

Different Contemporary Conceptions of Mental Health

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Philosophical and Existential Conception

Human problems are mostly connected with conflicts and disturbances. When we look in a very general way at people's disturbances, such as psychic overexcitability, anxiety, depression, aggressiveness, lack of understanding and empathy for others, what do we find which could be a fundamental condition of such phenomena? At least one thing seems to be certain: the symptoms of disturbances which people describe in general, now as in any other age, are based on an increased need for better understanding of reality and, in different conditions, on an insufficient level of self-consciousness and self-control, on a lack of hierarchy of values, a lack of tolerance, a one-sided approach to reality.

There are two kinds of problems and disturbances: one extending throughout the lifespan of an individual or group of individuals, and the other specific only during certain periods in the development of an individual's personality. From the first group we can delineate "external problems" such as difficulties in realizing basic human needs, struggles or wars, difficulties in understanding each other, bodily and mental diseases and even on a higher level of development, the problems of the meaning of life.

The crucial question, according to our understanding, appears to be the frame of reference of how a particular individual decides to accept a certain set of attitudes. Often, in judging others, people try to be as objective as

possible and in judging themselves, they try to be as subjective as possible. But from an existential view-point, the ideal would be to be as subjective as possible in judging others and as objective as possible in judging one's self. In this sense, the real and existential understanding of human beings demands that, in general, people be treated both subjectively and objectively.

This frame of reference of treating and understanding others as subjectively as possible seems to be necessary now, more than ever before, in a clinical setting as well as in the general understanding of inter-personal relationships. Such an attitude should be present, according to us, not only in psychology and humanistic psychopathology but also should penetrate all aspects of everyday life. It is our contention, that once this frame of reference is adopted, the entire perception of the individual will change the whole perspective and context on which future relationships depend to a very large extent.

Organicistic School

Let us begin by examining the viewpoint of organicists. For them, the origins of mental illness are physical and cerebral. The best example is of the work of a group of psychologists and psychiatrists (Eysenck, Slatoff, Sargent and others) at Maudsley hospital at London. This group is nearer to comparative-physiological psychology and behavioristic approach. It believes in removal of symptoms of the patient by the use of conditioning therapies. Excluding the role of religion from the sources and development of mental illnesses and therapy organicists believe that the future scientific development will provide them with an explanation of what they are unable to explain today.

On the other hand, psychologists and psychiatrists like Maslow, Rollo May, Carl Rogers and Eugene Minkowski present a multi-dimensional view. They accept the influence of heredity and environment and something like developmental factors giving rise to mental health or mental illness. Besides, the internal existential conditions of human life also play an important role in both the development and therapy of the individual.

Mental health from Moral, Social and Cultural Viewpoints

In a given epoch, in a defined society, country or state, what is considered moral and positive socially and culturally is imposed, passively accepted and followed by the members of the given moral, social and cultural system. Consequently, mental health or mental illness will be considered, except in extreme cases of body or anatomic disorders, according to the given system of moral, social or cultural values.

With the help of propaganda, of specific systems of education, of threats and punishments, a certain system of moral, cultural and social opinions is created; also opinions about what is healthy and what is not. In the Soviet

Union, the leaders have attempted to answer the question of what should be the ideal in their society and to find suitable heroes who would represent this social model.

The time has come, we believe, to recognize the problem of mental health as a multilevel problem, to approach it from an even higher level depending on the developmental level of the given social group. Considering this approach, it is obvious that mental health on the lowest level of development will be conceived in a primitive way, developmentally static, according to basic, accepted opinions as to what is healthy, which means in agreement with average requirements and with average consumptive needs and aims of the majority. Mental health on the highest level will be conceived as taking into consideration such values as: empathy, sensitivity, authenticity, autonomy, etc. The low level of the concept will be connected with the lack of tolerance, tendencies to impose views and opinions and authoritativeness. The high level, on the other hand, will be connected with tolerance, understanding, empathy, and tendencies against any imposition.

At the higher level, we find more authentic democracies; U.S., Sweden, Norway, Finland, Belgium, Canada, England, ancient Athens. We encounter here a greater diversity of opinions and evaluations accompanied by a high degree of mutual tolerance, a greater ability to evaluate objectively on different developmental levels, an ever greater recognition of objectivity in the hierarchy of cultural, moral and mental health values. Under such constitutional systems and social conditions, we find more often the attitude to rigid standards, narrow moral cultural and mental health standards to be a negative one. We encounter a greater ease in accepting the concept of mental health as appropriate for certain groups and inappropriate for others. A differentiation appears which can be formulated as follows.

1. What is healthy shows potentialities and realization of development to an ever higher level; is creative, mentally rich, conscious, voluntary and individual; is connected with an even better understanding of others and with empathy towards them.
2. What is healthy is integrated, direct, simple, based on the need to satisfy the fundamental psychobiological wants and can be expressed in a clear, logical and distinctly organized way.

In conclusion, we can say that mental health is less frequently understood according to the norms of the lowest developmental level and the norms of psychopathic unilaterality (rigid, one-sided, narrow, standard, based on realization of fundamental needs concept) and is more frequently understood in its psychoneurotic sense, i.e. in the sense of lesser rigidity, increased excitability, creativity, richness of content, empathy, autonomy and authenticity—which are all a result of pleasant and unpleasant experiences, internal

conflicts and breakdowns which enhance the richness and the amplitude of human horizons.

Biological and Physiological Conceptions

Biological and physiological conceptions of mental health are based on the following beliefs of important biologists and physiological psychologists and psychiatrists in the field.

a. According to Karl Menninger, the conception of mental health is basically homeostatic. Menninger's frequent usage of the term "mental balance" is based primarily on equilibrium of different psycho-physiological states, reduction of tension and harmony of different main body systems.

b. Among others, biological and physiological conception of mental health is based on an equilibrium between metabolic forces.

c. This conception also includes a state of equilibrium between autonomic, sympathetic and para-sympathetic nervous systems.

d. This conception also necessitates an equilibrium between activity and rest, vigilance and sleep.

e. Finally, the conception of mental health is based on an equilibrium and harmony between internal and external stimuli.

Psychological Conception

Several contemporary psychologists have introduced the concept of "integration." If the individual shows appropriate integration, he is mentally healthy. For example, integration between fatigue, sleep or relaxation. Integration means subordination, unification, incorporation of differences in the unity. For instance, during the period of crisis, the disintegration is evident, e.g., during puberty. According to this conception, integration is necessary and desirable both in psychic and bodily functions. Briefly speaking, an integrated person is mentally healthy. But we feel that the problem is more complex.

Sometimes a person does not exhibit this state. He shows only temporarily the state of disintegration because of crisis, fatigue, sleep or severe everyday life difficulties and it could be interesting to ask if he is mentally unhealthy.

Perhaps we can turn our attention towards the relationship between adjustment and mental health. Generally, the psychologists think that adjustment to one's internal and external conditions means mental health. However, to reach a higher level of development, it is necessary to have some misadaptation or maladjustment to a lower level of internal and external reality.

Psychiatric Conception

In the psychiatric conception of mental health, the absence of pathological symptoms is a confirmation of health. There is not much concern with

the definition of or any precision in the formulation of mental health problems and there is the tendency to affirm mental health by the lack of pathological symptoms. If there is an integration of functions and the individual shows the ability to function well in everyday life, he is sane and mentally healthy.

Mental health from the Point of View of Positive Disintegration

Dynamically apprehended, mental health contains in itself integrative and disintegrative dynamisms. It contains adjustment and maladjustment, in the sense of maladjustment to what actually is, if it is "lower" in development, and adjustment to what is "higher" in development and what "ought to be" in contrast to "what is." It contains the dynamisms of hierarchization, and a partially negative attitude toward oneself and the environment in the sense of critical attitude to the negative sides of oneself and the environment. It includes a positive attitude to that which is developing, which represents higher developmental values, and which contains in itself the ideal to be realized.

Mental health, thus, would be linked with the sensitivity to suffering, to painful experiences of oneself and others. It would contain elements of depression, anxiety, even obsessive elements, and, consequently, elements of nervousness and psychoneurosis as factors which contribute to the "loosening" and even "breaking" of the more primitive human structures.

It would be associated with mental overexcitability in the sense of increased emotional, sensory, psychomotor, and intellectual excitability. It would link itself with internal and external conflicts connected with the above-mentioned forms of over-excitability. Finally, it would link itself with inhibitions towards one's own impulsiveness, unmotivated ambitions, and excessively egocentric attitudes.

Mental health would thus presume the ability to "loosen" and even "break" one's own primitive, narrow and rigid mental structure. It would presume the capacity for positive disintegration and secondary integration through transgression of the biological life cycle and of one's own psychological type. This, in turn, would be linked with the development of a higher level of inner psychic milieu and its main dynamisms. Thus, it would be also linked with the autonomous and authentic needs of a clear realization of the personality ideal.

Mental health would not mean the absence of nervousness and psychoneurosis, but their presence; nor would it mean the lack of inner conflicts, but conscious experiencing of them; not easy adjustment to the changing conditions of reality, but conscious and selective maladjustment to lower levels of reality and conscious adjustment to higher levels of reality.

All the characteristics mentioned above would manifest the presence of mental health. In contrast, a too-strong adjustment to the external environment and to oneself, a too-strong integration on a low level, a too-strong

organization of thinking in the service of one's egocentric dynamisms, a too-strong cohesiveness and instinctiveness, would demonstrate the lack of mental health or, in a certain sense, mental illness.

The notion of mental health would be inseparable from the capacity for development, with the consideration of individual typology, and, on the other hand, would be inseparable from the possibility of transgression of this typology and of the biological life cycle. On the one hand, it contains the necessity to develop individual and unique characteristics, and, on the other hand, the necessity to transgress the lower levels of individual characteristics.

Personality, in our conception, would mean the transgression of the individuality of a low level and its realization on a high level, as well as transgression of the attitude toward others as objects. It would mean approaching others as unique, unrepeatable subjects. Such treatment of oneself and others would lead to inhibitions of the development in oneself and in others of the "lower selves" and reinforcement of the "higher selves" through the realization of one's own inner psychic milieu, one's own individual hierarchy of reality and the treatment of others with an ever increasing conscious empathy.

An example is cited below of one-sided development, with emotional poverty, and, at the same time, with an excess of cleverness and adjustment. Such one-sided development brings an individual close to the type of psychopathy. However, such individuals in everyday life are usually taken as symbols of health, though, on the contrary, they lack the symptoms of many-sided development and show emotional primitiveness and absence of authentic attitudes toward others.

L . . . , a male engineer aged 34, was a specialist in a narrow field of technical science. There was nothing distinctive about either his heredity or his early development. His parents were rather simple people, normally ambitious in their outlook for the future of their children. L . . . showed himself to be ambitious during his early school years to excel in order to rise to a higher position. He was reasonably accommodating and sociable but showed little interest in the concerns of other people. From childhood, he had been rather selfish in this way, caring primarily only for his own affairs.

After his secondary schooling and the completion of his technical studies (where again he obtained good grades), he went on to specialize in his field. He progressed very rapidly and soon gained a favorable reputation among his superiors, partly through his abilities and industry, but for the most part because of his principle of avoiding conflict with his colleagues and superiors. He devised several methods of flattery adapted to the varied levels of his environment. These methods were well worked out and effective, but quite primitive.

After several years of experience in his field L . . . perfected what seemed to him an infallible system of acquiring the protection of higher authority, a system based on four basic principles: first, avoid all conflict with colleagues, thus reducing their sense of competition; second, flatter authority, specifically praising the "creative ability" of a superior; third, help both colleagues and superiors; and fourth, carefully deprecate, in the presence of superiors, the value of scientists in other fields.

As mentioned above, L . . . had abilities, but they were incommensurable with the speed of his career. He countered his weaknesses by adjusting the tempo of his work and employing an enterprising "sixth sense" to catch and use any means whatever that might accelerate his career. Certainly it was to his advantage that he had specialized in a narrow field of science, poorly developed in his own country. His immediate superior had ambitions of his own to initiate and expand this field of science in the country by creating a group of student-disciples.

L . . . devoted all his time and efforts to obtaining, as soon as possible, a high rank in this narrow field. To this end, he conformed all his needs of friendship and love. He deliberately did not marry in order to avoid any obstacle in his career. By the judicious application of his four-part system he soon earned the reputation of cleverness.

L . . . 's personal ambitions increasingly restricted his scope of experience and interest. His syntony was superficial, even artificial, subordinated to the main aim of his life. There remained in him a distinct feeling of inferiority to those who, in his opinion, had reached a still higher level in the social hierarchy. On the other hand, he did not reveal any feelings of self-dissatisfaction. He did not feel inferior in regard to any internal ideal. He had no sense of striving toward any "moral" ideal. He had no sense of guilt, despite his hypocrisies. In fact, the attitude of striving toward any "moral" ideal seemed strange to him. His guiding principle of life was to accommodate himself to changing conditions in order to take advantage of them for his personal benefit.

In spite of his amiability and sociability, he was emotionally cold. He had no ability to transfer his own feelings to other people or theirs to him.

His single external conflict was simple envy, the sense of inferiority in the presence of his social superiors. His life, until the age of 34, was that of a person integrated on a low impulsive level, with his intellect fully subordinated, being used as a tool in his drive toward a higher rank—a "career" in the

common meaning. He had no internal depth, no distinct germs of moral personality. Rather, he showed signs of disappearing traces of the higher dynamics mentioned above. For that reason, L . . . was not subject to the process of positive disintegration.

Here is another example which, with a surface approach, could be taken as psychoneurosis. But with a global approach, it is an example of a high level of development with ability for further development, that is to say, mental health.

This is the case of Dr. Janusz Korczak, a remarkable physician, civic leader, writer and prominent educator. Dr. Korczak, together with the children from his institute, were sent to a Warsaw ghetto and from there to the crematorium at Tremblinka. He told the children that they were going on an excursion.

The publisher of Janusz Korczak's work, Igor Newerly, writes about the atmosphere of the ghetto: "Crimes, fear, abjectness battered on misery and on hunger, pushing the weak ones into transports of death. Feasts, orgies in expensive restaurants had something of the Apocalypse in this district of contrasts; in these conditions of unceasing macabre—it seems to me and this I would like to emphasize—there was no completely normal person. Nobody could stand the atmosphere of the ghetto in Oswiecim without a flaw in his personality. Everyone there, both victim and executioner, had to have a mental flaw.¹

In our opinion, Janusz Korczak was an exception in these conditions. He was "normal" in the sense of retaining his highest qualities, that is to say, his honesty, empathy, understanding of harm and sadness in the active sense, full responsibility for the children, and consciously, freely decided death with them. He was then mentally healthy in the sense of having attained the highest level of mental and moral health. His depressions, his fear, his occasional drinking, did not have a basic influence on him, so they cannot be taken as a "flaw."

He was, from childhood, sensitive to adversity and injustice toward people, to harm and humiliation, especially toward children. This presented great potential for empathy. He presented infantile qualities which are, according to us, positive. At fourteen years of age he stopped playing with blocks. As a 17 year old he writes about himself, he fell "into a folly, a fury of reading."² The world passed from his view—there were only his books. He always manifested an attitude of justice and true democracy toward people and he did not care about his clothes or appearance.

1. Janusz Korczak, *Wybor pism* Warsaw: Nasza Ksiernia, V. IV, 1958, p. 507.

2. *Op cit.*, p. 582.

It is clear that his function of reality was weak and on a low level; weak in regard to his own interests, and very strong on the highest level. He very often occupied himself with the problem of death. He said that he would die consciously. In his youth he thought about suicide. He once proposed to his sister that they commit suicide together. As he stated, there was no place in the world for him. Nevertheless, he writes that his life was hard but interesting and that he asked God for such a life.

His whole life was an unceasing protest against evil. He worked as a physician and then he gave himself to education. This work occupied his whole life—he helped children and workers in their autonomous growth. He lived with children, washed with them, was saddened and rejoiced with them. He was always poor, modest, full of empathy, responsibility, authentic in the difficult conditions of life and on the way to death.

His father was, for a time, in a mental institution; Korczak thought he himself, could become mentally ill. On the other hand, having thought about himself, about the qualities of his character and personality, he came to this opinion: "I have too much madness not to be afraid of the thought that somebody, against my will, will try to treat me." It was a symptom such as was exhibited by Kierkegaard, Unamuno, Kafka. They accustomed themselves to psychoneuroses and to torment. They felt that they (psychoneuroses) played a major role in authentic thinking and experiencing. Here was also the need for autopsychotherapy. Korczak was then a normal person not in the statistical sense, but in the approach to health on the highest level, health which is approaching to the ideal.

Comparison of both cases is, in our opinion most instructive, although many people may mistakenly believe that the subject from the first case is healthy and the subject from the second is somewhat unbalanced.

Following are additional examples:

1) A fragment of a letter from a poet to his friend, a painter: "Don't turn, with your complicated experiences, to an average, or even higher than average doctor. Go to one of the eminent poets or to yourself. Your depression results from the difficulty of the search for creative expression. It will be weakened with the discovery of such expression. It is not an illness, but a result of the normal difficulties in your healthy development."

2) A short part of the biography of one of the patients: "After these experiences, dissatisfaction with oneself, anxiety, depression, and loneliness not immediately . . . but after many months, I have noticed that I understand my own mental experiences, and that I have a deeper picture of the surrounding world and 'worlds in me.'"

Definition

Mental health is the capacity for a full-rounded mental development in the direction of a higher hierarchy of reality and aims, until the realization

of one's own personality and ability to assist others in the realization of their personalities.

Applications

This approach to the notion of mental health has fundamental applications in developmental and educational psychology, in sociology and mental hygiene. It weakens the primitive attitudes toward other human beings and their development. It weakens one-sided behavioristic and psychoanalytical tendencies, as well as the differences in the attitudes of a physician, psychologist and educator.

This concept of mental health, without losing any of its scientific meaning, becomes, at the same time, a teleological and empirical term. It is especially important for the program and realization of self-education, psychotherapy and autonomy which must also show an empirical attitude, a teleological viewpoint.

Mental health becomes a developmental concept of a mixed character, which includes normative, teleological and empirical concepts. It seems to be useful in the above-mentioned sciences and in such practical activities as education, judicature, psychiatry, and even politics.
