CHAPTER I
MENTAL HEALTH

INTRODUCTION

Mental health is for everyone, no one is excluded. Mental well-being is pivotal in the lives of people. Many professions are now interested in mental health, particularly, psychiatry, social work, psychology and nursing. The world of today emphasizes mental well-being as one of its most important values. Research studies on mental health are few in India and they also do not adequately focus on positive aspects of mental health.

Gurudas (1980 p.1) indicates that the confusion in the concept and definition of mental health does not encourage research studies in the field of mental health. Warr (1987 p.24) mentions that the term mental health is difficult to specify and no universally-accepted definition is available. Smith (1968) observes that the concept of mental health does not have a convincing and satisfactory theoretical background. Though mental health has been described by psychiatrists, social workers, psychologists and other social scientists, it is difficult to arrive at a consensus of the criteria of mental health. The difficulty
in the conceptualization of mental health seems to have been repeatedly felt by most of the investigators (Jahoda, 1963; Jourard, 1963; Parsons, 1964; Wolman, 1965; Soddy and Ahrenfeldt, 1967; Klein, 1968; Smith, 1968; Sutherland, 1971; Freeman, 1972; Wilson, 1972; Offer and Sabshin, 1974; Clinard, 1974; Brown, 1976; Zusman, 1976; Gurudas, 1980; Khurana and Singh, 1984; Vasanthy, 1989). An attempt is made in this chapter to discuss the existing views on the concept of mental health.

MENTAL HEALTH AS ABSENCE OF MENTAL ILLNESS

Numerous definitions have been postulated for mental health. Experts say it can be described but not defined. According to Jahoda (1959 p.556) the simplest way of defining mental health is to treat it as the absence of mental illness or symptoms of mental illness. Wolman (1965 p.1125) and Asch (1952) indicate that the human behaviour cannot be understood in terms of isolated symptoms; they must be viewed in association with the norms and values of a specific culture in which they are observed. Horney (1964 p.18) observes that various factors like culture, class and sex determine the standard of human behaviour, normal or abnormal. Clauson (1985 p.145) indicates that the efforts taken so far to define mental illness are insufficient and incoherent.
Arriving at a diagnosis by observing symptoms is not a simply a medical or clinical problem, it is a comprehensive attempt covering social, cultural, psychological and organic factors. Fenichel (1963 p.3) also points out, that the study or etiology of neurosis, requires both medical and sociological considerations. Jahoda (1955 p.556) and Szasz (1963) lean towards the view that the evaluation of behaviour as sick or normal, or extraordinary in some way depends on the accepted social convention. Further the absence of sharp boundaries between normal and abnormal tends to be rather vague. Parson (1964 p.265) emphasizes the importance of mental illness with reference to the social performance of the individual and the specific social norms.

Brown (1976 p.2324) and Fransworth (1963) define mental health as the resistance to mental illness. Since mental illness is determined by socio-cultural, ecological and organic factors, it is very difficult to assess or measure the resistance to mental illness. Adequate care must be taken to describe symptoms of mental illness Redlich, (1957 p.145) and Wechsler et al (1970 p.1) point out that the individual does not inherit
mental illness, but his social environment may be one of the contributing factors. So it could be suggested that the other contributing factors in a particular society have to be studied to assess and to understand the mental illness. Jahoda (1968) argues that the opposite of mental illness is the absence of mental illness. It does not mean that the absence of mental illness is the presence of mental health.

Zusman (1974 p.2327) also supports the view of Jahoda that mental health is not simply the absence of mental illness. John (1963) observes in his study that health and disease have no sharp boundary. Harry (1968) believes that mental health is related to lack of mental illness. Scott (1958 p.12) gives the following list of indices of mental illness:

i. exposure to psychiatric treatment
ii. lack of adherence to social norms
iii. psychiatric diagnosis
iv. subjective unhappiness and
v. failure of positive adoption

Clauson (1959 p.492) has summarised the following indices of mental illness:

i. hospitalization in a mental hospital
ii. treatment as an outpatient or inpatient in a psychiatric setting and

iii. exposure to diagnosis of symptoms by psychiatrist.

Though these indices are helpful to identify mental illness of the patient, they have to be studied with reference to a specific culture. Jahoda (1969) argues that the absence of mental illness is not a satisfactory indication of mental health. Wechsler et al (1970 p.1) rightly observe that social scientists oppose the medical model which is pre-occupied with pathology. So the absence of mental disease as a criterion has proved to be an insufficient indication of mental health. It appears that an effort to arrive at a satisfactory definition of mental disease does not solve our problems but rather adds others.

COLLECTIVE NORMS AND MENTAL HEALTH

Mental health implies a genuine acceptance of others, their rights and actions. Many studies of the habits and customs of cultures reveal that mental illness is a problem everywhere. Opler (1959) Merton (1957) Soddy (1956) and Freeman (1972) are of the opinion that emotional problems are universal
irrespective of social customs and cultural patterns. Jung (1971 p.448-449) observes that a mentally healthy person is one who maintains satisfactory relationship with the collective norms of the society. Torrance (1965 p.13) believes conformity to the behavioural norms of society is the indication of mental health. Fromm (1956 p.12) feels that mental health is the same for man in all times and in all culture. Smith (1968 p.188) points out that the dimensions of mental health must have the consensus of values and relevance to a social context. Vaughan (1968 p.182) recalls the observations made by Fried (1964) and Lindmann (1953) about mental health as harmony with culture. Sabshin (1974 p.29) believes cultural adaptation as mental health. Parson (1964) suggests mental health has to be evaluated with reference to culturally and socially recognized ways. Wile (1940) finds that the concept of abnormality varies from culture to culture.

Wegrocki (1939) observes two approaches of the anthropologists and their views of normality or mental health. The first statistico - relative approach assesses normality relative to culture in which it is observed. Secondly, functionalism evaluates the function of behaviour within the total economy

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of the personality while accepting the premise that behaviour is in part culturally determined. Offer and Sabshin (1956, p.73) also support this view. Wile (1940) argues that the concept and meaning of abnormality vary according to one's frame of reference. A person may be quite healthy to one frame of reference and mentally ill to another frame of reference. Burgess (1956 p.3) discusses the role of society in assigning an adequate role for the promotion of mental health. Mental health is said to be a symptom and index of malfunctioning of a society.

Smith (1969 p.188) emphasizes that mental health should come from observable data and be based on socio-cultural field from which they are drawn. Hsu (1961) also supports this but he cautions that the standard of one culture may limit one's attempt to indicate the mental health in other cultures. A careful examination of these observations reveals that the mentally healthy person must conform to the behavioural norms of his society. Individuals whose behaviour is different are usually labelled as mentally ill. So it has to be borne in mind that the contents of the indicators of mental health have to be elaborated and explained with reference to a particular cultural system.
If we try to consider normality of behaviour as a definition of mental health, normality is also relative to social status, age and sex. Behaviour that is healthy in an individual of ten years of age may be unhealthy in an individual of thirty. Since the terms conformity to collective norms differ from culture to culture, to arrive at a definite concept of mental health is difficult. Only operational definition of mental health will be fruitful and useful in research studies. One has to make adequate efforts to specially define mental health to a specific culture or group of individuals.

MENTAL HEALTH AS RELATIVE AND ABSOLUTE STATE

Mental health is not a unitary entity. Linton (1956) finds there is a difference between absolute normality and relative normality. Offer and Sabshin (1974) believe that no one is free from symptoms of emotional disturbances. Zusman (1976) indicates Jahoda's three ways of looking at mental health:

i. as a relatively consistent and enduring function,

ii. as a momentary function and

iii. as a group or cultural characteristic.
The mental health literature indicates two types of approaches in mental health:

i. as an enduring of a person

and

ii. a momentary attribute of function.

In the first view individuals are classified as more or less healthy while in the second, actions are seen as more or less healthy. Jantzen (1969) observes that absolute mental health could be described, but empirically it does not help us to identify a man with absolute mental health.

MENTAL HEALTH AS CONSTANT OR MOMENTARY STATE

Hadfield (1950) defines mental health as a dynamic characteristic which implies the functioning of the whole organism toward an end. Jahoda (1959), Smith (1968) and Jantzen (1969) observe that mental health is an enduring and constant state or momentary one. According to Gurudas (1980 p.9) if mental health is to be viewed as a momentary state, it may not be possible to arrive at a definite and general meaning of it. Since age, sex, working situation, family, other social situations and contexts vary the description of mental health in a general
and universal frame of reference may not be feasible. So mental health has to be viewed as a dynamic characteristic state of an individual or community. The momentary idea of mental health may be useful in some contexts but not always. Thus mental health viewed as dynamic state overcomes the limitations posed by the view which considers mental health to be a momentary state.

CORRECT PERCEPTION OF REALITY

Jahoda (1955) defines mental health as the correct perception of reality. The two aspects of reality perception are:

i. perception free from need distortion and

ii. empathy or social sensitivity.

Attempts to define mental health as the correct perception of reality leads to difficulties because the term 'correct' is a qualitative and relative concept. Correct perception may vary from person to person and from community to community so it can not be quantitatively ascertained. Since an objective yardstick to measure correct perception is not established, this criterion poses practical difficulties for measurement.
COMPETENCE AS MENTAL HEALTH

Competence refers to a person's ability to cope with problems in life situations. Robert (1981) defines mental health as a state of mind in which one is free to make use of this natural capacities in an effective and satisfying manner. Parson (1964 p.274) defines mental health as the optimum capacity of an individual for effective and efficient performance of the roles and tasks for which he has been socialized. Vaillant (1975 p.29) argues that good mental health becomes apparent only when a person faces adversity. Warr (1987 p.29) indicates that it would be wrong to view all types of low competence as evidence of low mental health, since every one is likely to be incompetent in some aspects. So one has to hesitate to use to measure competence as a yardstick to measure mental health.

INTERPERSONAL RELATIONSHIP AND MENTAL HEALTH

The expert committee on mental health report of World Health Organisation (1975) suggests that mental health is the capacity to establish harmonious interpersonal behaviour. Kaluger and Unkovic (1969 p.372) found that interpersonal
relationships are the indicators of mental health. Wechsler (1970) defines mental health in terms of interpersonal behaviour to meet the social needs and expectations. Wolman (1965 p.1129) indicates that normal and adjusted individuals have to strike a balance in their different types of relationships. Instrumental, mutual and vectorial relationships should be combined and balanced in order to have a mentally healthy state. Boehm (1955 p.537) defines mental health as a condition and level of social functioning, acceptable to the social standards prescribed and this should be personally beneficial to the individual as well. This could be possible if a balanced social relationship is established.

Thus if one attempts to study mental health in relation to interpersonal behaviour, one has to study the social system and social structure in detail. Hence this requires a comprehensive approach. The measureability of interpersonal behaviour and relationship has to be specifically indicated for each culture separately.

AUTONOMY AND MENTAL HEALTH

Autonomy as a criterion of mental health usually refers to the relationship between an individual and his
environment with regard to decision making. Expositions of this criterion emphasize two aspects:

i. Regulation of behaviour from within

and

ii. Independent behaviour.

Angyal (1965) argues that the tendency to strive for independence and self-regulation was a fundamental characteristic of healthy personality. He views mental illness as a halt or regression in this autonomous trend. Lefcourt (1982); Rotter (1966) and Seligman (1975) also support this view. Lazarus (1963) and Angyal (1965) find too much or too little of autonomy is undesirable. So autonomy may be preferred but it is very difficult to measure. The concept autonomy is also not clear.

INTEGRATED FUNCTIONING AND MENTAL HEALTH

Warr (1987p.33) points out that the state of integrated functioning is multifaceted and difficult to define. The importance of this component arises from the fact that psychologically healthy individuals exhibit several forms of balance, harmony and inner relatedness. Klein (1960) defines mental health in terms
of integrated personality which is manifested in terms of emotional maturity, integrated self concept and the capacity to deal with emotional problems. Erikson (1950) observes that a healthy person is one who balances the importance of love, work and play. Samuel (1975) discusses that many emotionally disturbed people have an apparent unity of personality and a considerable degree of self regulation. This ideal norm suggested by the authors may be possessed rarely by all people. So this norm may be preferred but it is very difficult to measure. This is a practical limitation or inadequacy to define the term mental health.

MENTAL HEALTH AS THE PRESENCE OF CERTAIN PSYCHOLOGICAL CHARACTERISTICS

Jahoda (1963, 1967) and Jantzen (1969) consider mental health as the presence of certain psychological traits or attributes. Eaton and Peterson (1956) mention that a mentally healthy adult is a person who has a general feeling of well-being, competence to deal with his environment, and strong ego-strength. Smith (1968) argues that most of the definitions of mental health (as the presence of psychological traits) are
value-laden and mere preference of the experts. A particular character or trait described in a context may not have relevance in all occasions. It may be difficult to have empirical evidences for them. Offer and Sabshin (1974) believe that normality and mental health cannot be understood as abstract terms; rather they depend as the cultural norms. This makes one understand that mental health has to be restated with reference to a specific culture.

**ADJUSTMENT AND MENTAL HEALTH**

Adjustment of a person may be defined as a characteristic way in which he perceives, reacts to and solves the main problems of life. Mental health may be defined as adjustment. Adjustment is an interaction between individual and his basic needs. Samuel (1975) and Hartman (1960) treat mental health as the adaptation of an individual to the mental and physical environment. Glovar (1956) speaks of adjustment between one's psychic mechanisms and objective reality. Offer and Sabshin (1974 p.165-169) discuss cultural adaptation as normality or mental health.
Menninger (1945) defines mental health as the adjustment of individual to the world and to each other with a maximum effectiveness and happiness. Fromm (1956) defines mental health as the adjustment to the society and to the needs of its members. Lazarus (1963) and Tolbert (1959) agrees that mental health is not characterised by adjustment under all circumstances, nor by freedom from anxiety, tension, dissatisfaction, conformity or constant happiness. So mere presence of adjustment does not guarantee the presence of mental health. It has to be viewed in conjunction with other related variables which may be indentified and specified by the investigator.

LIFE SATISFACTION AND MENTAL HEALTH

Satisfaction with life, and absence of anxiety and tension are considered as indicators of mental health. (Kornhauser, 1964; Campbell, 1981; Near, 1984). Kornhauser finds life satisfaction closely associated with mental health. Mentally healthy people feel happy most of the time. They gain satisfaction from a variety of experiences. Mere presence of life satisfaction does not guarantee the presence of mental health. (Vasanthy, 1989 p.5). Life satisfaction is not the only indicator of mental health and it has to be viewed with other relevant indicators.
ASPIRATION AND MENTAL HEALTH

The mentally healthy person is viewed as one who has an interest in and actively engages with the environment. He fixes goals and makes active effort to attain them. A raised aspiration level is reflected in motivated behaviour, alertness to new opportunities and efforts to meet challenges that are personally significant. Conversely low level of aspiration is exhibited in reduced activity. Kornhauser (1965) and Herzberg (1966) also support this view. Aspiration which is extremely high or low can give rise to chronic distress. Such chronic distress may be treated as one of the symptoms of mental illness.

To understand high and low level of aspiration, one has to study the cultural norms of the society. So aspiration seems to be logical but not useful for empirical studies on mental health.

MULTIPLE CRITERION OR SCHEMATA

Unitary criterion of mental health is inadequate to measure mental health, since unitary criterion concepts of mental health may be specific and clear but seems to be impractical. To overcome these problems, it is suggested to
use multiple criteria of mental health. Hervin (1942), Maslow (1951), Jahoda (1959), Royers (1963), French (1968), Sells (1968) and Smith (1969) strongly suggested to consider the multiple criterion approach. Maslow (1951) suggests the following criteria of mental health (Psychological health):

i. Adequate self-evaluation

ii. Adequate spontaniety and emotionality

iii. Efficient contact with reality

iv. Adequate self-knowledge

v. Integration and consistency of personality

vi. Adequate life goals

vii. Ability to learn from experience

viii. Ability to satisfy the requirements of the group and

ix. Adequate emancipation from the group or culture.

Jahoda (1956 p.558) suggests the following criteria:

i. Absence of mental disease

ii. Normality of behaviour

iii. Adjustment to environment

iv. Unity of personality and

v. correct perception of reality
French (1968 p.130) observes the following variables as related to mental health:

i. Attitude and perception toward self  
ii. Perception of reality  
iii. Growth, development and self actualization  
iv. Adjustment and adjustability  
v. Integration  
vi. Inter personal competence  
vii. Autonomy  
viii. Affective state  
ix. Illness behaviour  
x. Disease entities  
xi. Job performance and other roles and  
xii. Pathological behaviour such as suicide, drug addiction, alcoholism and crime.

Warr (1987 p.25) suggests the following criteria of mental health:

i. Affective well-being  
ii. Competence  
iii. Autonomy
iv. Aspiration and

v. Integrated function

Smith (1969) gives a list of criteria proposed by mental health experts as follows:

i. Cognitive values of accurate perception and self knowledge (Jahoda, 1950)

ii. Moral values and social responsibility (Allport, 1960 and Shoben, 1957),

iii. Effectiveness of work (Herzberg, 1966),

iv. Social virtues (Foote and Cottrell, 1955) and


The phenomenon of mental health is too complex to be represented by any simple definition. (Torrance, 1965 p.12). But multiple criteria will be more useful. It makes easier to study the concept of mental health. It may also solve many practical problems.

POSITIVE MENTAL HEALTH

There are many attempts to define mental health. The attainment of 'positive health' is one of the important ingredients of good life that a nation should assure for every citizen.
There are two schools of thought, one is to observe the symptoms of mental illness and the other by observing mental health. The positive approach does not accept mental health as the absence of mental illness or symptoms. The first school is represented by most of the psychiatrists and the second by psychologists and para professionals. The cultural anthropology with psychiatric thinking opens new avenues for research in the field of mental health. Ackerman (1958, p.5) defines mental health in a positive sense.

The need for the term positive mental health may be required for social scientists and research investigators who can offer suggestions for the better efficiency and development of individuals and their creative life. American psychologists are preoccupied with the positive mental health approach. (Smith, 1968 and Clausen, 1959). Korhauser (1964 p.50) emphasizes mental health in a positive sense in his Detroit study. Khatri (1963 pp.89-90) gives a list of indices of positive mental health. Sells (1968) believes that there are some major problems in arriving at a meaningful and viable definition of positive mental health.
Research in the field of positive mental health is challenging due to non-availability of adequate literature and methodology for measurement and evaluation of situations. Yamamoto (1973 pp. 171-172) Lief (1948) Shoben Hall and Lindzey (1957) Guildford (1959) Allport (1960) Roger (1952) and Combs (1962) strongly recommend the positive approach to study mental health since they identified this approach as fresh, creative and experimental attempts; we can try to accept the positive mental health approach and identify relevant indices of positive mental health. Gurudas (1980 p. 25) indicates that there were lesser attempts at the operational description of mental health on the positive view due to the preoccupation of the traditional medical model, insisting absence of pathology or illness. From the arguments of mental health experts, one gains confidence and encouragement to accept mental health on positive grounds. Clausen (1959 p. 508) indicates that the positive approach to study mental health may solve many practical problems. It makes the scholar to experiment this new line of thinking in the field of mental health.
OPERATIONAL DEFINITION

Since the frame of reference of mental health differs from culture to culture, person to person and is relative to time, it is not possible to seek a consensus on a particular definition of mental health. An operational definition of mental health has to be evolved for research purpose. The main purpose of an operational definition is to resolve the complexity of the concept and limit its scope. Gurudas (1980 p.26) suggests that the operational definition has to specify whether it refers to the individual and his state of feeling or the qualities of a group or community. Jahoda (1959 p.131) observes that the frame of reference of mental health differs from description depending upon the purpose. Mental health cannot be understood in the abstract, rather they depend on the cultural norms, society's expectations and values, professionals biases and the political climate of the time. One has to take the more general and universal determinants of mental health and adopt, modify and choose them in conformity with the socio-cultural factors of the specific community on the basis of observable data. The operational definition should offer a clearcut frame of reference.
Korman (1961) points out that it is worth attempting to draw a measurable definition and then adding other indicators which may help to compose a matrix of significant factors. This leads one at an empirically based conceptualization of normality or mental health. The same approach could be thought of for defining mental health also. An adequate operational definition avoids all the problems of ambiguity and handicaps faced. Operational definition should be based on observation data in social situation (Jahoda 1959 and Smith, 1968). It has clear cut frame of reference.

THE CONCEPT AND MEANING OF MENTAL HEALTH IN THE PRESENT STUDY

The present exploratory study is proposed to identify certain factors associated with mental health. It is an exploratory attempt to study mental health of Headmasters which has not been adequately studied so far in India (Prabu, 1975).

The following factors of mental health are identified in the present study. Among the various components of mental health identified so far in the literature, it is assumed that
the adjustment, life satisfaction and security feeling are the three major indicators of mental health in any social or cultural setting. Mental health can be said to prevail, if there is less difficulty in adjusting to various life situation viz., health, emotion, self, social and home areas. Mental health is thus described on the one hand by the absence of more adjustment problems and in-security feelings and the presence of life satisfaction.

It is difficult to find a man totally free from adjustment problems and feelings of insecurity. Man is often described as social animal and hence he may necessarily face adjustment problems and feelings of insecurity. It is quite interesting to observe individuals with limited insecurity feelings and less adjustment problems in life situation. Realistic orientation to life situation makes one to accept and live with less adjustment problems and not totally free or away from adjustment problems and feelings of insecurity. Hence it is rationalised that less adjustment problems and less feeling of insecurity and adequate life-satisfaction are treated as indicators of mental health in the present study.