Social Unrest and Its Impact on Mental Health

Introduction

It is a well-established historical fact that events of social unrest (also known as “public protests” in this article) across the world have been linked with the juxtaposition of religion and political issues. At these times, society has had a tendency to “descend into chaos” for a certain period only for “order to emerge” later on. However, has it been so simplistic a scenario or do we realize that such events of “social unrest” leave behind scars on the “psychosocial fabric” of the individual and society both?

More specifically, in relation to India, the same pattern of events of “social unrest” has occurred in the last several decades,[1] as detailed a bit further below. In addition, the broader question posed above will be applicable to the Indian sociopolitical system and the “psyche” as well!

Before proceeding further, it is imperative for us (as authors) to clarify that our agenda here is purely “apolitical” and “scientific” driven. The basic purpose of this editorial is to highlight the aspect of “social unrest,” how it develops and manifests with its potential impact and psychosocial consequences, and the key role that mental health professionals have to play.

Social Unrest across the World

As mentioned earlier, public protests, violence, riots, and other collective actions have taken place in many countries in the past,[2] and social unrest as a phenomenon is rising globally.[3‑4] Various metropolitan cities such as Barcelona, Delhi, Paris, Hong Kong, and Santiago experienced events of social unrest in the year 2019. In fact, longitudinal studies have documented that persistent intense conflicts marked by violence from both police and protesters alike tend to affect the social fabric and lead onto frayed familial ties.[5] People perceive the environment as repressive and experience a sense of fear, helplessness, and anger. During protests in Hong Kong, people have felt traumatised by the ongoing protests.[5]

Social Unrest in India

Public protests in India assume many forms, and three kinds of public violence have been distinguished, namely the violence of remonstrance, the violence of confrontation, and the violence of frustration, based on the reason of violence, the precipitating agency, the degree of prior preparation, the time required for the initiation of violence, and the context.[1] The violence of remonstrance refers to public clashes arising due to agitation against governmental authority in some form, for example, student agitation against higher fees. The violence of confrontation refers to riots arising among private groups, for example, communal riots. The violence of frustration refers to riots in large cities, for example, agitation when trains are delayed. The point to emphasize here is that any kind of public unrest impacts the social rubric.

To exemplify, the most recent event of social unrest in India will be that is linked to the National Register of Citizens and Citizenship Amendment Act. The series of events kick-started in December 2019 as a movement affecting not only the masses but also predominantly involving the educational institutions and youth across the country.[6] The crisis and crisscrossing between politics, religion, and social issues came to the fore here where, on numerous occasions, the law and order situation seesawed between stability and chaos.[7]

Role of Social Psychology in Relation to “Social Unrest”

It is important to highlight that psychology as a scientific discipline has grown amid the changing social structure and has been intertwined with religious and political views in each culture, yet universal psychological approaches have developed irrespective of race, gender, religion, and so forth.[8] The understanding of psyche of an individual needs to take into cognizance both the religion and political systems.

Social psychologists focus on individuals through face-to-face interactions and ignore larger scale conflicts such as terrorism. Nevertheless, literature has examined factors that might be implicated in intergroup conflicts and political violence. Stereotyping and prejudice, divergent perspectives, and in-group and out-group biases are some of the social determinants that influence social conflicts.[9] There is an inherent tendency to view one’s own group conduct as legitimate and perceive other groups’ behavior as illegitimate. However, cognitive factors have not been examined empirically in terms of violent behavior.

Hence, in our opinion, there is still considerable scope of refinement that is required from the professional viewpoint in understanding the phenomena of “social unrest.” This caveat in approach and expertise at the level of mental health professionals can be a matter of concern indeed.

Psychosocial and Mental Health Impact

Despite social unrest, protests, and violence being a global phenomenon with an established history, it is indeed surprising that mental health issues have not been assessed systematically.[10] On the other hand, the mental health impact of other traumatic events such as disasters, terrorist attacks, and armed conflicts has been much better documented.[11] A recent systematic review of mental disorders in conflict settings till 2018 found 52 studies from 20 countries and reported adverse mental health outcomes even in nonviolent mass protests.[10] Disorders such as depression and posttraumatic stress disorder (PTSD) as an outcome in mass protests emerged
to be comparable to other traumatic events.[11] Still, the process of social unrest among health-care professionals remains unclear. Individual vulnerabilities and demographic factors have been reported to be associated with psychopathology.[12]

The Way Forward!

In view of the lack of research and understanding of the psychosocial impact of “social unrest,” it would be only time for mental health-care professionals to focus on this extremely important sociopolitical issue. There is a need to understand the ramifications and impact on mental health and correspondingly develop interventions at both preventive, curative, and rehabilitative levels for the individual.

An additional task probably would be to focus on enhancing the resilience of “groups” and society at large. Furthermore, unless the conflicts are arrested timely, continuity of unrest may lead to a “state of society” that sociologists refer to as “anomie,” i.e., perceived break down in social fabric and leadership.[13] Religious preference and political affiliation are both important components in the context of identity development, especially among young adults, and this needs to be understood in the situational context.

Interventions are important to prevent long-term aftermath consequences in the young peoples’ life. The goal is to ascertain how individual’s opinions in the long run could be leveraged to develop their healthy well-being despite existing religious beliefs, political party affiliation, gender, or race.

A note of caution has been highlighted nearly a decade back regarding interventional efforts toward prevention or reducing psychosocial and mental health burden due to political violence usually being divided between psychiatric and psychosocial approaches.[14] This aspect was highlighted again more recently in a study from Nepal where it was seen that psychiatrists tended to give importance to the clinical presentation of PTSD symptoms, thereby ignoring the sociocultural context underlying the symptom manifestation and perceived need for help.[15]

In our considered opinion, due to the complexity of the issue of “social unrest,” a multidisciplinary focus and approach is mandatory wherein mental health professionals from different backgrounds (psychiatrists, clinical psychologists, psychiatric social workers, etc.) need to join forces to understand and formulate answers regarding the movement of “social mental health” in India. Indeed, as was once said by John F Kennedy, “There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”

Rachna Bhargava, Nitin Gupta

Department of Psychiatry, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, 1Gupta Mind Healing and Counselling Centre, Chandigarh, India

Address for correspondence: Dr. Nitin Gupta, Gupta Mind Healing and Counselling Centre, Chandigarh - 160 009, India.

E-mail: nitingupta659@yahoo.co.in

References

1. Bayley DH. Public protest and the political process in India. Pac Aff 1969;42:5-16.
2. Tarrow SG. Power in Movement: Social Movements and Contentious Politics. New York: Cambridge University Press; 2011.
3. Ortiz I, Burke S, Berrada M, Corrêa H. World Protests 2006–2013. New York: Initiative for Policy Dialogue and Friedrich-Ebert-Stiftung; 2013.
4. Stephan MJ, Chenoweth E. Why civil resistance works: The strategic logic of nonviolent conflict. Int Secur 2008;33:7-44.
5. Ni MY, Yao XI, Leung KS, Yau C, Leung CM, Lun P, et al. Depression and post-traumatic stress during major social unrest in Hong Kong: A 10-year prospective cohort study. Lancet 2020;395:273-84.
6. Rajalakshmi TK. Countrywide CAA and NRC Protests: Secular Unity. Frontline; 17 January, 2020.
7. Arun TK. View: The Protests Against CAA-NRC Confront Unresolved Questions of Social Division in India. The Economic Times; 25 December, 2019.
8. Kugelmann R, Belzen JA. Historical intersections of psychology, religion, and politics in national contexts. Hist Psychol 2009;12:125-31.
9. Tedeschi JT. The social psychology of aggression and violence. In: International Handbook of Violence Research. Dordrecht: Springer; 2003. p. 459-78.
10. Ni MY, Kim Y, McDowell I, Wong S, Hong Q, Wong IO, et al. Mental health during and after protests, riots and revolutions: A systematic review. Aust N Z J Psychiatry 2020. doi: 10.1177/0004867419899165. [Epub ahead of print].
11. Charlson F, van Ommeren M, Flaxman A, Cornell J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. Lancet 2019;394:240-8.
12. Lau JT, Kim Y, Wu AM, Wang Z, Huang B, Mo PK. The occupy central (umbrella) movement and mental health distress in the Hong Kong general public: Political movements and concerns as potential structural risk factors of population mental health. Soc Psychiatry Psychiatr Epidemiol 2017;52:525-36.
13. Teymoori A, Jetten J, Bastian B, Ariyanto A, Autin F, Ayub N, et al. Revisiting the Measurement of Anomie. PLoS One 2016;11:e0158370.
14. van Ommeren M, Saxena S, Saraceno B. Mental and social health during and after acute emergencies: Emerging consensus? Bull World Health Organ 2005;83:71-5.
15. Tol WA, Kohrt BA, Jordans MJ, Thapa SB, Pettigrew J, Upadhyaya N, et al. Political violence and mental health: A multi-disciplinary review of the literature on Nepal. Soc Sci Med 2010;70:35-44.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.