication technology (ICT) is often been described as the technology where computers and telecommunication devices are used for information gathering/acquisition, processing, storage, retrieval and dissemination to the relevant users. The use of information communication technologies (ICTs) in teaching and research by academics has arisen because of the increased demand for information and increasing number of information sources.

The information revolution and the extraordinary increase in the spread of knowledge has given birth to a new era of knowledge and information which affects directly all spheres of organizations' life cycle. Based on this trend, individuals, organizations and governments worldwide have recognized the role that Information and Communication Technologies could play in fostering growth and development (Kent & Facer, 2004). Similarly, Howell and Lundall (2000) viewed ICTs to encompass all forms of technology used to create, store, process and use information in its various forms (data, voice, image, multi-media presentations and other forms including those not yet conceived) and which enable, facilitate and support communication. More specifically, ICTs also include telephone, mobile phone, Private Automatic Box Exchange (PABX), photocopier, scanners, fax machines, close circuit television sets, cameras, Personal Digital Assistants (PDAs) conventional digital camera, microwave link systems and very small aperture