

CHAPTER 2

PSYCHIATRY AND POSITIVE MENTAL HEALTH

In this chapter I discuss what has been said about health and positive mental health in parts of psychiatry. Since health is sometimes defined as the absence of disease or illness, or of abnormality, I will also discuss what is said about these concepts.

2.1 PSYCHIATRIC TEXTBOOKS AND POSITIVE MENTAL HEALTH

One way to find out how psychiatry looks upon health is to see what is taught in textbooks in this field. Here, more than in other psychiatric texts, we should expect conceptual discussions. I have looked at a number of different textbooks in psychiatry from five countries, Sweden, Norway, Denmark, the UK and the US. The Scandinavian countries have fairly similar psychiatric cultures, and today they stand close to the Anglo-American psychiatric tradition. Since this list is far from comprehensive no conclusions can be drawn about psychiatric textbooks from other traditions.

When reading these textbooks one is struck by the fact that the concepts “health” and “mental health” rarely appear. In the indexes of these books they are to be found in just a few cases – in one case referring to the WHO definition, in another to health as ego strength and as normality. However, as we shall see, health is sometimes discussed under other names.

The reason that health has not been discussed much is, according to Offer and Sabshin, that psychiatrists have been trained to look for the abnormal or pathological. And health has implicitly been seen as the absence of illness.¹

Terms like “normality”, “abnormality”, “disease”, and “illness” are, on the other hand, more often discussed in the introductory chapters to these textbooks, albeit mostly briefly. In the following sections I will look at the conceptual discussions found. I will start by discussing the few texts where “positive mental health” or equivalent terms appear. I will then continue with the terms “disease” and “illness”, and finally discuss the terms “normality” and “abnormality”.

¹ Offer and Sabshin 1974.

2.1.1 Concepts of health and disease

2.1.1.1 Mental Health

A definition of health that is mentioned is the WHO definition that "Health is a state of complete physical, mental and social well-being, and not only the absence of disease or infirmity". Kringlen notes that few people would be mentally healthy were this definition to be used.² And both he and Gelder et al draw the conclusion that this definition is too wide to be of any use.³ Gelder et al, referring to Wooton 1959, also hold that most other definitions are equally problematic.

Kringlen also mentions Jahoda's book *Current Concepts of Positive Mental Health*, and notes that the unusual notion here is "positive health". He lists the six health categories mentioned in the book, notices that some of the theorists discussed by Jahoda deny that normality is the same thing as health, but does not further discuss these matters.

Two authors who go a little deeper into the discussion of positive mental health are Redlich and Freedman. They do so in their chapter "Normal and Abnormal Behavior".⁴ Various conclusions about positive mental health are drawn here. One is that reality- and value-testing is one of the functions of consciousness. Another is the importance of having a correct body-image. They also claim that the rational adult has a sure sense of the self, of what is psychologically me and not me. This could be seen as having self-identity. Furthermore, they mention the importance of having insight or self-knowledge, and using this insight adaptively. Finally, the importance of having feelings like self-love (which is distinguished from egotism) and realistic self-esteem, are noted.

A writer who goes more deeply into a discussion of positive mental health is Rachel Cox. In *The American Handbook in Psychiatry*⁵ a whole chapter, written by Cox, is devoted to a discussion of "maturity". It is reasonable to assume that being psychologically mature here means having positive mental health.

Cox starts with a definition that, she claims, covers a use found both with professionals and laymen. Mature persons are "aware of reality", a reality which they can shape, they "reach out in trust and warmth to other persons", they are "at peace with themselves", they "are attentive towards the needs of others", they "enjoy productivity", and "tend to grow steadily toward higher levels of competence".⁶

Cox also discusses the mature *self* or *ego*. What the terms "self" and "ego" do, among other things, is explain "integration". Mature people show a "synthesizing of resources", "selective responding", "directing of energy", and "harmonizing of levels of thought and action".⁷ This is "integration", and self or ego is assumed to be the integrating force. Cox also talks about "the capacity to behave as a coherent unity over time, in a wide variety of situations".⁸ This is due to the integrative force of the self or ego.

² Kringlen 1996.

³ Gelder et al. 1994.

⁴ Redlich and Freedman 1966. The title of the chapter is misleading since more space is devoted to a discussion about health than to normality and abnormality.

⁵ Arieti 1974.

⁶ Cox 1974, p. 216.

⁷ Ibid., p. 227.

⁸ Ibid., p. 228.

Having this inner cohesion or self-consistency is also, according to Cox, part of being a mature person.

Cox also mentions self-knowledge and self-esteem as parts of what it is to be a mature person. Self-knowledge has to do with being realistic about oneself, and the test for this is that one's self-apprehension is congruent with how one is apprehended by others. Self-esteem (sometimes self-regard or self-love) means being at peace with the self. Cox emphasizes, as do Redlich and Freedman, that this should not be confused with selfishness or self-centeredness. Having self-esteem and being positively oriented (feeling compassion or love) toward other people are clearly compatible mental attitudes.

Finally, another broader idea discussed by Cox is that maturity is a way to cope and develop through life. This, it is reasonable to conclude, requires all of the above mentioned specific mental health traits.

There is, finally, another textbook where coping is discussed.⁹ The general idea outlined in this text is that people are exposed to stress, particularly in some phases of life, like in adolescence, or when tragic events happen, and to be able to cope with these situations is to be mentally healthy or normal. There are a number of theories of how people cope. Offer and Sabshin list a few: "seeking and utilizing of information under stressful conditions", "to regulate behavior [so] as to optimize simultaneously both the stability of the self structures and their accommodation to environmental requirements", "problem-solving efforts made by an individual when the demands he faces have a potential outcome of a high degree of relevance for his welfare", "fitness or ability to carry on those transactions with the environment which result in its maintaining itself, growing or flourishing".¹⁰

2.1.1.2 Disease and Illness

Even if concepts like "health" and "positive mental health" are not discussed in most psychiatric textbooks one might expect that the concepts "disease" and "illness" would be. They are to some extent. More often, however, there is a discussion of "normality" or "abnormality". This is not surprising since disease or illness is often defined as abnormality. I will, however, save the discussion about abnormality for the next section.

Some of the writers discussed make the now common distinction between disease and illness. This distinction is made by Ottosson. He says that "disease" is mostly used to refer to the pathological processes in the body and that "illness" refers to the subjective suffering of the individual.¹¹ A similar distinction is found in the *Oxford Textbook of Psychiatry* where it is said that disease usually refers to the "objective physical pathology" and illness to the "subjective awareness of distress or limitation of function".¹² However, the authors also claim that this distinction is not very important in psychiatry since few mental disorders have demonstrable physical pathology. They conclude that "[mental] disorders are best regarded as illnesses".¹³

⁹ Offer and Sabshin 1974.

¹⁰ Ibid., p. 208.

¹¹ Ottosson 1995, p. 13.

¹² Gelder et al. 1994, p. 76.

¹³ Ibid., p. 76.

Gelder et al. go on to discuss three ways to define illness. The first is that illness is the absence of health, the second that it is suffering, and the third that it is a pathological process.

Regarding the first interpretation the authors conclude that "health" is an even harder term to define than illness. As we saw earlier, Gelder et al. found the WHO definition defective, and concluded that all other definitions were equally unsatisfactory.

As to whether illness is the presence of suffering, they note that there are illnesses, like mania, which do not necessarily involve suffering.¹⁴

The third idea, that of defining illness as (physical) pathological process, a suggestion here attributed to Thomas Szasz, has the obvious disadvantage that so far there are very few mental illnesses where we can find pathology in this sense. The authors find Szasz' conclusion that nothing but physical pathology should be treated by doctors "extremist". It is likely, they say, that mental illnesses have a physical basis, and one can suspect that there are genetic and biochemical grounds for most mental illness. However, it would be to take too narrow a view of pathology to require gross structural (physical) changes.

A more fruitful way, they continue, might be to look instead for psychopathology (the lowering of a psychological function). This, they claim, is in fact what psychiatrists in general do. This would mean that "illness" could be seen as "evident disturbance of part functions as well as [of] general efficiency".¹⁵ This suggestion, then, primarily has to do with part dysfunctions, like hallucinating, or having loss of memory, but obviously also with the lack of general efficiency which is a holistic feature, the individual not being able to do certain things, or reach certain goals.

Following Lewis and Wooton,¹⁶ the authors also warn against defining "illness" solely on the basis of deviant behavior. One danger of such a definition is political abuse. As examples of deviant behavior the authors mention abnormalities of sexual preference and drug abuse. These conditions should not be considered as being illness. The authors add, however, that in some cases such conditions may nevertheless be treated by psychiatrists.

They finally also mention that a distinction is often made between mental illness, mental retardation, and personality disorder. Only the first is defined in terms of function failure.

Before continuing let me comment upon this last section. When it comes to the first definition of illness in *The Oxford Textbook*, illness as the absence of health, it has to be noted that much more highly elaborated notions of health are available today. Thus, even if it is more common to define health as the absence of illness, it can make good sense to define illness as the absence of health if one has a good general definition of the term "health".

As to the problems connected with defining illness as suffering, it is easy to agree with some of the authors' conclusions. However, even here one might find a more so-

¹⁴ They might have added that there is also suffering that usually is not seen as illness, grief for instance or worrying about one's financial situation. Thus, suffering is neither a sufficient nor a necessary condition.

¹⁵ Gelder et al. 1994, p. 77.

¹⁶ Lewis 1953, Wooton 1959.

phisticated understanding of suffering which might make the definition more plausible. I am particularly thinking of explications using "harm" as one defining characteristic.¹⁷

When it comes to the third suggestion, that illness might be defined as a pathological process, we find some conceptual unclarity. Earlier we saw that Gelder et al. made a distinction between illness and disease. The term "disease" there referred to "objective physical pathology" and "illness" to "subjective awareness of stress or limitation of function". But in this third suggestion the authors seem to conflate these two concepts. "Illness" is now defined in the way "disease" was defined earlier. With this in mind we can agree with the authors that the definition is not plausible, since, as they say, pathological process is not found in most mental illnesses.

It is much easier to accept the last suggestion, that illness is psychopathology. However, the problem with this suggestion is that illness here is defined both as functional disturbance *and* as behavioral inefficiency. As we shall see in a moment in the discussion about normality and abnormality, there is often a slide between these two levels of functioning, part functioning and behavioral functioning. This is problematic because it is possible either to see functional disturbances as conditions which *cause* general behavioral inefficiency, or to *define* functional disturbances as mental or physical conditions which reduce behavioral efficiency.

Another author who briefly discusses "mental illness" is Ottosson.¹⁸ According to Ottosson psychiatry does not have a unified ground for assessing mental illness. Instead such assessment can be done in several ways. He lists five criteria of mental illness. These criteria often complement each other but each one of them can, it seems, be regarded as a sufficient condition. These criteria can then, says Ottosson, be linked to different concepts of normality. Ottosson has changed his formulations over the years. I primarily use the second edition but I will also discuss the more important changes in the last edition.¹⁹

According to Ottosson someone is mentally ill if he or she fulfills one or several of the following conditions. The person:

1. has psychopathological symptoms,
2. has global or local cerebral lesions (structural or functional changes of the brain has been established),
3. experiences subjective illness, combined with reduced functions,
4. has functional disability, i.e. a considerable reduction of the ability to function in personal relations and in one's work, independently of brain damage and subjective suffering,
5. is in need of being sick-listed by a doctor, which can be caused by an inability to take care of oneself without help (not being able to support oneself).

Ottosson does not give a clear account of the relations between these categories, so let me try to do so here. The first criterion is about psychopathological symptoms. What characterizes them is not stated here. One might suppose that to a considerable extent

¹⁷ See Reznick (1987, 1991) and Wakefield (1992a, 1992b).

¹⁸ One problem with this quote is that in Swedish there is only one word for disease and illness. It is reasonable to assume that it is illness Ottosson means.

¹⁹ Ottosson 1983 p. 13, 1995, p. 13.

Mental Health

A Philosophical Analysis

Tengland, P.-A.

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