

Psychology and Sociology: Exploration of the Relationship and Issues

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PSYCHOLOGY AND SOCIOLOGY: THE RELATIONSHIP AND ISSUES

Abstract

According to Abraham H. Maslow's (1943) theories of human motivation, he proposed a 'Hierarchy of Needs' theory where human biological, psychological and sociological needs are organized into a hierarchical system. This pyramid-like structure consists of the following five basic human motivations, in ascending order of importance:

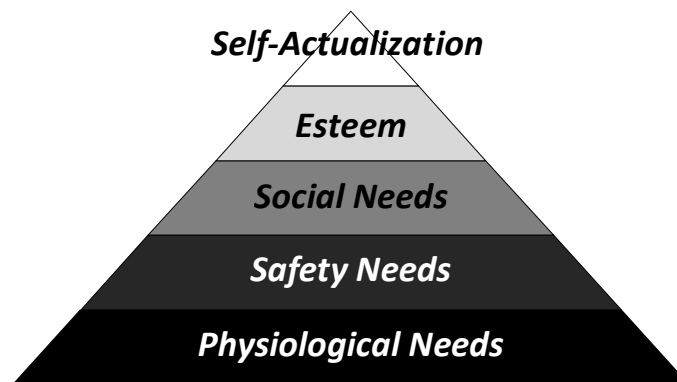


Figure 1 - 'Hierarchy of Needs'

Maslow (1943) claimed:

“It is quite true that man lives by bread alone – when there is no bread. But what happens to man's desire when there is plenty of bread and when his belly is chronically filled? At once other (and 'higher') needs emerge and these, rather than physiological hungers, dominate the organism. And when these in turn are satisfied, again new (and still 'higher') needs emerge and so on. This is what we mean by saying that the basic human needs are organized into a hierarchy of relative prepotency” (p. 375).

Using Maslow's hierarchical needs as a framework, this paper outlines the relation between Psychology and Sociology with regards to some notable modern day societal issues. The

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examples, however, will show that human needs are not necessarily in a hierarchy but often overlap, as some of Maslow's critics have pointed out.

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Psychology which means "study of the mind", mainly covers the development of human behaviour, the human mind and cognition, personality, social behaviour and abnormality. In comparison, Sociology encompasses studies of human interactions, human societies and the dynamic processes that preserve and change them. An interdisciplinary area of both fields is Social Psychology, the scientific study of the behaviour of individuals in relation to social and cultural institutions with topics such as social perceptions, social cognition, attitudes, and group dynamics. The major relation between Psychology and Sociology involves humans, their ever-changing behaviour and its outcomes on society. This paper strives to show this relation as seen from the needs of an individual (micro level), the challenges in attaining them, and the resultant effects and issues on society (macro level).

Survival / Physiological Needs

The human's most basic needs are the Physiological Needs which consist of biological and survival requirements such as breathing, eating, sleep and procreation. Evolutionary Psychology theories by Charles Darwin (1859) speak of natural selection as a mechanism that filters and orchestrates the evolution of man, whereby traits and characteristics that have survival and adaptive value are being transmitted and retained. Before the advent of agriculture, early civilizations were largely engaged in foraging cultures for subsistence where villagers form hunting and gathering societies among their villages. Male and female members of hunting and

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gathering societies had a rather equitable relationship as both were equally active in the foraging and neither were the sole providers for food, and communed in a relatively egalitarian society as neither gender was dominant economically or socially through the ownership of land, means of production or food surplus. However the earliest form of gender division of labour were present when wild game were hunted mainly by men and gathering of berries and fruits by women. This suggests that over the generations of civilizations, there is some survival value in the division of labour as theorized by Darwin; where meeting the biological needs of procreation, mothering and feeding of offerings required women to be in close proximity to their homes. This is further supported by John Bowlby's (1969) evolutionary perspective of caregiver's attachment having survival value for infants, as well as Harry Harlow's (1958) rhesus monkey deprivation experiments showing that mother-child attachment is determined largely by warm, secure contact comfort. Hence this division with an evolutionary slant slowly separates and defines the social gender roles as men becomes more physically and mentally experienced in hunting techniques and women domesticated to the essential maternal needs of the family. However, in many developed societies, as survival needs are no longer an issue, the division of labour between men and women is being questioned and contested.

Safety Needs

Being gainfully employed in the workforce helps to meet an important psychological need for safety as employment not only provides economic security, it also allows an active role for individuals to play by contributing to society and the economy. However, some groups may be thwarted in not being able to meet their need for economic security. Former mentally ill patients may experience prejudice and discrimination as employers in the job market, these

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circumstances may devalue and further lower their self-esteem (one of the higher level needs). Corrigan (2004) noted that the social stigma faced may create additional barriers for individuals with psychiatric disabilities as it interferes with their psychiatric rehabilitation of social integration by being employed, developing stable relationships and joining social activities (this refers to social needs). Community rehabilitation services could increase psychological recovery and social integration by linking-up with 'Good Samaritan' organizations/companies that are supportive and willing to hire patients who are in the transition stage of recovery from moderate psychiatric disorders. "Mental health services should encourage paid employment and other paths to community integration"(Perkins, Raines, Tschopp & Warner, 2008, p. 158). Macro level nationwide government initiatives and campaigns that support this view will encourage corporations to view recovering patients as equal candidates for employment, reducing stigmatization in the market place and hence aiding in their attainment of safety and social needs.

Social Needs

"No Man is an island; entire of itself, every man is a piece of the continent, a part of the main" (Donne, 1624). This is a pertinent prose that supports the notion of humans having essential social needs which involves an everyday and lifelong process of socialization with family, friends and peers. Individuals who are hospitalized due to persistent mental illness may experience neglect as families who experience guilt and shame minimize contact as it stretches to longer hospitalization. A group of researchers from Hasharon Mental Health Center (Israel) conducted a study to determine the family involvement in the treatment of patients with persistent schizophrenia by designing a family intervention programme, and noting the families' response as well as its effects on the patients' condition. While some ward patients enjoy regular

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visits, and even go home for some weekends, majority hardly ever see their families. (Doron, Raba, Kurs, Bleich, 2008, p. 79). The lack of stable support and contact comfort with family and friends could further worsen the patient's fragile condition as it leads to possible social isolation. Doron, Raba, Kurs, Bleich, (2008) concluded that after the planned event, many siblings were visiting for the first time, and that the department saw an increase of home visits by 24%. Most of the patients felt a sense of joy and happiness after the event (Doron, Raba, Kurs, Bleich, 2008, p. 80). This study underlines the essential socialization need that every human requires; which ideally consists of regular, warm and stable interaction among supportive family members and friends.

Esteem

German Sociologist Ferdinand Tönnies (1940) contributed the terms *Gemeinschaft* and *Gesellschaft* to the field of Sociology to distinguish between two types of social groups. In *Gesellschaft* societies, there is a school of thought that views the homeless as “throwaways” and the underclass of modern society. In the current post-industrial society characterized by individualism, the public would tend to be myopic by perceiving and despising these dispossessed individuals as “pests of society”, and not looking at the actual macro issues at hand.

Federal government cut back on healthcare budget resulting in deinstitutionalization, rent increases and loss of income are some of the possible social and economic factors in the increasing levels of homelessness in the modern city streets. According to Sociologist / Anthropologist Elliot Liebow (1994), homeless people are live on the streets simply because they do not have a physical place to live and not largely due to mental illness, drug addiction (Liebow,

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1994). However research suggests that the worldwide phenomena of deinstitutionalization of mentally ill patients over the last few decades could be a major contributing factor to homelessness. Studies done on the major streets of London, UK claimed that “Rates of severe mental illness amongst the long-term homeless are considerably in excess of what might be expected given general population rates of these disorders” (Craig & Timms, 1992, p. 270). In Sydney, Australia a 2003 study on prevalence rates of schizophrenia were conducted among people who use refuges for the homeless in inner-Sydney. Psychiatric tests and results from this study were compared to a similar study conducted in the same refuge in the 1980s. “The prevalence rate for possible or definite schizophrenia among the men was 23% to 30%. This compares to 16% in 1983 and 26% in 1988. The current prevalence for women was 46% to 50%, which compares to 33% in 1989” (Buhrich, Hodder & Teesson, 2003, p. 51).

In addition to homelessness and living on the streets, suicide among deinstitutionalized patients is another major societal concern. An article in *Crisis* (2003, Vol 24) by Robert Goldney (2003) commented on the drastic decrease in the number of psychiatric hospitals in England, Wales and Australia, as having linkage with suicide tendencies among deinstitutionalized patients. Goldney went on to mention that, that there are now sufficient supporting evidence addressing suicide as an unwanted outcome of deinstitutionalization to seriously question policies that have been driven more by ideological and financial considerations, than by clinical objectives (Goldney, 2003, p. 40).

Self-Actualization

The notable stage theory of personality by Erik Erikson (1963) proposed that humans evolve through eight major stages over their entire lifespan, where each stage encounters a

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significant psychosocial crisis. While every age group has the need for self-actualization, a current critical societal concern and focus would be on managing aging and end-of-life issues of the worldwide aging population (“baby boomers”). In the late adulthood stage of Erikson’s stage theory of ‘Integrity vs Despair’ the individual may question and dwell on their past shortcomings and imminent death. While the physiological, safety, social, and esteem needs of seniors are important, older persons should also be concerned with their self-actualization needs as they inevitably reflect and look back on their missed opportunities and interests. In the *Health & Social Work (August, 2009)* journal, Wheeler and Giunta (2009) promoted the concept of productive aging which keeps seniors in continuous engagement and contribution to society with aging friendly employment, volunteering and community involvement which capitalizes on their experience and fortitude. This social work strategy is consistent with the seniors’ self-actualization needs, as well as being less dependent on their caregivers by staying physically and mentally active. “The majority of long-term care received by older adults in the United States is provided by unpaid family members or friends, who themselves are often at or near retirement age and are facing many financial, emotional, and physical health risks” (Wheeler & Giunta, 2009, p. 238).

Concluding Discussion

Although Maslow classified the needs in a hierarchy, in reality especially in the practical working world, individuals often have to consider the different needs at the same time. For example being employed and paid for working means being able to meet not only physiological needs of food and shelter. Employment also enables individuals to feel psychologically safe and secure (safety needs); interact and socialize with fellow colleagues forming working

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relationships and friendships (social needs); a sense of esteem if one finds meaning, satisfaction and recognition in the work (esteem needs). The attainment of self-actualization is highly debatable as one school of thought believes that achieving the lower four needs primes the individual in discovering realising his/her maximum potential. However it should be noted that some staunch religious prophets, martyrs who may face persecution and rejection by the majority of society may not have attained their social/esteem needs, but achieved self-actualization as they perceive their self-sacrifice of suffering and death as a worthy cause for their spiritually and beliefs. The interplay of psychological and sociological issues outlined in this paper highlights the close relation between the fields of Psychology and Sociology, as it is common to find psychologists, sociologists and social workers sharing their knowledge of expertise and collaborating in solving the challenges faced by the disadvantaged, former mental patients, the homeless and the aging population.

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The 3 PSYCHOLOGY AND SOCIOLOGY: THE RELATIONSHIP AND ISSUES examples, however, will show that human needs are not necessarily in a hierarchy but often overlap, as some of Maslow's critics have pointed out. Psychology and Sociology: Exploration of the Relationship and Issues Psychology which means "study of the mind", mainly covers the development of human behaviour, the human mind and cognition, personality, social behaviour and abnormality. In comparison, Sociology encompasses studies of human interactions, human societies and the dynamic processes that preserve and change them. An interdisci