CHAPTER 4

MARIE JAHODA'S CURRENT CONCEPTS OF POSITIVE MENTAL HEALTH

4.1 INTRODUCTION

In this chapter I discuss Marie Jahoda's classic study, *Current Concepts of Positive Mental Health*, published in 1958. The book is a summary of most of the views on mental health found in the relevant literature at the time, and it is therefore a great source when looking for different defining characteristics of mental health.

First, I will present the criteria, or characteristics, Jahoda discusses, and in the second part of this chapter I will briefly discuss them. Some of these criteria will be criticized and discarded, others, found more interesting, will be further discussed in chapter six. We shall also see that quite a few of the criteria found in the previous two chapters will reappear here.

Jahoda starts out by discussing the project of finding a plausible definition of mental health. Choosing a definition is a matter of convenience, she says. Some definitions are meant to be useful for scientific purposes. Others go far beyond this, in that "they often specify how human beings ought to be".[1] Also these have to be studied.

Jahoda wants her discussion "to lead first to a description of various types of human behavior called mentally healthy and second to a critical discussion of mental health concepts suggested in the literature".[2] Her purpose, furthermore, is "to present current thought on *criteria* of positive mental health". By criteria I take it she means – as I will call them – defining characteristics. It seems though that different writers might have different purposes when discussing positive mental health. Some writers, no doubt, want to propose definitions of mental health, others suggest criteria *by which to determine* who is healthy. This distinction is not always upheld in the text, and it is furthermore clear that many of the writers she discusses are presenting explanatory or theoretical conditions for mental health rather than criteria or defining characteristics. The psychoanalytic theory of inner forces, mentioned earlier, is an example of what I call explanatory conditions. Also Maslow's theory of self-actualization is, at least partly, theoretical. I have already argued that theoretical notions are not suitable for defining mental health. As to the distinction between criteria and defining characteristics, it is not always easy to uphold since a mental feature can be both at the same time.

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1 Jahoda 1958, p. 4.

2 Ibid., p. 3.

I will briefly discuss most of Jahoda's criteria, and ask if they are conceptually necessary for having positive mental health. In a few cases it will also be important to discuss whether of not they are sufficient for having positive mental health.

When discussing criteria of health Jahoda starts by dismissing three common suggestions of sufficient and necessary criteria of positive mental health; the absence of disease, statistical normality, and well-being.

4.1.1 Mental health as absence of mental disease

Jahoda argues that we cannot define positive mental health as the absence of mental disease.[3] A reason for this is that the notion of mental disease is itself not clear. She gives three reasons for this.

First, it is not possible to find physiological causes for most mental diseases.[4] Second, there are cultural differences as to what is to be considered mental disease. Anthropologists have pointed out that kinds of behavior that we in our society would consider to be indications of disease are in some cultures taken to be quite normal, and thus healthy.

However, there are people, Jahoda continues, who have tried to give universal criteria for mental disease.[5] In psychoanalytic theory, for instance, disease is seen as the expression of conflicts in the unconscious, and this is a universal trait. It is debatable, however, if proponents of universal criteria have succeeded. In the absence of some other objective criteria for what we take to be mental disease, Jahoda concludes, it is hard not to accept the relativism that follows from the anthropological evidence. Thus defining positive mental health as the absence of mental disease is for this reason difficult.

The third reason Jahoda finds is the fact that it has been argued that there is no continuum between health and disease. The terms are not contradictory, not even contrary.[6] They lie on two qualitatively different continua. One indication of this, says Jahoda, is that we sometimes talk about diseased persons as having health. It looks as if this means that we can be diseased and healthy at the same time.

Jahoda concludes this discussion by stating that even if the absence of disease does not constitute a sufficient criterion for positive mental health, it may be a necessary one.

Some points can be made in regard to Jahoda's discussion. First of all there are much more sophisticated theories of disease today.[7] Some of them might be immune to Jahoda's critique.

Furthermore, the view that a person can be healthy and have a disease at the same time requires more argument than Jahoda provides. However, Jahoda, rather surprisingly, concludes with the opposite view, that the absence of disease might, after all, be a necessary requirement for health.

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3 Jahoda makes no distinction between the terms "illness" and "disease".

4 As we have seen, this is still the case (Gelder et al. 1994).

5 Jahoda mentions Devereux (1958, p. 13).

6 Terms that are contradictory exclude each other, forward and backward are contradictory terms. Contrary terms are opposites on the same continuous scale, rich or poor are such terms.

7 For instance, Boorse (1975, 1976, 1977), Reznek (1987, 1994), and Wakefield (1992a, 1992b).

We can also note that in this section mental disease is mainly discussed in terms of deviant behavior, not as failure of a specific mental function.

4.1.2 Normality

Let us turn to Jahoda's discussion of normality. There are two accepted uses of the term normality, says Jahoda. One is the statistical frequency notion and the other is the normative ideal. The problem with the second version is, according to Jahoda, that it is synonymous with positive mental health. So we have exactly the same problem of defining that concept. For this reason Jahoda only discusses the statistical notion.

One problem with this notion, Jahoda claims, is that in holding that normality is healthy one either has to take the average of the whole population of the world as normality, or select a smaller group and take their statistical average as a norm. In both cases we have a problem, especially in dealing with the mental realm. If we take the whole world population as a starting point we will most likely have to conclude that whole sub-populations are unhealthy. These populations need only be atypical in some respects to end up being considered unhealthy. This is unsatisfactory according to Jahoda, especially when we take into account that anthropologists have shown that there are plenty of small cultural groups that are different in many respects.

The other way, which is to select a smaller population from which one derives a statistical average is also, Jahoda argues, unsatisfactory. The reason for this is that when we choose which population to examine it is an arbitrary choice. And if we choose a population that we think is healthy we have, of course, already taken a view of health for granted.

Furthermore, Jahoda asks what psychological functions we should measure in order to achieve a statistical norm of health. It is not reasonable to assume that all aspects of the psyche are equally relevant. Thus, we also have to make non-statistical choices before starting a statistical examination.

It can be seen in this section that Jahoda does not uphold the distinction between normality of behavior and normality of bodily parts and functions, and it is, at times, not clear which sense Jahoda is referring to in her argument above. When discussing other cultures she has normal behavior in mind, but she also at times discusses psychological functions, or personality attributes.

4.1.3 Well-being

The third criterion of positive mental health that Jahoda discusses and dismisses is emotional well-being. She mentions WHO's definition of health as an example, but also other writers who use similar terms, like happiness, contentment, and satisfaction.[8]

There are several problems with this position. First, says Jahoda, there might be external factors that stop people from being happy. War, famine, and environmental hard-

[8] Karl Menninger, for instance, proposes that effectiveness and happiness are part of a definition of mental health. To have a healthy mind is, according to Menninger, to have "the ability to maintain an even temper, an alert intelligence, socially considerate behavior, and a happy disposition". And Jones sees happiness as a criterion of normality (health), whilst Boehm sees mental health as "'*a condition and level of social functioning which is socially acceptable and personally satisfying*'" (Jahoda, pp. 18-21).

ship are such factors. No one would call somebody mentally ill just because the person is unhappy for reasons like these. Another problem mentioned is that what is personally satisfying (interpreted as subjective well-being) is not necessarily socially acceptable, and vice versa.

Furthermore, being happy or feeling well for a short period seems to be compatible with mental illness, and being unhappy for a short period is also compatible with positive mental health.

However, some writers instead claim that happiness must be an enduring personality trait in order to be a criterion of health. Jahoda in the end accepts that happiness or well-being can be seen as a sign of health, but only if it is part of a more or less enduring personality predisposition.

4.2 Six groups of criteria for positive mental health

The major part of Jahoda's discussion is devoted to a number of criteria subsumed under six headings. In the first part of this chapter I present them, and in the second part I discuss them.

4.2.1 Attitudes toward the self

The first group of criteria goes under the heading "attitudes toward the self". Jahoda divides these self-related concepts into four sub-criteria, accessibility to consciousness, correctness in self-apprehension, feelings about the self, and sense of identity, which are discussed separately.

4.2.1.1 Accessibility of the self to consciousness

This section has a lot to do with self-awareness. Jahoda mentions the view that the healthy individual should have an "intact sense of selfhood", which means that there should be a synthesis of what the individual has done and wants to do. Furthermore, the person should not disown "any major feelings, impulses, capacities or goals in the interest of inner harmony".[9] Self-objectification is another concept used. By this is meant that the person should be able to look upon herself with detachment. She should be able to compare herself with others objectively and her opinion of herself should be similar to the opinion held of her by others. Finally, a few authors mentioned by Jahoda require that the healthy person should be aware of the various aspects of the self.

Another interpretation, which seems to contradict the former view, is the idea that the healthy person should not be self-conscious. The person should not pay attention to herself or what she does. The idea is that constant self-consciousness arises from malfunction. The contradiction between this view and the former is only apparent, says Jahoda. What is required is not that the healthy person is permanently self-conscious but only that she can be self-conscious, and that when she is, she is realistic about herself. The second view does not preclude the possibility of being self-conscious. Kubie nicely clarifies this view when he writes: "[This does not] mean that in order to be healthy we must be self-consciously aware either of our every act or of our every pur-

[9] Jahoda 1958, p. 25.

pose, but rather that the predominant forces must be accessible to introspection on need".[10]

Summarizing this section we might say that there are two components in this criterion. One is being realistic about oneself, and the second is being self-aware.

However, there is another aspect of this criterion that should be mentioned. Some sort of *unity of the self* is required. This is a factor that will turn up in a later section when we come to criteria like integration and autonomy.

4.2.1.2 Correctness of the self-concept

Implicit in the previous section is the requirement that a healthy person should have a realistic self-concept. We could also call this self-knowledge. This is the main criterion in this section. There is, for instance, the suggestion that the *ideal self* merges with the *real self*.[11] A similar idea is that the healthy person should be able to grasp inner (and outer) reality, and do this with objectivity and reason. This, I will later claim, is a feature of rationality.

4.2.1.3 Feelings toward one's own self

The concept discussed in this section is "self-acceptance". According to Maslow healthy persons "accept themselves and their own nature without chagrin or complaint".[12] This means that one should be able to accept both one's advantages and shortcomings. It should be noted that this does not necessarily mean that one should not try to improve oneself. It only means that one should not feel bad or inferior for not being perfect.

In this short section Jahoda only discusses self-acceptance but we should note that there are several similar, but slightly different, notions, which she mentions at the beginning of the chapter. They are self-confidence, self-esteem, and self-reliance. They are different from self-acceptance because they emphasize a positive self-regard more strongly.

4.2.1.4 Sense of identity

The last variant of this criterion Jahoda calls sense of identity. One criterion is having "a global benevolent view of the whole self, a positive feeling that pervades and integrates all other aspects of the self-concept".[13] What distinguishes this notion from self-acceptance is its emphasis on the cognitive aspect. Clarity of the self-image is important, says Jahoda. "A healthy person knows who he is and does not feel basic doubts about his inner identity".[14] However, the first quote above also makes it appropriate here to use terms like "self-confidence", "self-esteem", and "self-reliance".

We also saw this criterion in the previous section. Several writers of a psychoanalytic orientation speak about ego-identity. For Erikson this means the ability to maintain inner sameness and continuity.

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[10] Ibid., p. 27.

[11] I take this to mean that the ideal view one has of oneself is a justified view. Ibid., p. 27.

[12] Ibid., p. 28.

[13] Ibid., p. 29.

[14] Ibid., p. 29.

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