CHAPTER - II

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REVIEW OF LITERATURE

1. Introduction

To define "Normality" is not an easily task; each individual defines normality from his own point of view or how he has experienced from the world. The normality usually implies "mental" or "psychological" which is more than the physiological functioning of a person. It is the relationships that one establishes with other and his general equilibrium in the socio-cultural context. It is an individual's intrapsychic balance, where his psychic structure is in harmony with the external environment and his social functioning.

From the literature survey, it was found that some Experts and Authors have defined the term "Normality" from the viewpoint of "Maturity". Some had given the importance to "adjustability characteristics of personality" while defining normal personality. Some of them considered "self-actualization" should be the main criteria of a normal individual. While defining normality many have defined "normality" as "mental health". Many theorists have defined normal personality from different angle of their thought and belief. The layman from different culture, would define the qualities of normal personality from their different cultural background and from their individual experiences.

Here the term "Normality" has been defined vividly as
comprehended from the literature survey. The definitions are presented from many authorised dictionaries, Encyclopedia, individual thinkers, philosophers, writers, psychologist and theorists etc. Though, the range of definition is as wider as the population. Each individual has his own definition of normality.

2. Definitions of Normality & Related Terms

Webster New World dictionary defined normal as one conforming to accepted standards or norms, which correspond to the average of a large group; free from disease or disorder; average in intelligence and development; mentally sound.

Dictionary of Psychology defined, as normal personality in a broad concept, which can be defined statistically as the most common type in a group; evaluatively as the ideal type; and often, as an individual free from defects or disorders, especially from psychiatric involvements.

Penguin dictionary of psychoanalysis, emphasised on behaviour as health and behaviour must be within the range of that particular group which are subscribed by the society or scientists.

Readers digerts great Encyclopaedic dictionary also defined normality as the standard or typical of average people
having average intelligence, mentally and emotionally balanced.

According to Reader Digest's - "Use the Right Word....", Normal implies that a particular person who does not exceed certain limits or does not deviate far from an average or standard established for a group, class or species.

Penguin Reference Dictionary of psychology defined normal behaviour which is right, proper and standard behaviour and action which has relation to the norms that was statistically observed.

Longman Dictionary of psychology, psychiatry, defined mental health, as a state of mind characterised by emotional well being, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and to cope with the ordinary demands and stressful situations of life.

Dictionary of psychology, Penguin reference, defined mental health as the term, generally used to designate one who is functioning at a high level of behavioural and emotional adjustment and adaptiveness and one who is not mentally ill.

Oxford English dictionary emphasized on the "uniqueness" which is the outstanding characteristics of individual as well as the "regularities and uniformities" which are the
out come of scientific attempts to impose order on nature and in particular on mankind as a whole.

International Encyclopedia of Psychology, Psychoanalysis and Neurology, has defined Mental health as - the behaviour that meets the demands of social roles and norms. Medical and psychophysiological observations alone cannot give an adequate picture of the individual experience of mental illness, that must be seen in the context of the interpersonal relationships that surround the individual.

Encyclopedia Americana, defines, mental health which involves the development of a healthy attitude in the individual toward himself and toward the environment in which he lives so that he will achieve the maximum amount of self fulfillment.

Definition of Maturity

Benjamin B wolman’s Dictionary of Behavioral Science defined Mental maturity means 1. The attainment of an adult level of mental development. 2. An average adult level of intelligence.

Hand Book of Psychology defined maturity as realization of the fullest potentiality for development

Webster’s New World Dictionary defined it as fully developed person; complete.
Penguin reference dictionary of psychology defined, Maturity in Latin, meaning ripeness; the state of adulthood, of completed growth of full functioning; the end of the process, Maturity is a specific kind of growth achieved e.g., sexual maturity, intellectual maturity, emotional maturity etc. To acquire this maturity, judgement for any type of action made by the person will reflect how successfully they correspond to socially and culturally accepted norms. What is considered emotionally childish in one society may very well be an aspect of emotional maturity in another. It has also defined maturation process as developmental process which leads to ward maturity. In previous assumption it was considered as purely in biological of physiological term. But it was felt that without environmental input, maturation is not possible in normal fashion. The second notion about maturation is that the environmental input is needed for normal developmental changes to occur but its role is circumscribed by biologically imposed limits. So here first environment comes first then comes biological process. The third notion is that heredity and environmental interaction with each other controls the developmental process or naturation.

Maturity is the psychological stability in adult stated in Reader Digest's Use the Right-word
Concept of Adjustment as normality

Crow L. D. and Crow A. in their book "Mental Hygiene" (1951) and the individual have given the definition of mental adjustment. According to them, mental adjustment is closely related with the inherited qualities and potentialities, which an individual can adopt through proper training, to bring about changes in his habit patterns essential to his adequate adaptation to all his life situation. And mental health means a well integrated personality. He had given qualities of potential personality which will provide strength to the individual. Such as 1. Insight and understanding of his psychological reaction and adjustment problems.

2. Maintains a wholesome attitude towards life.
3. Attains the goals which he seeks
4. Experiences satisfaction in his many activities
5. Keeps his wants and desires within the limits of social approval
6. Adopts easily to social situations
7. Engages undesirable emotional experiences
8. Display a normal drive to work or to play
9. Forms habit patterns that are beneficial to himself and others.

Menninger (1937) defined mental Health as the adjustment of human beings to the world and to each other with a maximum
of effectiveness and happiness. It is also an ability to maintain an even temper, an alert intelligence socially considerate behavior and a happy disposition.

Redlich (1952) stated that only metaphysician can be able to unveil the secret of adjustment and mental health appropriately.

English to English (1958) defined the term "Normality" as is most commonly understood in its evaluative sense which indicates an appropriate, adaptive or somehow desirable state. He quoted: "a standard worthy of emulation and possible of attainment for most person.

The concept of "adaptation" originated in biology and was a cornerstone in Darwin's theory. There it referred to the biological structures and processes that facilitated the survival of species. This biological concept of adaptation was borrowed and changed somewhat by the psychologist and renamed "adjustment" to emphasize the individual's struggle to get along or survive in his or her social and physical environment. (Lazarus 1976)

The term "adjustment" appears in diverse uses. A very general meaning is the process of living by itself. A healthy person lives smoothly, whereas a less healthy person get upset easily. The maintenance of homeostasis may be considered as the "general adjustment process." A second
use of terms refers to state of being adjusted, where in the individuals pattern of adjustment is important through which he maintains his own personality structure. A third use relates to the relative adequacy or efficiency of the individuals adjustment techniques. Necessity for adjustment arises when unfulfillment of one's needs causes stress which in turn places an adjustive demand on the organism. Stress may occur on a biological or psychological level, mainly due to three reasons: external frustration, internal frustration and conflicts. All these three factors arouse emotional disturbances for which an organism has to follow an adjustive pattern.

Wilbur (1977) working with a 18, to 50 years age group found no relationship between androgyny and adjustment. Others (Karam, 1975; Colten, 1978; Keating, 1980, Jones, Chernovetz and Hamson (1978) have found that a masculine sex-role orientation, more than androgyny, is positively related to ego-development, self-esteem and social effectiveness.

Nayak and Murthy (1982) found that this was particularly true of female subjects. Harries & Schwab's (1979) results were consistent with the masculinity adjustment relationship, but they found that androgynous individuals also showed better personal and social adjustment than undifferentiated and feminine group.
Normality and intelligence

With the view to study the normal personality, intelligence and emotional maladjustment which effects normal personality. It is essential to have knowledge of correspondence between intelligence and emotion. It is indispensable to know the status of the mental development in order to make a correct diagnosis of actual normal behaviour.

Cravioto (1964) has briefed the influence of certain variables on the prediction of later intelligence as put up by Knobloch and Pasamanick. If intelligence is defined as the mental adjustment to new circumstances and is characterized by increasing complexity in the channels through which the subject acts on objects, it can be seen that the adaptive sphere, as explored by the Gessell method is precisely the area of the behaviour that can be best serve as an analogue to the later intelligence, since it is concerned with the organization of stimuli, the perception of interrelationships and the separation of the whole in to its components parts with subsequent resynthesis in a manner adequate to solve a new problem".

The relationship between early socioemotional functioning and intellectual achievement has been documented in a longitudinal study of school readings (Kohn and rosmans, 1972)
Their findings suggest that the individual who is curious, alert and assertive will learn more from his environment and who is passive, apathetic and withdrawn will learn less about his environment.

Dimitrovsky (1964) found a positive correlation between verbal ability and emotional sensitivity significant for younger children. Davitz (1964) also found low but positive correlation between emotional sensitivity and both verbal and non-verbal intelligence and has concluded that a minimum amount of intellectual ability is necessary but not sufficient for recognition of emotional meaning from vocal cries.

Cheyne and Jahoda (1971) matches 80 orphanage children 6 to 10 years old with children in normal homes and tested them for recognition of emotion in speech. Recognition scores were higher for (a) negative than positive emotion; (b) female than male voices and (c) educated than uneducated speech, though this effects interacted with age. Orphanage children showed no consistent differences from their controls apart from an inferiority in recognition of emotion in male voices. Recognition scores correlated with both verbal and non-verbal ability and correlations decreased with age. It was concluded that the development of emotional sensitivity is related more to general preceptual and intellectual factors than to specific experience with emotion.
Simpson and Izard (1972) found that institutionalized mental retardates when matched with normals on the basis of intelligence, obtained significantly lower scores on the Emotion Recognition test. Flavell (1977) also believes that the social behaviour of the infant is partly dependent on the developmental level or quality of mental abilities.

The finding of Simpson & Izard suggest that there is a developmental retardation in both the cognitive and the emotion system of mentally retarded individuals, and that there is some deficiency in the integration of emotion and cognitive development. The equal intellectual development and unequal emotion responsiveness of different aged normal and mentally retarded groups suggest some developmental independence of the emotion and cognitive systems (Izard, 1971).

Kagan (1971, 1976, 1978) has investigated the overall mental development of infants as a factors in emotional and social developments but found it difficult to study in these areas due to, lack of reliably identified behavioural continuities related to attentional, perceptual and cognitive variables.

There are other studies which have been carried out to study the relationship between mental development, social development and emotional variables in infancy with mixed result (Lewis and LeePainter, 1974, Sosteu and Anders 1977).
Lund (1939) states that "A complete description of an emotional behaviour includes mental, somatic and visceral variables. To be content with anything less would not do severe some of these factors may be identical in different types of emotional behaviour and all may occur under non emotional as well as emotional conditions.

According to a WHO report (1977) observation regarding children showing different behaviour in different situation indicate that childhood mental health problems are in a more direct way linked with the interaction with understanding of their environment which is important in evaluating child's mental health. Moreover in all literate societies emotional and conduct problems have been found to be relatively common in both mentally feeble individual with special disorders of learning or language development. Childrens intellectual development is influenced by the quality of experiences in families but family care as such may not be cognitively damaging where as it can damage social and emotional development.

Honzik et al (1948) stressed on effect of social and emotional factors on individuals deviations on cognitive test scores. Their findings showed that these factors exceeding more than mere day to day fluctuations in feeling, base a substantial relation to rest score variation.
Bayley and Schaeffer (1964) found that the emotional atmosphere at the home had definite influence on I.Q. level in boys with loving and warm mothering being associated with high ability and mental hostility being associated with low ability. If also proved that children who showed more gain in I.Q., were more independent, competitive and self initiating in activities (Sontag) Baker and Nelson (1958) and showed higher need for achievement (Kagan, Sontag, Baker and Melson, 1958).

Munn (1954) and Russel (1940) have emphasized that excessive emotionality narrows the cognitive field and promotes rigidity and perseveration. Baldwin Kalhorn and Breeze (1945) demonstrated that children reared in warm, democratic homes gained 8 points in mean I.Q. over a three year interval, whereas the mean I.Q. of children from rejecting, indulgent and less emotionally gratifying homes either fell or remained constant.

Theories and Concept Clarification

Western Approach to Normality:

In the early part of nineteenth century, the medical practitioners were less concerned with adequately functioning people who neither manifested disturbing symptoms nor experienced pain. So those people who had no manifest need of medical care could be considered healthy or normal. They
defined Normality as freedom from gross pathology, defects, ailments or suffering and majority of the population fall into this group. Over the centuries the concept of normality and health became synonymous and it continues to have operational value in the twentieth century.

In the latter part of nineteenth century, the medical discoveries of Robert Koch and Louis Pasteur, substantiated the existing concept of qualitative state of normality and abnormality. According to them, the individuals either have harbor bacteria that give rise to illness or were free from such bacteria, which made him normal or healthy.

Barnard (1865) gave a new formula of normality which is based on biology or physiology. According to him the internal milieu and the dynamic equilibrium of living organism were the cause of normal behaviour.

Freud's (1900) universality of neurosis was one of the cornerstone of Freudian theory. His interpretation of dream, was able to demonstrate the universality of unconscious conflicts which reflected in the dreaming process and he related this to psychopathology of every day life (1901). In 1905, he postulated, Oedipus complex, Childhood repression and amnesia etc—several mental disorders as well as great ranges of functioning that developed on constitutional, developmental, criteria and potentials. Freud's concept of
the university of unconscious conflicts was derived from his view of normality as an ideal, an absolute, the end of the range and, hence, non-existent. Freud's (1901) assumption was "all men are at least partly neurotic; while discussing normality, he (1937) stated "A normal ego is like normality in general, an ideal fiction". According to Freud, "Every normal person, in fact, is only normal on the average". His ego approximates to that of the psychotic in some part or other and to a greater or lesser extent, and the degree of its remoteness from one end of the series and of its proximity to the other, will furnish individual with a provisional measure of what he has so indefinitely termed an "alteration of the ego".

In Freud's view, the absolute normality is unattainable. So his normality was based on, such as:

1. Descriptive meaning (normality as a subjective feeling).
2. Structural meaning (absolute psyclic normality).
3. Economic meaning (fictitious normal ego).
4. Dynamic meaning (harmony of ego).
5. Functional meaning (degree of normality).
6. Social meaning (schematic normality).

So, the Freudian analysts and neo-Freudian analysts, equate the normal person with ideal person.
Charles M. Child (1924) regarded behaviour as a whole unit being standardized by the accidents of nature throughout the time and broad adaptive range to allow variations. Normal behaviour is the result of an interplay between the genetic and environmental forces that compel the organiser to behave or adapt in a specific way. So according to Child, in biology normal or abnormal behaviour, represent the potential range of patterns of the protoplasmic system and hence must be defined in evolutionary terms.

Erskine J. (1925) in his, "The private life of Helen of Troy" Helen of Troy said to her daughter Harmonic about the assumption of responsibility for one's actions which was one of the attributes of personal integration. If personal responsibility and self-control foresight can be derived as aspects of integrative adjustant from man's symbolic capacity, a third characteristic of interpersonal responsibility can be deduced from his social nature. So interdependence is an essential part of human social life, then the normal person becomes one who can act dependably in relation to others and at the same time acknowledge his need for others.

Pavlov I. P. (1927-1928) in his book "Conditioned reflexes", stated the symbolic and social aspects of human nature which is based on principle of value. The fundamental thing here is that behaviour is "positive or integrative" to the extent
it reflects the unique attributes of human animal. Here the man is described nothing but animal, and his normality or integration seems much more likely to consist in the fulfillment of his unique potentialities than in the development of those he shares with the infrahuman or gaminus. He also assumed that these constitutional differences were due to heredity.

Jones (1931) formulate a theoretical normal mind which contained adaptability, affectionate, friendly feeling socially approved actions, happy, self content and tension free personality.

Benedict Ruth (1934) in his book, "Anthropology and the abnormal" has made it clear that behaviour which is considered abnormal in our culture is quite acceptable in other culture. Such as, the storm trooper must be considered as the prototype of integrative adjustment in Nazi culture, the member of the Politburo, as best representing human normality of soviet-style etc.. Here any evaluative judgment of cultures and societies must be regarded as in appropriate.

Adlter A (1938) referred in developing his concept of "social interest as a mark of normality", which implied the learning of local, loyalties and personal affection, it also transcends the provincial limits of group and era. Because the person's symbolic capacity enables him to benefit from
the record of human history and to anticipate the future, and because his pattern of social interdependencey, especially in civilized societies, reaches across the boundaries of political units and parochial affiliations, so one would expect the positively developed person to behave in such a fashion as to contribute, according to his own particular characteristics of personality, to the general welfare of humanity, to take as his frame of reference mankind at large as best he understands it, rather than his own group or class.

In Adler’s (1939) view, the ideally normal individual is one who is of the greatest benefit to society. The normal person differs from the abnormal person in his motivation and interests. The neurotic man is self-centered and without a social conscience but in normal man has more common sense, is action oriented, and has the welfare of others at heart as well as his own.

Adler was the follower of Freudian psychoanalysis and both considered that normal man is different from abnormal person but can be partially neurotic. But Adler differed from Freudian view, he added the feelings of superior or inferiority complex in the individual, which may exists in normal individual also. But the normal man can able to overcome the difficult situation, while abnormal person does not have that capacity.
In psychoanalytic view, normality means a person who is nearer to perfect (man) and perfection is an ideal state which is difficult for the living person, but few can come close to the ideal.

Darrah, L. W. (1939) and Hacker, F. H. (1945), noted "there is very little or limited knowledge or information and even less conceptual clarity about the nature of psychological normality". They also argued, "There is no such thing as a normal man, but only there are those who manage their interpersonal relationships in such a way that others are strongly motivated to avoid them, even by committing them to a mental hospital or a prison, as opposed to those who do not incite such degrees of social ostracism." This argument has two characteristics. First, it distributed the people along the dimension of pathology, in which all men are a little queer, but some are much more than others. Second it states, what is normal or abnormal behaviour depends on statistical conception of the usual or the average and the notion of cultural relativism. So the conception of pathology is necessarily relativistic, varying from group to group or culture to culture. And the degree of pathology is defined as observed the degree of conformity to group norms. The more one's behaviour conforms to the standards of the group, the less one is likely to be subject to social avoidance; whereas the more one's behaviour deviates from
the rules, the greater is the probability of ostracism to the point of institutional commitment.

Goldstein (1939, 1959), viewed that the organism as endowed with built-in energy serving as a potential that could be actualised in time. According to him, self-actualization as the overall and all-encompassing goal of life. The healthy organism is one that upholds tension rather than one that strives to discharge it. He again stated (1959) that, since the organism is not isolated from its environment, so individuals' self-realization is based on the individual's behaviour and the universe or surroundings.

Levine Maurice (1942) have his psychiatric normality with a definition of physical normality. According to him, the concept of the absence of specific disease, concept of a statistical average and the concept of health and maturity, are the concepts of normality Levine's characterization of normality, is similar to psychoanalytical definition or dynamic psychiatrist. He defined normality in terms of absence of abnormalities and successful adjustment of a person to himself and his environment.

Alexander Franz (1948) compared healthy ego as democratic state, where the individual needs are recognized and can be satisfied and conflicting interests are met by attempting to mediate and compromise. Here healthy ego compared to
democratic government means, which permits expression of private particularistic needs. Usually, all aspiration cannot be fulfilled in their original form. In parliamentary system one is free to express and negotiate which leads to compromises inclusive of all interests as far as possible.

Paul V. Lemkan (1949) defined healthy person as one who is able to live at relative peace with himself and with his neighbours, who has the capacity to successfully raise healthy children, and who, where these basic functions are accomplished still has the energy enough left over to make some further contribution to the society in which he lives.

Lester D Crow and Alice Crow (1951) stated that an individual's potential personality characteristics are such as
(a) One has the insight and understands his psychological reactions and adjustment problems;
(b) Maintains a wholesome attitude toward life;
(c) Attains the goals which he seeks;
(d) Experience also satisfaction in his many activities;
(e) Keeps his wants and desires within the limit of social approaches;
(f) Adopts easily to social situations;
(g) Engages in desirable emotional experience;
(h) Displays a normal drive to work or to play;
(i) Forms habit patterns that are beneficial to himself and others;
According to Malow and Mittelmann's (1951) psychological concept of normality is based on:

1. adequate feeling of security;
2. adequate spontaneity and emotionality;
3. efficient contact with reality;
4. adequate bodily desires and ability to gratify them;
5. adequate self-knowledge;
6. integration and consistency of personality;
7. adequate life goals;
8. ability to learn from experience;
9. ability to satisfy requirements of group;
10. adequate emancipation from group of culture;

These authors have also stated the three main points about the concept of normal and abnormal mentally sick and mentally healthy individuals who differ only quantitatively, which falls under pathological approach. The second is the statistical approach in which most psychological traits are assumed to fall into a "normal" distribution with most of the cases in the middle assumed to be "normal" and a few at the extremes falls in the "abnormal or "pathological" or "deviant" category. Third is the cultural approach in which it has considered that normality has a direct relationship to cultural adaptation included with social status, age and sex etc. If something is normal for a boy, may be considered immature for an adult individual.
In Carl Rogers (1951) view about self-concept, which develops out of one's interaction with the environment. The self strives for consistency. When experiences are not consistent with self concept, they are threatening and may produce emotional disturbance. In 1962, Rogers described his views about fully functioning person as normal person. The fully functional person thinks well of himself and of others. He sees himself in the process of becoming self-actualizing and become a creative person.

Kurt R. Eissler (1953) referred the person who is called normal by society such as "The efficient soldiers". He tried to discover relative normality by psychoanalytic therapy by which normality can be measured. According to him "healthier the person, the better the candidate for psychoanalysis he is, and the healthiest person with the strongest ego, is the best candidate of all". Here Eissler's view is that the ability to free association without resistance and to benefit maximum from interpretation is paramount to a strong and normal ego.

Laughlin (1956) stated that the emotional health is truly a relative matter and emotionally healthy person is one who has reasonably satisfactory integration of his unconscious instinctual drives.

Here Laughlin defined the effect of functional adequacy. The person who is healthy and well adjusted has reasonably well-
balanced psychological systems and hence masters his own internal and external environment.

C. Judson Herrick (1956) stated that the normal behaviour is goal-oriented. He minimises the degree of environmental influence upon the behavioural pattern. According to Herrick, the personal genetic predisposition within each organism being the primary determiner of behavioural patterns. And the most important goal-directiveness is the single force in causing evolutionary changes and which consequently paramount in determining normality. Herrick is different here, because according to him animal as well as human being both are goal-directed, which can not make possible to determine in subhuman species.

Ralph Linton (1956) believed both in relative normality and absolute normality. Relative normality, Linton described as — is a matter of the individual’s adjustment to the cultural milieu and of the degree to which his personality configuration approaches the basic personality of his society. An absolute normalcy are the individual’s ability to apprehend reality, as understand by his society, to act in terms of this reality, and to be effectively shaped by his society during his developmental period.

The interest in social psychiatry and concern with definition of health and normality were also typified by the work of Fredrick C. Redlich (1957). According to him, there
is no completely satisfactory and universally accepted theory of behaviour. Both Ryle (1947) and Redlich, considered that the integration of statistical and clinical norms were essential for empirical investigation to develop the groundwork for the operational definition of normality and health.

Roger E. Money-Kyrle's (1957), anthropological view toward a society as the fairly homogenous people tends to create a society and various society establish, each member within the particular society is "good" but bad to other members of the other or society. Thus, a normal person is one who is well adapted to the society he lives in. The definition of normality both in clinical and in absolute sense, is being independent of the standard or any arbitrarily chosen culture may be difficult to find. According to Money-Kyrle, the treatment is appropriate for the patient, which will help the patient to achieve a high degree of insight or self-understanding than he had before. Hence, mental health can be achieved by developing insight in the individual. The normal person is one who knows himself. Though it is known that the self-knowledge is always incomplete and it depends on the various degree of maturity.

Edward Joseph Shoban Jr. (1957), in his writing "Toward a concept of the normal personality" had given definition of normality. His model of normality is based on actual,
observable behaviour and intrapsychic harmony. He pointed out that the normal person is not perfect. He may be, at times, self-defeating, short sighted, and function below his capacity. He is not free from feeling of guilt, anxiety or fear. The normal individual would be able to enjoy a relatively high degree of self-respect, and would be able to maintain positive interpersonal relationships. He would learn from his mistakes and experiences and would conceptualize his ideals.

According to Shoben, "integrative adjustment" is a prototype of normality. An individual may have many personal problems and conflicts, but it is he, whose own way of functioning and coping that will decide how well he is integrated.

Lawrence S. Kubie (1958) defined health as "The measure of health is flexibility, the freedom to learn through experience, the freedom to change with changing internal and external circumstances, to be influenced by reasonable argument, admonitions, exhortation and the appeal to emotions, the freedom to respond appropriately to the stimulus of reward and punishment, and especially the freedom to cease when satiated".

According to Kubie, the essence of normality is flexibility. A normal repetition will be the result of conscious or pre-conscious forces which is free from conflict. The dynamic
interplay of conscious and unconscious forces are important and which alone can delineate the normal from the abnormal.

Barton Walter E (1959) emphasized on value of statistical norms as well as healthy or equivalent to ideal functioning. He considered that the people are mentally normal if they manifest no evidence of gross psychic inconsistency or disorders of thinking or communication. Riesman, Glazer and Denny's (1959) studied the social change and described the word normal which implies in the bases of authoritative standard by which to make judgements and that those who adhere to the "norm" are "normal". Because this normal individuals are abiding by the standard. Authors have also been given the idea of the inner-directed and other directed personality type. The inner directed persons are concerned with their own achievement and advancement. The other directed persons are having highly affiliative motive. So the inner-directed person maintains a delicate balance between the demands of the environment and his life-goals, while the other directed personality has as his dominant source of behaviour his contemporaries who will give direction to it.

Social psychologist Marie Jahoda (1950, 1955, 1959) assessed and reviewed the psychological literature and wrote in her book "Current concept of positive mental health" (1959) about six cardinal aspects of "positive mental health" such as:
1. Attitudes towards the self including accessibility of the self to consciousness; the correctness of the self-concept, its selection to the sense of identity and the acceptance by the individual of his own self.

2. Growth, development and self-actualization; the extent the individual utilizes his ability; his orientation towards the future and his investment in living.

3. Integration; the extent to which the psychic forces are balanced; a unifying outlook on life and a resistance to stress.

4. Autonomy; the aim here is to ascertain whether the self-reliant person will be able to decide with relative ease and speed what suits his own needs best.

5. Perception of reality; a relative freedom from need-distortion, and the existence of empathy.

6. Environmental mastery; means - ability to love; adequacy in love, work and play; adequacy in interpersonal relationships meeting situational requirements; adaptation and adjustment; and efficiency in problem solving.

Jahoda was aware of the cultural limitation of her six cardinal aspects of positive mental health.

Eissler's (1960) view was identical to Freud's (1937) concept about "fictitious normal ego" or normality.
According to him absolute normality is unattainable, the degree of an individual's normality can be measured by psychoanalytic method.

Thomas Szasz (1956, 1960, 1961a, 1961b and 1963) had given the border definition of mental illness. According to him all mental illness is fundamentally a problem of communication.

According to Harms (1962) the maturation and individuation procedures and rites are essential because mental health depends to a large degree on completing the development of one's personality.

Carl G. Jung (1971)'s concept of individuation, approximates one's ideal for mental health. He emphasized on "collective norm" which each person tried to attend it, but only the mature person found satisfactory relationship to this norm. According to him, "individuation is practically the same as the development of consciousness out of the original state of identity (q.u.). It is thus an extention of the sphere of consciousness, an enriching of conscious psychological life."

Thus it can be said that any general definition of normality or mental health, either from a statistical or a clinical viewpoint is not possible and there is no "cut off" point for that. The meaningful proposition, on normality can be
possible to be made within specific cultural context. So illness and health can be divided into two different categories, such as, illness as psychosis and severe neurosis and health as mild and transitory mental disturbances.

Allport (1937) defined the characteristics of mature person, as "Who can participate and reflects lives and laughs, according to some embracing philosophy of life developed to his own satisfaction and representing to himself his place in the scheme of things."

Rennie and Woodword (1948) had given simple characteristics of nature and mentally healthy person. According to them one who is (1) respects and has confidence in himself and because he knows his true worth wastes no time proving it to himself and others (2) Accepts works and enjoy company of others. (3) Carries on his work, play and his family and social life with confidence and enthusiasm and with a minimum of conflict, fear and hostility.

According to Strange, maturity of taste develops after maturity of mind. Bele's view for mature person who does not change his views in any matter.

The organizational behaviour theorist Chris Argyris has identified specific dimension of the human personality which
is continuum from immaturity as an infant to maturity as an adult. He pointed out that all persons do not reach for all dimensions on the nature end of the continuum. It depends on the nature and of the continuum. It depends on the individual's perception, self concept, adaptation and adjustment. The dimensions of maturity changes in degree from the infant to the adult age and within the particular culture.

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<th>Mature characteristics</th>
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<td>Passivity</td>
<td>activity</td>
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<tr>
<td>Dependence</td>
<td>Independance</td>
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<td>Few ways of behaving</td>
<td>Divers behaviour</td>
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<td>Shallow interest</td>
<td>Deep interest</td>
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<td>Short time perspective</td>
<td>Long time perspective</td>
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<td>Subordinate position</td>
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<td>Lack of self awareneses</td>
<td>Self awareness and control</td>
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Strecker and Appel described, a mature and healthy person is one who has respects, confidence and determination in himself. It is an essential for personal stability, friendliness and social progress. So for that childhood and adolescent experiences with family, school and community living is most important factor in development of emotional maturity in adult individual.

Chaube S.P. (1903) has given the definition of maturity "as one grow mature his emotional stability, depth of social
adjustment, vocational and professional aptitude, life's ambitions etc. develops. A mature person is expected to understand a situation without any one's help and realise his duties and responsibilities himself. He will not act in an irresponsible manner under emotional strain and waste his energy and time over imaginary problems.

He also describes the emotional maturity which is essential for achieving success in life and gain ability to face real life problems. So to attain emotional maturity the following qualities are important such as physical good health, control over environment, tendency to remain cheerful, development of discretionary power and a healthy approach to emotional excitement etc.

Social maturity may be defined as Chaube S. P. (1983) has emphasized. According to him, if an individual behave or reacts to other people as per social values and situation, he may be considered as socially mature person.

Moral maturity defined by him as one who has his own values and he keeps himself engaged in social activities in accordance with thesee values morally matured person believes in gradual improvement of society.

Chaube (1983) stated matured thinking or thoughts as mental maturity, Mental maturity includes (1) Independent decision making capacity. (2) Capability to discharge one's
responsibility unaffected by feeling of good or bad. (3) Considering merits and demerits of the problem without being influenced by emotions (4) Problem solving capacity in a proper way and in appropriate time. (5) Remain courteous.

Mental maturity helps maturity of aptitudes and stability of ideals. Mentally matures persons usually do not have any false beliefs or blind faith in way fortune related things, natural object and on any animals. Mental maturity helps develop power of self introspection and he can judge what is good or bad etc.

Eastern Approach to Normality and related term.

Right from the vedic age Indians had discovered two basic and universal truths of life; one- the essential infinitude and divinity of all souls; two - the essential oneness and solidarity of universe and all life. Svetasvatara Upanishad declared the glory of divinity within all beings; "atman" which is an infinite knowledge, power, purity and bliss lurking behind the tiny body-mind complex of the limited human beings.

Swami Vivekananda, the modern interpreter of the Vedanta philosophy said in 1890 in the west: "Though an atom is invisible, unthinkable, yet in it are the whole power and potency of the universe. That is exactly what Vedanta says
of Atman" according to swamijee, "Each soul is potentially divine. The goal is to manifest the divinity within."

Vedanta teaches that in every human being there is the dormant power of Buddha, Christ, Napolean or any body. Man is not just a body and within the body, dwells Brahman the self-Infinite knowledge, Existence, Bliss (sat - chit - anand). Swami Vivekananda said, "teach yourselves, teach every one his/her real nature-call upon the sleeping soul, see how it awakes. Power will come glory will come, goodness will come, purity will come, and everything that is excellent will come, when this sleeping soul is roused to self conscious activity". "If the fisherman thinks he is the spirit (The Atman), he will be a better fisherman. If the student think he is the spirit, he will be better student". Here Vedanta wanted to explain the infinite expansion of mind. If the person is aware about his ability, knowledge, and weaknesses, of his characteristics of personality and can control or cope with that, is called a normal person. These can be achieved by meditation, prayers and readings etc.

Swami Vivekananda says "the manifestation of the divinity that is already in man, rather than sense pleasure or enjoyment or the accumulation of power. We are not bundles of material forces or mechanical machines, as modern naturalists or the old materialists tell us. Human life is
basically a spiritual being. People need to be inspired with the idea that every man is fundamentally spiritual and try to regulate their lives accordingly, then alone do they have a solution to social problems. "People have their intellectual ideas but if the emotions are not satisfied then intellectual ideas are thrown aside. Religion has been divorced from the life and the higher values; Relative values cannot be stabilizing elements. As, child enjoys toy and dolls but an adult or nature person cannot do so, he, or she has to change and move on to higher values. As individuals develop, they realize that the values they have used once were all relative and temporary. So the secret of adjustment lies in relegating relative values to the proper place and keeping the attention fixed on the supreme value of life. This requires self-restraint. The basis of social adjustment is self-restraint, not self expression in the erroneous sense.

Swami Akhilananda said Hindu psychologist co not agree with view that man has a basic destructive tendency. Suicide, war (etc) are not expressions of the normal mind". He also stated that Hindu psychology advocated self-control, which is not repression but is based on high values. The spiritual nature of an individual is evolved in the form of love, selfless service, sacrifices etc.
Swami Akhilananda's "Mental health and Hindu psychology" defined "Religion" is not mere observance of ceremonies and rituals. It is a way of life, both inner and outer, both individual and social. If it does not change our outlook on life, then it is no religion. So in social adjustment the spiritual values of life must be introduced. The spiritual values mean the understanding and realization of God, the understanding of our soul.

Swami Abhedananda in his book, "True psychology" defined that normal individual as real individual. According to him our personality is changing; it is subject to growth, progress and evolution. When an individual is aware of the changing situation and acts accordingly, that means he knows about self as the real individual. So when one understands the difference between personality and individuality, one who knows that the personality is changeable, he/she is the real individual. One who is real individual must not loose his individuality, no matter where he/she may go.

Dr. Radhakrishnan has pointed out that Hinduism appears to be a genuine expression of the mind of the Hindu people. He explained "souls and matter are comprehended within the unity of the Lord's essence and are related to the supreme as attributes to a substance, as parts to a whole, or as body to the soul which animates it .... souls, matter, and god are there on account of their natural difference, but
one on account of the identity of the modes and substance...... Brahman is the inner self of all. One can say that as Brahman "constitutes my "I" also, all is from me, I am all, within me is all....".

The the lives of Ramananda, Kabir, Tulsidas, Chaitanya suggested that, projective extroversion is an identification of the ego with the universe and complete domination of the psyche by the libido. The result of love for everybody everything equally. According to Vaishnavism for social-reform projective extroversion is essencial.

In fifteen centuries or before that. Abhidhmma was developed by Lord Buddha which in present day also Buddhists continue to apply it in various forms as a guide to the working of mind. In his teaching, the central healthy factor is "insight" (panna) means "clear perception of the object as it really is" and "delusion" is the fundamental unhealthy factor. These two factors cannot co-exist in a single mental state. Mindfulness (sati) is the continued clear comprehension of an object; this essential partner of insight steadies and holds clarity in a person's mind. These two are the primary healthy factors, and is sufficient to suppress all the unhealthy factors. Some healthy factors require certain circumstances to arise. The twin cognitive factors of modesty (hiri) which inhibits shamelessness and discretion (Ottappa), the opposite of remorelessness, come
to mind only when there is a thought of an evil act. Modesty and discretion are connected with rectitude (Cittujjukata), the attitude of correct judgement. Confidence (Saddha) is also a healthy factor, means a sureness based on correct perception. Modesty discretion, rectitude and confidence—act together to produce virtuous behaviour, which is essential for both personal and social formed by greed, avarice, envy and aversion and are opposed by healthy factors of non-attachment (alobha), Nonaverarsion (adosa), impartiality (tatramajjhata) and composure (passadhi), which reflect the physical and mental tranquility that arises from diminishing feelings of attachment. The above four factors replace a grasping or rejecting attitude with an even mindedness towards whatever object might arise in a person's awareness. These four healthy factors allow one to accept things as they are, but also to make whatever changes seem appropriate.

Body and mind interconnection are seen in Abhidhamma. Healthy factors like as , buoyancy (ahuta), pliancy (muduta), adaptability (kammannata) and proficiency (pagunnata). When these factors arise, a person thinks and acts with a natural looseness and ease, performing at the peak of his or her skills. They suppress the unhealthy factors of contraction and torpor, which dominate the state of mind towards depression. So these healthy factors make one able to adapt
physically and mentally to changing conditions, meeting what ever challenges may arise.

The healthy and unhealthy mental factors in abhidhamma, are mutually inhibiting, the presence of one suppresses its opposite. It is not always one to one correspondence between a pair of healthy and unhealthy factors in some cases. One healthy factor will inhibit a set of unhealthy factors for example - non attachment alone can inhibit, greed, aversion, envy and avarice. like that one delusion (unhealthy) alone can inhibit all the positive factors.

It is a person’s Kamma that determines whether he or she will experience predominantly healthy or unhealthy states. The particular combination of factors are the outcome of biological and situational influence as well as the carry over from one’s previous state of mind. the hierarchy of strength of the factors, that determines whether a specific state will be positive or negative. So when a particular factor or set of factors occur frequently in a person’s mental states, then it becomes a personality trait.

Abhishamma (1964, 1965, 1976) recommende the approach of meditation. The first is called concentration - means meditator aims to bring his or her attation to a single object or point of focus, as healthy factor facilitates deeper concentration. The second is mindfulness; here the
meditator makes or effort to regulate flow of consciousness, maintains an attitude of being a neutral "witness" of it all.

Gardner and Lors Murphy's (1968), "Asian psychology" selected writings from the ancient scriptures of India, China and Japan 1968, specified that the universal principle of these psychologies from different land attempt to develop a systematic science of mind. The Asian approach is grounded in introspection and arduous self examination. Western psychological approach is based more on observation of behaviour. West deals with changing peoples' feelings about themselves and their relation to others and to the world of nature. West deals with disturbed people. Estern disciplines with normal, socially adjusted people. Watts saw that the aims of the several theorists, notably Jung's individual, Maslow's self actualization, Allport's functional autonomy and Adler's creative selfhood.

Richar Alpert (1960) known as Ramadass and Alan Watts (1961) have bridged and created interest in Eastern religion from Western psychology Ram Dass (1971,1974), emphasized the importance of spiritual growth and the emptiness of a life without spiritual awareness.

Abraham Maslow (1971) re constituted a theory called "Theory Z" in which he described "fully human" or self - actualizing transcenders" are the healthy persons in Western
psychology. Again he described, "the plateau experience" meaning both value and hard work is required for that experience. But Easteron psychology has explored the theories of personality growth long before Maslow, Tart and Ornstein.

Freud (1930) explained, French writer Romain Rolland’s feelings of "Limitless and impounded" something which was the teaching of Sri Ramakrishna, as "Oceanic" and he failed to, discover that feeling in himself. Freud considered that, this feeling as infant’s feeling of helplessness which is the genetic source of religion.

Franz Alexander (1961), defined Buddhist meditation as "Libidinal, narcissistic turning inward a sort of artificial schizophrenia."

Jung (1988) tried to identify samadhi with his collective unconsciousness. He believed that his method of individuation led to the same goal as yoga a shift way from the ego and toward self.

Buddha’s one of the scriptures of Abhidhamma, quotes the normal people as "All worldlings are deranged". Very few people achieve the ideal mental health when they are able to control themself from the seven strong unhealthy factor as greed, false view, delusion aversion, doubt pride and agitation.
Perspectives of Normality

There are various definitions of normality that have been given by different theorists, psychologists, psychiatrists, philosophers, and anthropologists, etc., from their point of view. So, on the basis of those definitions, four perspectives of normality have been classified by Daniel Ofer and Melvin Sabshin (1974). The four perspectives of normality are: (1) Normality as Health, (2) Normality as utopia, (3) Normality as average, (4) Normality as transactional systems.

Normality as Health

This functional approach, "Normality as Health," in which normality equates with health. Here health is an universal phenomenon. The medical-practitioner, psychiatrists, and even many psychoanalysts also fall under this approach. They assumed that normal behavior means there is no manifestation of pathology exists.

Alexander, Franz (1948) considered that most people are normal because the vast majority function adequately.

Romano (1950) stated that "a healthy person is one who is reasonably free of undue pain, discomfort, and disability. Ralph Linton (1956) differentiated between relative and absolute abnormality. According to him, the gross malfunctioning psychotics are absolute abnormal. He stated that relative normality is a matter of adjustment to the
culture and society. And absolute normality is the ability of the individual to apprehend reality by which society will accept him as a member of that particular society.

Laughlin (1956)'s approach is a typical one for psychiatrists who have defined Normality as Health. He stated that one who is healthy has well balanced psychological system and can control his own internal and external environment for adjustment.

Aubray Lewis (1958) Kolle (1961) Frank (1961), were attempted to define, Normality as Health.

W.E.Berton (1959) viewed that freedom from disabling symptoms may be considered as health or normality. He considered that the person is mentally normal if he/she does manifest no evidence of gross psychic inconsistency or disorder of thinking or communication.

Kallmann's (1959) genetic theory described that the environmental factors are not much significant in determining a person's primary health status but disease can be genetically inherited. So the majority of the people are free from genetical illness.

Anthropologists Hsu (1962) supported the approach "normality as Health". According to him, few people are there who can not maintain positive interaction with himself
or withdraws are abnormal. But most of the people do have some positive interpersonal relationships, are relatively normal or healthy.

In many psychological tests behavioural and social sciences accepted the approach of "Normality as health". But well known studies of Eaton & Weil (1954), Leifhton (1959) Masterson (1967) and Beiser"s (1971) study revealed that, it is difficult to define health rather than to measure the disease or illness which is easier to measure than the positive mental health.

Normality as Utopia

"Normality as Utopia" means perfect personality. This functional approach has accepted by the psychoanalysts, those who conceptualized normality on the basis six major structures, such as the topographic, the dynamic, the economic, the structural and the adaptive. Here normality is defined as "Harmonious and optimal blending of the diverse elements of the mental apparatus that culminates in optimal functioning or self actualization".

This approach had mainly been taken by Freud's concept about normality as an ideal fiction as well as most of psychoanalysts followed this view. Freudian and neo- freudian defined normal person as ideal person.
Frend (1937) stated "A normal ego as like normality in general, an ideal fiction".

Jones (1948), viewed normality as a fiction which is composed by enumerated utopian capacities and state of mind which is different to attain by any one.

Money-Kyrle (1957) related normality to self-knowledge. These cannot be complete normal person as self-knowledge is insufficient in most of the individual. So normality as utopia, which is usually not possible to attain.

Hartmann's (1958,1960) concept of ego is that which each individual starts his life under the average acceptable environment may be slightly injured by and type of trauma and the person will develop mild neurosis. If the ego is more damaged, the person becomes abnormal or sick. Thus the ego strength determines the degree of the stability and the degree of environmental adaptation. But no perfectly functioning ego can exist.

Carl R. Rogers (1959) described his model of the "fully functioning persons", those who have been adequately counselled to manifest optimal functioning in every area of life.

Goldstein (1939,1959) defined self actualization as the overall, all encompassing goal of life.
According to Maslow (1954), the people who have fulfilled their potentialities to the greatest degree. In his view, self actualized or fulfilled personalities includes the people such as Abraham Lincon-Albert Einstein and few selected others.

Charlotte B. Buhler (1959), has compared the healthy individual with an ideal person. According to her, "fulfillment to the healthy individual with well-rounded personality is to have had"happiness".

That is the fulfillment to the most essential wishes; to have found sufficient self-realization in successful creative accomplishments; to welfare of others; and to have found "peace of mind" in the resultant internal order". In Asian philosophy "self actualization", "self controlled personality", "self knowledge" all these qualities have given the importance to describe a real or normal individual as Swami Vivekanand enchanted the western people by giving the theory of Hinduism. He uttered that when the human soul is self-conscious and active, then only individual can achieve power, goodness, purity, excellance.

Swami Akhilananda stated that Hindu psychology recommended self-controlled personality as normal personality which is based on high values.
Dr Sarvapalli Radhakrishnan, a great and well-known philosopher of India, explained that, in Hinduism, self-realization means "brahmayman" or knowing one self "Brahman" is the inner self of all.

Thus, in west as well as in eastern psychologist, thinkers, psychoanalysts, social-reformists and psychiatrists are the follower of this functional approach.

Normality as Average

This functional perspective is commonly used for the normative studies of behaviour. This is the mathematical approach of Bell shaped curved which is used for psychological, sociological and physical data analysis. Here normality and abnormality as a straight-line and considered the middle range as normal and both the extremes as deviant.

* Among the followers of this approach, one of them is Linton and the other is Kardiner (1939, 1945), have developed the concept of the basic personality structure, which is quite consistent with a cultural bias. Hence the personality of people within any particular society may be measured potentially by the degree of approximation to the basic personality type postulated for that society. According to them, the interaction between "Primary institutions" such as the family, child rearing techniques etc. and "secondary institutions" such as religion, art and folklore etc. In
Kardinals view the basic personality develops not only by the influence of particular culture but by cultured circumstances.

According to Linton (1956), abnormality may be the physiological factors which is present in psychotic individual's behavior. He postulated that the difference between neurotic and normal are relative. His relative normalcy is the individual's personality which is based on the personality of his society.

Sociologist A.K. Cohen (1959) defined "deviant" or "abnormal" behavior in terms of the relationships of action to institutionalized expectations, not in terms of its relationship with personality structure. Cohen's definition of "deviancy" differ from the intrapsychic antecedents upon the interpretanility of individual action by social standard.

Merton (1949) stated that the society is the responsible for the deviant behavior of an individual.

Coser (1962) discussed the "functions" of deviant. He view that normalcy can hardly be perceived except against the background of deviancy. So in each group it is necessary to define the behavior of some of its members may be small in number as deviant in order to clarify what is normal for the reminder of the group.
* While "Analysing Terminable and Interminable", frend (1937) observed, "every normal person, in fact in only normal on average. His ego approximates to that of the psychic in some part or other and to greater or lesser extent and the degree of its remoteness from one end of the series and of its proximity to the other will furnish us with a provisional measure of what we have so indefinitely termed an "alteration of ego.

Talcott Parson (1958) emphasized on positive state of health and normality. Here Health referred to a capacity and normality as the actions of an individual within a particular action systems.

He defined health as the state of optimum capacity of an individual for the effective performance of the role and task for which he has been socialized. Parsons (1959) distinguished the function of a particular system in its particular reference. In each system, normative references are possible which will help to make the value judgements regarding the functioning of the particular system. According to the approach "Normality as average", normal variation of individual behaviour is based on cultural effect. With in the particular culture or society, the deviant has also been described as adaptive. Social norms have to be established. It is also a normality statistical approach which described each individual in general term or
assessment and inter individual variability is explained only within the contest of the total group. So the norms have been established and pathology is defined according to strict statistical criteria, such as I.Q. test and various other clinical tests.

**Normality as Transactional Systems**

The fourth functional perspective stressed on that the normal behaviour in the end result of interaction system which changes over time. According to this perspective, variables from the biological, psychological and social fields, contribute to the function of a viable system over time. These are several attempt was made to develop a three dimensional, field-oriented concept of human behaviour. Hence it can be said that this is a changing process rather than the cross-sectional definition of normality. Biologist defined this as evolutionar development toward a more perfect biological state. Child (1924) stated that in biology normal respresents a pattern which explains as potential of the biological systems. "Thenormal in biology is subject to change over time and further progression along evaluationary lines before its potential can be realized" defined by child.

Frend (1930) in "civilization and its Discontents" emphasized on degree of evoluation which influence the
culture and normal characteristics traits. He also speculated normality as an ideal fiction.

Freedman and Roe (1958), according to them, maladaptive behavior is seen in biological evolution. They accepted the function of temporal progression in altering the universality of psychopathology.

Erikson (1959) believed that for attainment of normal adult functioning and maturity, epigenesis of personality development is essential for seven developmental stages. According to him, normality is the end product of an unfolding process over time.

Parsons (1959) and other social scientists defined the systems in terms of antecedents, motion and change in which normal functioning can be present without concentrating on current structure. According to them, health and normality falls under this approach, "Normality as Transactional system" perspective.

Behavioral and social scientists are the main supporter of this perspective which stresses on changes or processes rather than the cross-sectional definition of normality.

Grinker's (1956 and 1967) unified theory on wide range of behavioral integration. The general system theory of Von Bertalanffy (1968), Gray, Duhl, and Riz (1969) have stressed for the applicability of the general system research for
psychiatry. The perspective collects variables from the biological, psychological and social fields which contribute to the functioning of a viable system over time. So in the view of behavioural scientists normal person is one who depends not only on his specific discipline but also on his functional perspective.

To study the values of the patient therapist should be aware of his own values as well as the patient's value then it is possible to investigate the facts properly. According to philosophic and aesthetic theory, the definition of normality is affected by the influence of values.

The four "functional perspective" can be considered as cross disciplinary. Each perspective has different issue and dimensions. The first three have two dimensional approach and the fourth has three dimensional approach.

The views of four perspectives of normality which is motivated by the part conditioning. In behavioural scientists view about the criteria of normality established by experiment or clinical method, may not differ much from the individual's philosophic, religious or aesthetic values of his culture.

Other Approaches

Modern developmental psychology, consists of both physiological and psychological component of human being.
Therefore, heredity environmental maturation and learning, all contribute to the human personality.

The personality development has divided into two approaches. One approach has attempted to identify specific physiological and psychological stages which occur in the development of human personality. The other has tried to identify the important determinants of personality. The one group of modern physiologists argued that personality development consists of continuous process and the sequence is based on the availability of learning opportunities. Other group of physiologists supported that there are stages in personality development.

Sigmund Freud was a pioneer of stage theory. According to him, a child progresses through four identifiable stages of psychosexual development: oral; anal; phallic or oedipal; and genital, and these stages are the main driving forces behind the personality.

Neo-freudian stages: -

The major disagreement with Freud, with other, was mainly on the sexual and biological factors in developing personality. Erik Erickson felt that more attention should be given to the social rather than the sexual adaptations of the individual. He defined eight psychosocial stages such as:

- (1) Mouth and senses
- (2) Eliminative organs and
musculature (3) Locomotion and the genitals (4) Latency (5)
Puberty and adolescence (6) Early adulthood (7) Young and middle adulthood (8) Mature adulthood

According to Erikson, young and middle-aged adults who solve their psychosocial crises by being productive, will develop the healthiest personality.

Daniel Levinson's view about adult life stages, the live structure evolves through a relatively orderly sequence throughout the adult years. Levinson's four identifiable stable periods:
1. Entering the adult world (age 20 to 28 yrs.)
2. Settling down adulthood (age 33 to 40 yrs.)
3. Entering middle adulthood (40 to 50 yrs.)
4. Culmination of middle adulthood (age 55 to 60 yrs.)

Levinson identified four transitional periods.
(1) 28 yrs - 33 years; (2) Mid life transition - 40 to 45 yrs.
(3) 50 - 55 years; (4) Late adult transition - 60 to 65 years.

Related Research

Eaton & Weil (1954), Leighton (1959) and Srole (1962) described in their studies that the incidence of mental illness or psychopathology in a ransom non-selected population. Beiser's (1971) tried to concentrate on case study finding and prevalence of mental illness of Leighton's
original sample study. Masterson (1967) selected and studied a group of patients and compared the results obtained from the patient with a randomly selected group of non-patients, Harris (1959) studied a 'normal' group and described the degree of pathology. He found that each subject revealed both 'normal' and abnormal behaviour. He reported that only 25% of the group, were well adjusted in all facets of life, at present and in the past and had no symptoms and that was the optimal group. The public health approach to normality has given importance to coping behaviour, competence and healthy adaption but it is not proper to describe the normality on the basis of any such theories. So recent studies of behavioural sciences wanted to identify, operationally, clusters of traits and behaviour which described the various healthy and normal population.

Empirical Research

According to the problem, researcher will decide about the population he wants to study and must understand to find out the method of selection of the sample and how the subjects of the sample may directly or indirectly affect the result etc. Here we will review the findings of the clinical studies on normal populations. The two most influential clinical works on normal population published after world war II, were Grinker and Spiegel's Men under stress (1948) and White's Lives in progress (1952). Grinker and Spiegel
studied the behaviour and psychological functioning of soldiers under combat condition. White's finding were on selected college students, their success or failure in adaptation to their internal and external environment and their overall psychological competence. Both the studies were on coping mechanism of normal population. So for understanding of normal personality functioning and development, four different levels of investigations in psychology were developed - Cross-sectional, Follow-ups, Longitudinal and Predictive approaches for various investigations.

Cross-sectional studies:- These investigations involve the assessment of individual psychological functioning at one point in time. The method of investigation include survey technique, questionnaires, psychological tests and in depth psychiatric interview. The cross-sectional approach in more popular among the investigators than any other method.

Grinker's (1962) study on a group of college student. The objective was to obtain 'subject with a health range located around high-low poles of stability-liability axis'. He adopted the method of observation, description, statistical analysis, interview, questionnaires and a behaviour rating scale. The findings of the study was the behaviour of these students which revealed goal-seeking rather than goal-changing ambitions.
Holmstrom (1972) followed the same type of study as Grinker. Holmstrom studied a group of college students and divided them into three groups as mentally healthy, average, and ill, according to the psychiatrist's rating. He analysed the psychological variables of mentally healthy students and other two groups were used as controls.

Both these investigators claim that their non-patient or normal populations were functioning psychologically in a different way than the patients. Normal sample have fewer identity problems and they are going towards the direction of independence and maturity. The major limitation of cross-sectional method is to obtain reliability and validity of the data. So whether non-patient will stay healthy in future or not is a big question. To overcome this limitation, follow-up studies or longitudinal studies are essential.

Follow-up studies:

These types of investigations cover two different points in time. As Garber's (1972) follow-up study of hospitalized adolescents, he wanted to determine why some adolescents do well after discharge and other do not. The limitation of this approach is, it's a time consuming process. It may take life span of the subject or thirty-fourty years. A number of follow-up studies have taken-up on normal population. Silber et al, (1961) studied the coping mechanism used by
adolescents during the transition period, highschool to college, based on predictions, investigators found that a good sense of reality, willingness to compete and rehearsal of fantasy of possible future events are necessary smooth transition from highschool to college.

Vaillant (1971) and Vaillan and McArthur (1972) undertook a follow-up study of individuals of Harward College for 30 years and have found the essential characteristics for the mentally healthy persons. He divided sample into two groups, those who needed and sought psychiatric care and those who did not. So healthy criteria according to Vaillant were (1) stable marriages (2) active participation in sports (3) church attendance and physical help and there was no correlation between confusion during the adolescent and later developmental stages in the adult years.

Block's (1971) study continued over a forty years on two groups of subjects from their childhood with the help of Q-sort method. He compared the psychological functioning and personality. On that basis he classified the subjects into five groups on their ego strength, adaptation to their environment, success of the subjects during adolescent and middle adulthood. He found the psychological continuity rather than changed characterization. According to Block's findings, functioning during adolescent may predict in which of the five groups the subject would be as an adult. The
follow-up studies to confirm validity provide significant support for the hypothesis for cross-sectional studies because of continuity and stability in psychological functioning over the years.

Longitudinal studies:

Here the subjects are studied over time by appropriate methods. The purpose is to determine the factors that influence the functioning and adjustment of individuals over times. Kagen and Moss (1962), Block (1971), King's (1971), Offer's (1973) and Offer & Offer's (1975) studied on the functioning and psychological development of normal persons.

King (1971) and his associates studied the college students about their coping abilities and psychological functioning for 4 years and reported from types of change personality as (1) Progressive maturation here which means continuity between past and present; the subjects had good object relationship (2) In delayed maturation, some discontinuity between the subject & past and present functioning (3) In crisis and reintegration group, there were lack of coping ability and negative self-images (4) 5% of the total sample was in deterioration group, those who showed serious disturbances in their emotional and cognitive functioning. So, these were King's descriptions about the samples.
Predictive studies:

These type of studies are different to organize, expensive, commitment-oriented and time consuming. Chesler's (1972) study on women's liberation movement was impressive one. Though by this method scientific formula or criteria is not possible. Among the other investigators who followed these approaches were Futterman & Hoffman (1973) and Rosenthal & Kety (1968).

Here we can comment that these empirical studies helped behavioural scientists to understand the well-adjusted personalities of the individuals, to know about disease, maladaptation and psychopathology. The limitations of these empirical studies were (1) on middle class populations (2) on only minority group populations and (3) in most of the studies, the subjects were males.

Clinical study:

In 1962, a longitudinal study on a group of 326 non-patient boys, were given Self Image Questionnaire to evaluate adolescent's normal functioning. Those who could answer within a standard range were selected. 73/84 subjects were selected by time to time interviewing their parents, teacher and each individual in various stages for selecting procedure.
Longitudinal studies: Normality as transactional systems

This approach will describe the population and will also give the general direction for the data analysis.

Selected result or findings of the study. The group as a whole showed that IQ level is 115 above average and good physical health. The study showed that few subjects manifested psychopathology or severe physical illness. In general subjects coped well with anxiety, depression, shame, guilt, anger, stressful situations and relationship with peer and adult were good.

The bodily changes produced stresses. The early adolescent experienced the most difficulty in controlling the impulses. In mid-adolescence they could channel their energies through sports, hobbies etc. In late adolescence as the group become likely more introspective.

Most of the subjects had a realistic self image and were goal-oriented. The study showed that the highschool years sexuality remained an emotional taboo and also an environmental one. On the basis of different emotional factors the group was divided into 3 new groups or routes.

1. Continuous growth (23% of the total group)

The individuals who had strong ego and were able to cope well with internal and external environment and not had any serious super ego problems, fall in this group.
2. Surgent growth

The subjects within this group were not able to cope with unexpected stress, stight tendency of depression, anger, when things were not according to their plan, relation with parent is not good and lack of introspection.

3. Tumultuous growth

The subjects within this group had a tendency to display the affects of anxiety, depression and emotion problems. They were highly sensitive andintrospective and 1/3 of this group had received psychotherapy or counselling during the study. they were not sure about their value systems.

From these groups it is difficult to say that which group is the healthiest, because it would depend on the environment, society, culture or individual self satisfaction and so many other things.

M/S Meena Pramanick of Bhagalpur city India conducted a study in which samples were taken from 300 students in graduate and post graduate classes of different colleges of Bhagalpur university. An equal number of 100 subjects belonged to each of the three groups. The author had tried to define the modal personality" on social psychological view. Society's various problem such as social, Political and economic problems are very much connected with the modal
personality traits. Modal personality as set of personality traits which appears with considerable frequency in the members of a particular society. It is analogous to national character and basic personality structures. National character refers to characteristics which are standardized in a given society. It is the way of looking at the alteral values or behavioural patterns, and is more or less synonymous with the sum of learned cultural behaviour. The basic personality structure consists of those dispositions, conceptions, modes of relating to others and the like that make the individual more receptive to culture ideology and that enable him to achieve adequate gratification and security within the existing order. People of different nation differ with regard to their served personality characteristics. However not only the national groups rather than ethnic or religious groups of the same nation also do differ in their personality structure. In view of this project the author has undertaken the task of delineating the basic personality characteristics or model personality characteristics of three religio cultural groups of India viz Hindu, Muslim and christian.

This study showed that the middle class Hindu youth model personality is characterized by favourable attitude towards family high positive self-esteem, low aggression, low religiosity and low authoritarianism, these be the values and norms of Hindu culture. the middle class Muslim youth
model personality is characterized by the favourable attitude towards parents and infavourable attitudes towards family and authority, negative self-image, lower levels of aggressiveness and authoritarianism and high degree of religiosity. The model middle class christian youth personality is characterized by favourable attitude towards authority and infavourable attitude towards parents, high aggression, high authoritarianism and low religiosity. Here the model of middle class Hindu youth's personality is more or less similar to that of the christian youth in as much as its characteristics are favourable attitude towards family and unfavourable attitude towards parents and low religiosity.

This study shows that personality characteristics depend on the individual's culture, society and the religion he belongs to.

The study "across cultural view of positive mental health " by Minsel Beate, Becker Peter and Korchin Sheldon shows how the "mentally healthy" persons are conceived in different countries. Here the samples are from students of education, working teachers and retired teachers.

In Dragun's (1984) view about positive mental health which is based on values and the implicit or explicit philosophies of life of a particular culture. So positive mental health originated from several cultural traditions.
Kardiner (cited in Blum, 1953) hypothesized that "the similarity within a given society is a result of culturally pattern, child rearing practice, which lead to similar early experience and that experience influence the development of later personality structure. Because of different child rearing practice, societies differ and the concept of a healthy person and personality norms vary in different societies.

The concept of mental health also may vary within the society in different time and among different age group.

Here the study sample's concept about the mentally healthy person, who correspond which revealed by self-description. Theoretical background and aims of the study is based on Backer's (1988) High versus low mental health and high versus low Behaviour control which are similar to Esysenck's Neuroticism and Extroversion Introversion factors. Social Adaptation can be regarded as combination of high mental health and high behaviour control, where as self actualization in a combination of high mental health and low behaviour control. So there are different types of mentally healthy people resulting from different combination of mental healthy and behaviour control.

Shapiro (1983a, 1983b, 1985) studied relationship of psychological health and self control on two groups of subjects and result showed similarity between the groups,
indicating a high degree of self control also indicated a high degree of psychological health and vice versa. "A cross cultural view of positive mental health". This study is designed to compare the concept of professionals views from literature with laymans concept regarding mental or psychological health. It also showed that mental health components are culturally biased and it has described behaviour control dimension, which is conceptually and statistically independent of mental health. Here we can indicate that our study is also designed to assess the normality in two individual on the related literature, experts from various field and general population views on normal person. Also we wanted to find out the norms for particular age group for both the sex, both married and unmarried and norms for the educated. In addition it will described the personality profile which is conceptually and literary defined.

This study has adapted more or less the same method in construction of the questioner's item collecting procedure as our test and same as on 5 point scale, which consists of 186 items. But in our study we have selected 100 items from 250 to 300 items followed by various statistical procedure. Here in this study three psychologists were prepared the items on (a) sentiments towards life (b) on ability trait (c) temperament trait and (d) on ergs. It was an exploratory study in which items are important in many
people live but which were unable to clarify as mentally healthy or unhealthy. Here we can say that our study to assess the normality in the individual is also an attempt to select the items for the screening test, may or may not be always true important criteria for normal person. Our items were attitudes towards self, society, tradition and norms. The study shows the qualitative bias more difficult, because translation for each different country cannot differentiate. So this study focused on the following (a) exploring what people in different countries think the mentally healthy person like and by which underline personality model (factor structure) their thinking may be represented and (2) determining the rank orders of different mental health components in different cultures.

The subject sample were selected from the teachers with the assumption that teacher deal with students and they have the concept of normal/mentally healthy behaviour. In our study, we have selected the sample from various profession mainly those who deals with the people— as teachers, professors, doctors, engineers, industrialist, lawyers, etc. This study wanted to find out cross culturally comparable concept of mental health, so all the selected countries were similar. France, Greece, West Germany and United states were the selected countries. In our study we have taken ahmedabad urban area and only middle socio economic class. Cross cultural study showed that U.S. subjects are more
mentally healthy than other European country, which may be the cause that U S A is 10 to 20 years ahead. In our study there is not much difference because of the sample which is homogenic in nature.

The cross cultural study result shows on the basis of total 595 subjects, all teachers from both the causes females are more than 50%. Comparing the item means and variance, it was found that the response depend on culture.

By comparing item means and variances, the subjects differ widely in responses on the scale. By standardization it is possible to determine that an item is rated above or below the individuals mean of all items and also establish the items relative distance from the individual mean. This procedure is to eliminates the influence of individual rater bias such as acquiescence or central tendency.

**Intracultural and Intercultural Factor Analyses:**

Extraction of two orthogonal Factors means five principal component analysis were conducted, one for all 595 subjects together and one for each culture separately. The two factor variance showed that France - 8.91% and 4.76%, Germany - 7.79% and 5.96%, Greece - 7.77% and 5.38%, U S A - 8.31% and 5.68% and all countries combined - 7.24% and 5.12%. These factors are based on individual items (which have lower reliabilities than entire scales), the proportion of variance are large.
Interpretation of the Two Factors:

The positive pole of F2 in all cultures is mainly characterized by religious devotion and a commitment to law, social rules and moral principles. The negative pole loads items indicating atheism, sexuality, curiosity and risk taking. This factor is common with Eysenck’s Introversion-Extroversion factor, but it also contains religiosity and commitment to norms. So this factor interpart as Behaviour Control because it is similar to Becker’s Behaviour control factors for self description. Here Behaviour control factor is different from Shapiro’s (1983a, 1983b, 1985) concept of self control. Peabody’s (1987) second factor shows similarities with the Behaviour control factor. The following items load highly on his second factor: orderly, through, responsible, practical, organized, logical, cautious and hardworking. In Peabody’s works, items indicating religiosity, attitudes towards low, traditions or sexuality were not included.

Comparison with the circumplex Model

The whole circumplex structure divided into eight sectors of equal size (45 each).0625 factor solution of all countries together and locality was identified. These were 130 out of 186 items. The items found in eight sectors represent almost ideally traits given by circumplex model and some items would have been as expected in neighbouring
cluster. As expected, Eysenck's Neuroticism items appear in the low Mental Health sector. The extroversion Introversion items exhibit too low communalities to be included (except the items describing, mentally healthy people like mixing with people, which is located in low behavior control cluster.) The structure of rating of the mentally healthy personally female and male teacher of all ages in four counties is exactly the same as the structure found for selfrating in different item pools and subject samples (Becker, 1988).

Construction of cross culturally common scales and analyses of variance:

Four scales were constructed two scales represent in factor high versus low mental health and high versus low behavior control. Two other scales represent the diagonal self Actualization versus Inhibition and social Adaptation versus Maladaptiveness. The scale means for mental Health are higher than for self Actualization or social Adaptation. Scale means for behavior control are lowest. With one exception, internal consistencies as measured by Cronbach's alpha are sufficiently high (from 65 to 88). A two-way factorial analysis of variance for each scale with the factors being country and age group was conducted. For the mental health scale only the main effect of country is significant. The scale values are highest in Germany and lowest in Greece.
Behavior control scale, there are significant main effects for country and age group. Greek teachers showed higher score than other group. Older people showed higher scores than younger people. Differentiation into job groups explained about twice as much variance as differentiation into culture.

Self actualization versus inhibition and social Adaptation versus Mehadaptiveness are rated differently in the four countries and also in the three age groups. The difference are in the same direction as for behaviour control scale, that was group with higher score in Behaviour control also showed higher scores in Social. Adaptation and lower scores in self Actualization.

Factorial Structure of Mental Health:

The result of principal component analysis showed that teachers from different countries conceptualize a mentally healthy person using personality dimensions, which are found in questionnaires designed for self description, so the circumplex structure of personality traits showed is valid for self destination and also for cross-cultural, for rating of a mentally healthy person.

Group Differences: Cultural difference are quite high in rating self actualization and behavior control as more or less healthy. Only Greeks think high behavior control is healthy than low behavior control. Similarly, greeks rate,
self actualization quite low. Compare to there two areas of personality, the difference in rating of mental health and social Adaptation are much smaller. Age differences are greater the more the behaviour control dimension is involved. Normative opinions of older people tend to be in the direction of higher control; younger people appreciate lower control. A strong age effect in Behaviour control dimension in self description (Becker 1980).

Comparison with The Eysenck Scales:

Eysenck (1983) stated "Social Desirability aspects of the lie score in probably of greatest import once in cross cultural project, since norms on this factor may reflect the degree of social permissiveness of the country or culture under observation and the degree of conformity of the subject". The culture with high means in Eysenck's lie Scale(L) is self - Description should also show high means in Behaviour control and/or Mental health when describing the mentally healthy person and vice versa. Behaviour control and social Desirability should be correlated because item content are similar with respect to norm orientation. Mental health social desirability should be similar because both include desirable characteristics. If corresponded the work of Shapiro (1983a, 1983b). In this study Greek subjects showed highest scores in behavior control and German and French subject exhibit lowest scores. USA showed higher may
be because of the higher average age of the subjects. The result showed that the culture when the degree of social permissiveness is low (i.e. Greece) people describe themselves as norm oriented (high L score) and they think norm orientation is a healthy altitude. In cultures when social permissiveness is high (i.e. Germany and France) people describe themselves as less norm oriented (Low L score), and they regard norm oriented as less healthy. Social permissiveness may also vary with age and order people can be expected greater than young people. The Eysenck group sound corresponding results in different countries (Dinatrion & Eysenck, 1978, Eysenck, Escolar, Lobo, Seva - Diaz 1982).

This study sound strong age effect on the behavior control factor. The older subjects are more healthy they rate behavior control and social adaptation. It is not clear whether result are done to historical value change in culture or people change themselves over time, because the study only hard cross sectional data. So it can be assumed that Eysenc self concept are connected with this studies ideal concept. Both influenced by age specific permissiveness regarding norm orientation in the socialy in which people live.

The cultural difference in this study have two hypotheses. In Lynn's (1981) data the average Neuroticism scores for
Greece and France were higher than for Germany U. S. here, mental Health score are lower in case of French and Greek, than US and Germany scores. Subjects may rate the mentally healthy person according to the statistical norms valid in their country. The record hypotheses in that the content of mental health scale is better suited for the concept of mental health used by US and German than that by French and Greek teaches.

Cross cultural differnce in rating of self Actualization Lynn gives the per capita national income for different countries U. S. is the four times higher that Greece; Germany and France are in the middle. So the hypothesis is that self actualization becomes important only when the lower needs for example for economic security are satisfied (Maslow 1967). So this hypothesis supported this study, the self Actualization is lowest in Greece.

The most important components of mental health by the four countries teachers are a positive attitude towards other people, optimism, good problem solving skills, autonomy and responsibility. Except Greece, other four countries studied, self Actualization traits are rated as general characteristic for a mentally healthy person. This is also true for student Greeks as well as retired teachers prefered highly controlled behaviour. These diffences may reflects from authoritarian rules to orientation based on
individualistic norms; and from formal, correct to informal, warn social relations (which might be described as recitative, tolerant and confident).

The new social attitudes are more feminine because those belong to the traditional female stereotype and may be this values are valuable for both the sexes in recent time in affluent and educated countries.

Comparison with other group as from other professional group and sample from other countries suggested.

Clinical psychology is meant for the training and practic of the complex integrated description of individual personalities. this study has tested the accuracy of some clinical predictions of personalities. It was assumed that clinical personality description intend to identify traits that will be manifested throughout the persons future behaviour, especially in emotion arousing situation. From judges were asked to predict their own rating of the style or form of subjects interpersonal behaviour in order to have criteria appropriate for their predictions, there accuracy was evaluated by computing correlations across subjects. so that the result could be generalized to other potential subjects.

Correlations between each judge’s prediction and his ratings of the same subjects behaviour are listed rater reliability
was estimated by computing correlations between each judge's ratings and the experimenter's ratings of the same subjects. The signs ranging from .25 to .75 with median of .38, which are low for the successful prediction.

The conclusion is that when validation of clinical personality assessment was attempted using situational behaviour as a criteria, the potential predictive accuracy of the test interpretations remained unknown due to the inability of the clinicians to reliably identify in subjects behavior the personality traits they hoped to predict. The presence of potentially predictable consistencies in the subjectss behavior is implied by the correlation between ratings for the two situations by the same raters (median around 50). Perhaps psychologists are more skilled at predicting behavior than at identifying in vitro the behavior they have predicted.

To provide an appropriate criterion for validation, clinicians statesments about several personality traits, the same clinicions rates subjects behavior in two stressful laboratory situations. Their failure to predict their own ratings from test data was attributed to unreliability of their criterion ratings, suggesting that judgement of these traits based on specific non-test behavior are insufficiently developed to allow validation or invalidation of clinical personality assessment.
To define or conceive of normality in clinical and counseling psychology is a problem. The conception of a normal or of a mentally healthy person, have a strong influence on his educative efforts when working with others in clinics, hospitals, or schools. The objective of this research are to obtain some data on the extent to which (a) a group of selected individuals can be shown to be characterized by several criteria of normality and (b) being high or low on these criteria is general as opposed to being specific.

The survey research center of the university of Michigan, publication was given relation to criteria bearing on the presence or absence of mental illness and mental health, such as: (1) being or note being under psychiatric treatment, (2) social adjustment as defined by adherence to social norms, (3) psychiatric diagrosis, (4) subjective estimates of degree of happiness, (5) personal adjustment as measured by objectively scored psychological inventories and (6) evidences of positive striving for self-actualization and of successful coping with the normal stressful situation.

This study investigated the degree to which several approaches to the assessment of normal personality support each other. The main point for comparision was the number of nominations received from the classmates on the criterion of
being outstanding in normal personality. This social definition of normal personality was compared with friendship preferences, with scores made on five self-marking instruments and with responses to a short questionnaire dealing with a few sociological and psychiatric items.

There are not much relationship between the 'highly normal' nomination with other test data nor much relation with subscores on the various test or these score and ratings on particular traits. The data from the four personality self-rating instruments and the one attitude scale led to the conclusion that when a person is found to be "Highly normal" on a clearly stated social definition of normality, this fact would have little predictability in reference to his being "highly normal", "psychologically nature" or "well adjusted" in regard to such variable as dominance, achievement motivation endurance, aggression, liberal social political attitudes, covert and overt anxiety, degree of inner control of behaviour, emphasis on somatic satisfaction, self autonomy, realistic self appraisal and emotional responsiveness findings from the data of the two year study beings out considerable agreement between "highly normal" nomination and those trait measurement which are heavily involed in interpersonal report and in event social adjustments"
The low relationship between assessment of social success by sociometric tests in one side and self rating on the other, may be due to the fact that too many traits unrelated to directly meeting interpersonal or social needs have been included in the self rating scales and in the composite score.

There are six definitions of normality or mental health given to check the highly normal nominations such as:

The first criterion of "being or not being under psychiatric treatment" was supported by the findings of 75% percent of "Low normals" had thought seriously of seeking professional help for their personal problems and only 31% percent of "Highly normal" were similarly classified.

The second definition of normality bearing on adherence to social norms, was inadequately assessed and information showed no significant differences between the HN and LN groups in reference to religious influences arrests and divorce.

The third definition, namely, subjective estimates of degree of happiness was indirectly assessed with the self and other ratings on the trait "enjoyment of life". Here HN's were shown significantly superior to the LN's in happiness.

The fourth definition of mental health was personal adjustment which was checked against the "normal nomination"
as measured by objectively scored psychological inventories. The traits which are involved in interpersonal satisfaction and group adjustments, showed some degree of significant relationship with the social definition of normality based on peer judgement. The findings are: (a) the relatively high mean percentile score, (78) for the HN group on the Edwards scale for the trait of "intraception" and relatively low mean percentile score (34) for the trait of abasement, (b) the nearly statistically reliable difference (.10 level) on the California self structure scale between the HN and LN groups on the variable designated "interactive actualizing self," and the highly reliable difference (.02 level) on this scale for the trait of "detached independent self" - with the LN group being the more "detached", (c) the highly selective positions attained by four traits from the personality self rating scale either on the basis of reliable mean differences or high composite self and other ratings these traits - :Respect for others's personalities", "friendliness and sociability", "enjoyment of life", and "Group interests and group identifications."

The fifth concept of mental health or psychological maturity was "evidences of positive striving for self actualization and of successful coping with the normal stressful situation." The data obtained by interviews from 1960-61 populations, indicating the most distinguishing characteristics of HN subjects voluntary report on
motivations and experiences which are indicative of the self actualization drives, as statement like break from the family ties in order to achieve greater self identity and reports of behavior showing how needs for self realization were powerful incentives in over coming personal handicaps and perceived inadequacies. In this study HN group scored high on integrative actualizing self on the California Self structure scale.

The sixth conception of mental health was based on the nomination of the friendship preference assessment. On a total group basis, the relationship between these two variables was high, .80 and .84 for the two successive years. These high co-relations suggest the conclusion that some of the normality nominations may have been heavily influenced by the friendship preferences, the possible extent of this bias is considerably reduced by the fact that in only 48 percent of the responses were the normality nominations and friendship preferences given to the same individuals by particular raters.

While reviewing the literature it seems that mental health and normality are used mostly as synonymous or alternative terms in literature of psychology. According to the clinical observations made during the course of 22 years of clinical practice she (Dr. P. H. Raval, 1992) felt that the negative meaning of mental health could be placed at the lower used
to the normality and the positive connotation of mental health could be placed at the upper level side to normality since the positive level of mental health includes self actualization. Normality lies in between negative connotation that is the absence of psychological disease on one hand and positive mental health of self actualization on the other hand.

Note: In one of her presidencial address, Dr. Pratiksha Raval, Respected guide of mine.