

Chapter 1

Introduction

1.1 Background

To maintain domestic peacefulness, law and social legitimacy is the main and devoted duty of all police. The police bring the society safety, which in turn brings people in the society a good quality of life. Socially, people can live their lives happily. Economically, not only Thai but foreign entrepreneurs would increasingly be encouraged to invest in Thailand, and thus favourably improve the socio-economy of the country. These considerations clearly show that the police are important to everyone's life. However, due to persistent terrorism in the three southernmost provinces of Thailand (Pattani, Yala and Narathiwat), the police have been crucially and tremendously affected in many ways, especially in their mental health. Worries and anxiety increasingly intrude upon their concentration on working, which can lead to a collapse in their work , in all elements involved and finally in society. Thus, in this research, the researcher has made a great attempt to study the relationship between the operations sites of the police and their effects on the mental health of them. The research results would beneficially explore the effects of the operation sites of the police on their mental health, which can indicate the police's mental health in these three provinces in Thailand. If it is affected by the operation sites, a serious will by society to put an end to terrorism in the three southernmost provinces should begin.

1.2 Research Objectives, Scope and Hypothesis of the Study

The objectives of the research are as follows:

1. To study the mental health of warrant police officers in areas of unrest in the three southernmost provinces of Thailand.
2. To compare the association of determinant factors of the warrant police officers in areas of unrest in the three southernmost provinces of Thailand (police station site, age, length of service, position, salary, adequacy of salary, education, home province,

religion, spoken language, marital status, duty and length of duty) and the mental health of the police.

Hypothesis of the Study

Personal factors of the warrant police officers in area of unrest in the three southernmost provinces of Thailand (police station site, age, length of service, position, salary, adequacy of salary, education, home province, religion, spoken language, marital status, duty and length of duty) are associated with the mental health of the police.

Specifics of the Study

1. The target population comprised 4,407 policemen from 50 police stations, operating in three southernmost provinces of Thailand in 2002.
2. The sample comprised 404 policemen, in three southern border provinces in 2002.

1.3 Relation of Research and Reference Documents

Operant Conditioning Theory

This theory was described by B.F. Skinner. According to his idea, human behaviours can be controlled by presentation of prizes and punishment which are called reinforcement. There are two kinds of reinforcement. One of them is called positive reinforcement such as giving food, acceptance, values, promotion income and good welfare, etc. Another kind of reinforcement is called negative reinforcement which is the deprivation of unsatisfying elements out of the environments so as to stimulate the subjects to produce a better behavior or expected.

Stimulus Response Theory

This theory was described by John Dollard and Neal Miller. It is explained that a personality development is due to social conditional learning. The learning process is caused by one's inner drive which influences one's response behaviours.

Drive is very important to human behaviours if there is no drive, there is no response. Drive is a stimulant power of response, if the response is reinforced, drive is decreased. The response learning of people is quality development of behaviours that will occur next time. Any kind of stimulus can be drive and cue which can specify the response. When a person is pushed by drive, cue will determine when, where and how the person will respond.

Some unexpected behaviours may occur from learning during the process of drive decrease. It creates anxiety and some panic behaviour such as some conflicts occurring from two or more drives; however, they must select only one. The one who has neurosis cannot solve his problem by himself. He cannot clearly see his conflicts because it is in his sub-consciousness from his childhood. That becomes a fixation, which makes that person unable to know what the real problem is. As a result, the problem cannot be solved.

Albert Bandura and Walter Mischel's Theory of Social Learning

They emphasized a human is both a person who determines and a determiner. One has a chance to determine his way of life but the determination is limited. A man doesn't use a cognitive process that is determined by drive, sub-consciousness or occurrences in the environment, but the ability to control emotions, thinking and behaviours. The power of the environment influences a human being. However, at the same time, human beings can select their behaviours.

Learning by observation or learning from model by imitation and self-regulation can develop one's personality.

A man has an environmental adaptability that is changed by feedback information. This can help a man in classification, expectation, and decision-making in various situations. On the other hand, a man has wisdom to solve the problems and can make himself to top rewards: inner reward and outer reward. An example of inner reward is self-admiration.

Observational learning is a complex ability: in such process the learned behaviours will appear after one observed that model. The behaviours may be expressed in the long run. Learning is knowledge of response that arises from observation and the result of response. Besides this, a man learns from the expectation of others and inner-outer reinforcement. Thus, reinforcement is a wisdom-gaining process.

Abraham H. Maslow's Theory of Human Motivation Hypothesised Human Behavior:

1. A man has needs and their needs are infinite.
2. Higher needs will take place after low level needs are satisfied.

This theory emphasises that man is a wanting animal that he needs to seek new things to serve himself. These needs are at many levels. One has to serve their fundamental needs at the first place. Maslow put human needs into five steps, as follows:

1. *Physiological needs* are the biological needs or primary needs required to preserve human lives; these include food, clothing, shelter, air.
2. *Security needs* are safety needs. These include protection from physiological danger, safety of economy, fringe benefits, health and life insurance.
3. *Belonging needs* are needs of love and intimacy, friendship from others in society around him.
4. *Esteem needs* are the needs after the belonging needs. Esteem needs include needs for self-confidence, value, achievement, competence, self-respect and so on.
5. *Self-Actualisation* is considered to be the highest need in the hierarchy of needs, which is directed towards searching the meaning and purpose in life.

Maslow emphasises that goals of people cannot be compared because of the ability of individuals to improve themselves to achieve the goal. Those who cannot achieve their goals are those who do not acquire their fundamental needs. The motivation they have is, then, deficiency or lower motivation.

Herzberg's Two-Factor Theory or Motivator-Maintenance Theory

This theory focus on the two important factors: motivator and maintenance.

The *motivator factor* is concerned with operation of the worker. It makes the people satisfy his worker. Motivator factors are presented as follows:

1. *Achievement*: the personal satisfaction of solving problems independently, completing a task, and seeing the results of one's effort.
2. *Recognition*: Positive acknowledgement of the task completed or other personal achievement, rather than generalised human relations' expression of rewards.
3. *Advancement*: Advancement to a higher order of task to perform. The sense of the possibility for growth and advancement as well as the actual satisfaction from new learning; being able to do new things.
4. *Work Itself*: The task content of the job and relative interest, variety, challenge, and freedom from boredom.
5. *Responsibility*: Being entrusted with full responsibility for certain tasks, or the performance of others, and having control over deciding how and when tasks are to be done.

The *hygiene factor* is not a motivator but is the maintenance factor for operation of people. The maintenance factor is very important because people are not dissatisfied if they lack it. It consists of nine hygiene or maintenance factors as follows:

1. Salary
2. Possibility of growth
3. Inter-relation between superior and subordinate
4. Status
5. Company policy and administration
6. Working condition
7. Personal life
8. Job security

9. Supervision technique

Besides, Herzberg further added an idea about his theory that satisfaction of work depends on two points

1. *Factors of working*. These are as follows:

Factors concerned with the work or the results of operated work.

- 1) Achievement
- 2) Recognition
- 3) Work itself
- 4) Responsibility
- 5) Advancement

Factors not directly concerned with the work or the results of operated work.

- 1) Inter-relation between superior and subordinate people
- 2) Inter-relation between workers
- 3) Supervision techniques
- 4) Operation policy
- 5) Working environment
- 6) Status of marriage
- 7) Stability of tenure of personnel
- 8) Personal life
- 9) Salary and remuneration

2. *Individual differences* also influence one's satisfaction of working because the satisfaction or dissatisfaction does not always arise from other people.

1.4 Review of Literature

Age and Mental Health

Pinsuwan (1980) studied the relationship between working conditions and mental health of 240 teachers in Sueksasongkhroe School in the Department of General Education in

1980. The results showed that teachers who were in different age groups had a difference in mental health. The teachers aged 31 and above had better mental health than those 30 years of age or lower.

Kuansupa (1982) used the Neuroticism Scale Questionnaire (NSQ) to study the mental health of 150 counseling teachers at high schools in Bangkok. It was found that mental health on emotional suppression was related to the age of the teachers. Younger teachers (20-30) and older teachers (31-60) had a difference in mental health on emotional suppression. It also found that younger teachers (20-30) had better mental health than older teachers (31-60).

Samitakasettrin (1985) used the *Anxiety Status Inventory (ASI)* and *Self Rating Depression Scale (SDS)* to study the mental health of 300 lepers in a leprosy remedying place. It was found that lepers in of different age had a different degree of anxiety at a statistical significance of 0.05. The degree of anxiety of lepers would raise relatively to their age in that when people got older, the degree of anxiety simultaneously increased. Their ages were divided into 4 groups: 0-2, 21-40, 41-60 and 60 and upper.

Kosol (1987) studied the mental health of 262 technical nurses in mental hospitals with *Symptom Checklist – 90. (SCL-90)*. It was found that technical nurses aged between 20-23 and over 23 had different mental health.

Sariputra (1989) used *Symptom Checklist-90 (SCL-90)* to study the mental health of 308 primary school teachers in Srisaket Province and found that the teacher age 41-60 had better mental health than the teachers aged 18-40.

Pringsunka (1990) reported on the catastrophe of the volcano called Mt St Helens by studying mental health problems of people who were affected by the disaster a year after the disaster. It was found the older group aged 45 or more had more mental health problems than the younger group aged less than 45.

Marital Status and Mental Health

Danuwat (1988) used an interview method to study the social status of 374 neurotic patients using a case study at Chittawat Hospital in Nakornrajasrima Province. Her study pointed out that marital status was related to neurosis and especially to spouses living together, spouses who did not stay together and single people, respectively.

Laksanavichan et al (1989) used the *Health Opinion Survey* (HOS) to study the mental health of 673 people who were affected upon by a depression called "Gay" in the year 1988 in three provinces in southern Thailand: Surathani, Nakornsrihammarach, and Songkhla. It was found that the groups with highest tension were those aged 56-65 (25.97%), those aged 46-55 and 65 and over (22.08%), those aged 36-45 (14.28%), and those aged 26-35 (12.99%).