CHAPTER 1

1. INTRODUCTION

1.1 Background

In the sixties and seventies there was an intense debate among philosophers, sociologists, psychiatrists, and others about whether or not there is, strictly speaking, such a thing as mental illness. As a model for illness was taken a certain view of somatic illness (or disease[1]). Adherents of this view, baptized "the medical model", claimed that a disease is a subnormal functioning of a part, a function, or an organ of the body. Accordingly, there cannot be anything like "mental illness", but only some physical lesion in the brain. This was, for instance, Thomas Szasz's view.[2] He claimed that all talk of mental illness was metaphorical and, thus, that much of what was called mental illness in fact was no illness at all. Instead he spoke of "problems in living". These problems were not medical and should therefore not be treated by physicians or psychiatrists.

A writer who to some extent agreed with Szasz was Hans Eysenck, who is also a well-known critic of psychiatry.[3] He too used the concept of "disease" to refer to organic malfunctioning.[4] Conditions that he called "behavioral disorders", for instance neurosis and personality disorders, are instead due to a failure in learning or conditioning. Thus, also according to Eysenck, psychiatry should not deal with people that have behavioral disorders. Instead he wanted psychologists to take care of this category of patients in order to reeducate them by treating them with behavioral therapy.

There was an ideological side to the theoretical debate. In political terms one could claim that Szasz's critique was "conservative" since it focused upon individual liberty on the one hand and upon responsibility on the other. Szasz claimed that everyone is responsible for their actions, and that "mental illness" should therefore not be an excuse for, for instance, criminal behavior. On the other hand he claimed that psychiatrists were taking responsibility away from the patient, and that this is a kind of coercion.

There was also a critique of psychiatry from a totally different direction, from persons closer to the political left. Ronald Laing, Thomas Scheff, Michel Foucault,[5] and others all in their own ways criticized psychiatry. In contrast to that of Szasz this kind

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1 Few people at this time made the today common distinction between disease, as standing for the pathological process, and illness, as the subjective experience of disease (and similar conditions).

2 Vatz and Weinberg 1983, Szasz 1991.

3 See Reznek 1991, pp. 40-52.

4 I take it that what Szasz calls "illness" is what Eysenck calls "disease".

5 Laing 1967, Scheff 1966, Foucault 1965, 1986.

of critique focused more upon psychiatry as a coercive practice, and on the stigmatizing effects of this practice, than on the responsibility of the "unhealthy" individual. Laing, for instance, saw schizophrenia as a rational and intelligible reaction to an intolerable life (or family) situation. Scheff claimed that mental illness is a social construction, in the sense that a person is mentally ill only after having been classified as ill. Mental illness is not something out there in the world (the individual's mind), it is caused by the labeling itself. Foucault, finally, to a large extent saw the emergence of psychiatry and its institutions as a way to deal with social problems. Mental disorders were created to the extent that psychiatry classified deviant behavior.[6] This was, at least partly, seen as a coercive practice.

The views of these anti-psychiatry movements were thoroughly debated over a period of several years, especially in the sixties and the seventies. However, the debate more or less faded away in the eighties, without the issue finally having been settled.[7]

What is noticeable in retrospect is that even though mental illness was thoroughly discussed, there was no equivalent thorough discussion of positive mental health. Many writers seem to have assumed that (mental) health is the absence of (mental) disease. Others might have expected that "positive mental health" would be a much easier term to define. There were most likely also writers who considered such a project impossible – and if not impossible, at least undesirable. The reason for this, I believe, again has to do with creating a conception which runs the risk of stigmatizing those not falling within it.

However, saying that the concept of "positive mental health" has not been discussed at all would be a gross exaggeration. There have been plenty of suggestions of criteria of positive mental health, as I will illustrate soon, but most of these criteria are framed in a psychological (psychiatric, psychoanalytical) setting, and there has been no thorough philosophical analysis. I know of no full-length philosophical monograph devoted to the topic.[8] However, there are a number of papers devoted to the analysis of the concept of "positive mental health", some written by philosophers, and some by psychiatrists and psychologists.[9]

Within psychiatry and psychology there has been an interest in positive mental health, often as part of a discussion about personality and human development, and in general tied to a certain view of psychotherapy and other kinds of treatment. However, this interest was many times an interest in describing what we might call *ideal* health. Abraham Maslow is maybe the most well-known writer to have embarked upon such a

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6 For a similar view, see Hacking 1986, 1995.

7 Svensson 1990.

8 The closest I have come, so far, are Andreas Heinz 1994 and Mark Pestana 1998. However, I must admit that I have not been able to go through much material written in other languages than the Scandinavian and in English. Note also that I am not claiming that psychologists cannot make philosophical contributions in a discussion like this. However, in general, psychologists (psychoanalysts, psychiatrists, etc.) do not primarily focus on the philosophical or conceptual problems.

9 Some of them are: Boorse 1976, Hartmann 1960, 1981, Macklin 1972, Brown 1977, Toulmin 1978, Redlich 1952, 1981, and Taylor and Brown 1988. Some of these articles are found in Caplan, Engelhardt and McCartney 1981. Engelhardt and Spicker 1978 also includes papers devoted to this topic.

project.[10] His approach was mainly to pick out a class of individuals who were seen as being preeminently healthy, and then describe what made them so.[11] Thus, he would list the mental qualities found in these individuals. To my knowledge Maslow never discussed what constitutes other degrees of positive mental health.

There have been other writers who have devoted books to positive mental health, Sidney Jourard is one and Richard Coan is another.[12] Coan's book is a survey of all the views on positive mental health found through history starting with ancient Greek philosophy and ending with modern psychological traditions. Coan is also mainly interested in optimal or ideal health. So is Jourard, who goes through various mental abilities like consciousness, reality contact, emotions, personality, personal relations, etc. The term "healthy personality" is used by him to "describe those ways of being which surpass the average".[13] Works like these are, of course, a great resource in discussing positive mental health. However, as will become clear as this work progresses, I will be discussing another level of health, so I will not say much about ideal health. We cannot take for granted that a requirement for optimal mental health is also a requirement for a lower level of positive mental health. At least this has to be argued for.

An approach similar to these is to discuss "normality". This is a conception often found in the psychiatric literature, where it is often used as a synonym of health. This approach is, for instance, taken by Offer and Sabshin in their *Normality*.[14] Part of their discussion is summarized in the next chapter on psychiatry and positive mental health.

We also have Marie Jahoda's classic *Current Concepts of Positive Mental Health*.[15] This book is a rich source of criteria of positive mental health since she discusses what writers up to that point had written about the concept of positive mental health. Since I am mainly interested in finding plausible suggestions of criteria or defining characteristics of positive mental health, and not so much in discussing what specific writers have said, this book is of great use to me in this investigation. And in chapter four I will discuss the suggestions found in her book.

1.2 Purpose

In light of the situation described above I find it important and stimulating to try to contribute to this discussion, and my purpose is therefore to thoroughly discuss and analyze, from a philosophical perspective, the concept of "positive mental health". I will try to decide what can reasonably be meant by the term by stating all, or at least most, of the necessary constituents of the concept.[16] This also means that I have to dis-

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10 I am here taking for granted that the self-actualizing person Maslow is discussing is the mentally healthy person.

11 Maslow's main criterion was that he admired these people, and the reason for this admiration was mainly success. He admits that this is an unscientific method, but claims support from various other researchers. Now, even if this approach of choosing a class of people is unscientific, his study of them, he claims, is not (Maslow 1993, pp. 40-43).

12 Jourard 1974, Coan 1977.

13 Jourard 1974, p. 1.

14 Offer and Sabshin 1966.

15 Jahoda 1958.

16 Observe that I will only discuss what constitutes mental health for adults. A developmental theory can of course be added to show how the different mental features are acquired through childhood and youth.

cuss and analyze concepts that describe mental characteristics that are candidates for being part of the concept. This project is therefore mainly one of conceptual analysis. However, part of the project we might call "quasi-empirical", in that I ask to what extent different mental abilities are (empirically) necessary for reaching vital goals in life. As will also soon be clear, general health will be defined in terms of having the ability to reach vital goals.

I have to add here that my aim is not to reform ordinary language. I believe that for most purposes it works fine. However, in a scientific context the situation is different. My analysis should be seen as creating a conception, not too far from a commonsense one, which is hopefully useful within a specific context, the health sciences. This does not, of course, exclude the possibility that it can be used elsewhere.

It can be claimed either that this project is impossible, since "positive mental health" is not a term that can be defined once and for all since what it means differs from culture to culture (and even within cultures), or that this project is unnecessary, since what positive mental health is is self-evident. I would like to challenge both these views. As I will show soon, "positive mental health" can mean a lot of, sometimes even incompatible, things. This certainly requires a discussion. If for no other reason just to show in what ways people differ in opinion, and possibly, in which ways they are correct or mistaken. To answer the first objection I have chosen to limit my discussion to a concept of "positive mental health" usable in our kind of society, i.e. Western society. This means that I will take my examples from Western (academic) literature, discuss concepts used in our type of society, and only claim that the results of this investigation are valid in a Western context. I do, however, believe that a case can be made for claiming that quite a few of the necessary conditions discussed later can be applied to other cultures as well.[17] But I will not argue it here.

1.3 A structural synopsis of this book

I will now present the intellectual structure of this book.

1. The main purpose is to find defining characteristics of positive mental health. A number of suggestions from modern psychiatric, psychoanalytical, psychological, and philosophical literature are therefore presented.

2. A discussion of several such criteria shows that it is impossible to draw decisive conclusions about what characteristics constitute positive mental health. It is suggested that in order to solve this problem a general theory of health is required.

3. Some theories of general health are discussed, and one, the holistic theory presented by Lennart Nordenfelt, is chosen to guide the analysis to come. In this theory health is defined as the person's general ability to reach vital goals, in acceptable circumstances. The theory entails that the general ability is made up of several specific abilities, some of which are mental.

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[17] Kurt Danziger gives a striking account of the difference in psychological conceptualization within different cultures (Danziger 1997, pp. 1-5).

4. Having decided upon a general theory of health it is now possible to formulate a formal definition of positive mental health. The following one is suggested: P is mentally healthy if and only if P has the mental ability necessary for realizing P's vital goals, given acceptable circumstances.

5. Given the theory of general health chosen, it becomes impossible to state what mental abilities constitute *optimal* mental health, since different individuals need (partly) different abilities in order to reach their individual vital goals. To solve this problem the concepts of "acceptable health" and "acceptable mental health" are introduced. Acceptable health is the level where the individual can attain a minimally decent life. The technical term "survival" is introduced to describe this level. The goals representing this level are called "basic vital goals".

6. It is now possible to give a formal definition of "acceptable mental health". P is mentally healthy if and only if P has the mental ability necessary for reaching P's basic vital goals (survival), given acceptable circumstances.

7. Abilities exist in degrees, and we might not need the full degree of some specific ability to reach basic vital goals (survival), but only some degree of the ability. Thus, in establishing what mental abilities are necessary for survival, the extent to which each is needed also has to be specified.

8. A number of the previously suggested features of mental health (point 1) are now selected for further discussion. Their meaning is analyzed and specified and they are all analyzed in terms of mental abilities.

9. A "quasi-empirical" analysis of these abilities then follows. It is asked which of these abilities (as defined) are (empirically) necessary, and to what degree, for the attainment of basic vital goals (survival) in our kind of society. This discussion results in a list of abilities found empirically necessary (to some, or to a high, degree).

10. The abilities found empirically necessary for attaining basic vital goals then become the foundation of a "reconstruction" of a material definition of positive mental health. Acceptable mental health can now be seen as (at least partly)[18] constituted by these abilities.

11. The abilities discussed are of various complexity, and several of the more general abilities imply or require several of the others, conceptually or empirically. These relations are briefly delineated.

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[18] I say partly since there are probably some abilities that are necessary but not discussed in this book.

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