Chapter 1
Introduction
A significant part of human population, besides 'dissident' minorities, is condemned to live under impoverished conditions in a process called 'development.' They are subjected to inhumane treatment that others may have better life. They are physically, socially and psychologically silenced for generations. If they ever raise voice, there is, extreme personalization by the 'dominant minority' instrumental for the predicament of these populations. But more worrisome is that the 'silent majority' also joins the 'dominant minority.' To make way for developmental projects, the people displaced from their living habitats are victimized through a lesser known socio-psychological process, where the very weakness of these people is made an ideological tool to prove that the cause of their suffering lies within them.

A way to analyze and end the sufferings of minorities is suggested in an important research of some social psychologists, which follows after this. The optimism expressed in this research need translation from theory to action where there is a big gap. These experimental studies, though based on hypothetical scenarios, provide insight how minorities may alleviate their sufferings. Deprived they might be, from the resources by dominant groups, they do possess the power of generating social conflict by actively opposing dominant norms. The 'power' of the minorities lies in their steadfast and consistent behavior towards a social system, which displays resistance and opposition to their social assertion. This task is not so simple in actual practice. We have its example in Gandhian non-violent resistance against oppression.
The famous social psychologist, Bandura (2001) fittingly observes,

"Through unwavering exercise of commanding self-efficacy, Gandhi mobilized a massive collective force that brought about major socio-political change. He lived ascetically, not self-indulgently. If belief in the power to produce results is put in the service of relational goals and beneficial social purposes, it fosters a communal life rather than eroding it."

1.1 Minority influence

In social psychology, it is a problem of social influence. This process includes observable modifications in individuals from knowledge of other individuals or groups. A radical view to understand these social influence processes keeps intact individual to its social group and context where he/she lives. Isolation of such live social attachments makes explanations empty of reality people experience and face in their lives. These explanations must take place at various levels, such as individual, interaction, consensus and ideological. There is need to incorporate viewpoints from other disciplines. For example, the socio-ecological viewpoint provides new insight that escapes the eye of social psychologist conducting experiments inside laboratory. Moreover the constructionist approach changes focus from reductionism to holism.

One finds this radical view in the approach of a social psychologist Moscovici (1976) on the minority’s influence, which was later, expanded to an influential theory by Mugny (1982). Social change is largely conceived of taking place from above (a dominant person or group) as well as from majority (a universal view or greater number of people). An unconventional form of this process may be from a minority
or through random diffusion of creative innovations. The ‘genetic model’ (or interactionist model) assumes this second possibility of change from the side of minority. It further assumes that social systems are not simply dependent upon status asymmetry, they involve reciprocity where each agent (or member of group) can have potential effect on the system. The apparent stability in a system is a state in between dynamic changes. These changes in a social system are adaptive when diffusion of innovation occurs. It is precisely this process through which minority can exert influence. It involves a particular style of behavior exhibited consistently in social interactions by the minority agents that make them influential.

This consistency in behavior not only makes the minority influential, but also increases their self-confidence that has capacity of auto-reinforcement. Members of minority population or suffering population now reciprocate social support among themselves. They develop self-motivation and independence. These inner resources help suffering populations exert their influence. Above all, consistency in behaviour leads to instability in a social system and dominant section succumbs to change. At this stage, minority’s articulation of various negotiation strategies is crucial. Mugny and his associates have shown this through the ‘pollution’ paradigm, used to design most of their experimental studies. Where the question was to assign responsibility for creating pollution. On one side there were industrialists in nexus with politicians constituting the dominant majority. The household, drivers, farmers, etc., on the other side, in same community constituted the minority group.

The majority/minority issue taken up above has relevance for our research in at least five ways. First, the context of the experiments carried by these social psychologists has its focus on an environmental problem, which is also true in our case. Second, there is a social construction of the issue following various levels of explanations,
which is essential for dealing with real life environmental conflicts, a case that the present investigator has taken up. Third, keeping in view lack of support from external sources, the minority has to use its inner mental resources to take up a challenge or to increase its resiliency. A point supported by the above research. Four, if an individual or a section of the community lacks such inner resources there is a general feeling of helplessness or increase in vulnerability. Five, it suggests that problems of minorities originate in an environment manipulated by dominant institutions.

An indigenous model (Native's Cognitive Model) will be presented in the next chapter that has its origins, not in the laboratory, but in actual struggle of natives against a dominant developmental approach.

1.2 Sociogenic origin of distress

Reviewing evidence on sociogenic origins of brain damage, Ashley Montagu (1977) said,

"The greatest evil and the most enduring of all tragedies for the individual and his society lies in the differences between what he was capable of becoming and what he has in fact been caused to become."

(Page 11)

Psychiatrists had realized it soon after the World War II. They even suggested that our aim should be to build positive mental health so much so that it becomes a philosophy of life (Rennie & Woodward, 1948). This was the result of mammoth rehabilitation task that needed physical, mental, social, vocational and economic contribution. A review of etiological factors related to emotional problems revealed that separation from the secure family environment and family ties was a frequent
and potent source of continuing anxiety. Development of anxiety not only led to severe depression but various kinds of self-centered and self-protective behaviors as if to search for protection and affection in the environment. Anxiety was also manifested in various forms of aggression and resentment as well as projection of self-blames to others. Furthermore, the individual felt extreme helplessness. Besides the problem among adults, there were approximately three million babies who were born during war years and suffered from absence or loss of one or both parents. Observations on these children growing up in various institutions inspired Bowlby to develop his theory of attachment that will be discussed later.

The concern about the future of these children and several other rehabilitation problems paved way for a new goal of mental health—to strengthen the inner resources of individual or positive mental hygiene. These inner resources may be strengthened by improving maturity in mental, emotional, and social skills, by providing home and parental guidance, by establishing basic security, by constructive use of natural endowments of child, by developing self-confidence and self-efficacy, and by developing sociability and co-operation.

It was strongly felt that mental health could not be developed in social vacuum. It requires co-operation and help of individuals and groups for removing the stresses in the environment as well as to strengthen the inner resources of the individual. There is need for the empowerment of certain sections of society. The academic psychology has largely not taken this challenge. They consider it an area of political and social activists, however, there is a need to realize that empowerment of individual as well as community is associated with their well being. If this is so, psychologists have to suggest ways in which we can enhance the well being of people. This issue has been an area of major concern in mental health since its inception. It is particularly true
when psychology delivers its goods to people where our aim is not only to improve the mental health of affected one but also to enhance the well being of normal population.

The inner resources of a person help him in various ways in the day-to-day life. These resources include person’s beliefs, assumptions and predictions largely acquired by him during the course of development in his milieu. Although mainstream psychology has in general been indifferent towards individual’s inner resources, psychiatrists, humanist psychotherapists and social workers every time makes use of these mental qualities to empower their clients. Empowerment refers to people making decisions and preferences about their lives (Swift, 1992). It also means people taking charge of their lives where the objective is a self-sustaining change in the power of mind and voice (Bond, Belenky, Weinstock & Monsey, 1992). The problem of empowerment of minorities and weaker sections of society also include migrant and displaced populations. It may also include rural communities in general (Srinivasa Murthy, 1998).

1.3 Mutuality of body and mind
There have been shifts in paradigms of mental health from time to time. The first one was to treat a mentally insane person in humane way. In the beginning of the twentieth century, insane persons were shifted from mental asylums to mental health care centers. It was followed by another revolution; the aim was a vigorous search for explanation of mental problems and to separate them from biological problems. Psychoanalysts initiated this revolution but those involved in psychological test construction helped in developing diagnostic tools for mental problems. In the 1950s, third mental health revolution took place, which has two strands. One was to involve the community since the individual’s mental problems have social origin. The
other was the strong impact of humanistic school of psychology in asserting that the individual was capable of handling his mental problems. The therapist’s role was limited. The most recent paradigm shift in psychology in general and mental health in particular is the acceptance of the significance of mutual interaction between mind and body. This fourth revolution received strong support from the transpersonal forces in psychology (Whitmore, 2001) as well as medical sciences (WHO, 2001a).

In this way by the end of 20th Century, psychology as a study of behavior gave way to the science of behavioral and mental processes. This change is likely to have wide-ranging influences on the planners by making them sensitive to the issues of mental well being crucial for improving the quality of life among all sections of society, specifically those sections, which need psychological empowerment.

In recent years, investigators in the area of psychological counseling have noticed that people have developed a very dominant attitude about future (Hooper, 1997). In other words, a kind of strange optimism is there which is based on mankind’s ability to solve as many problems as it causes. This may perhaps be true in the area of mental health. Since the inception of psychoanalysis, there was a ray of hope that we may be able to explain and interpret not only conscious but unconscious determinants of behavior. Slightly later behaviorism helped in developing theories of understanding and creating modifications in behavior that can be measured. In the 1940s humanitarian psychologists gave way a new orientation that was directly relevant in the area of mental health where an individual was directly relevant in the area of mental health where an individual is not simply responding to stimuli in producing behavior but he is able to create change on insight. This new orientation, to look for inner dimensions of the individual and as far as possible by the individual
himself, is an important step where the individual takes charge of his life. In other words, he can control his inner as well as outer environment.

However, we have to differentiate this kind of optimism and a kind of optimistic attitude where there is certain dominance regarding finding solutions for all kinds of problems. This optimism is based upon modern man's misconceptions of growth myth, imperative of possibilities, linear history, and subjugation of nature (Allen, 1980). Recently, Holtzman (2003) has also pointed out that the optimistic view of 1960s that social and behavioural sciences could help in resolution of social problems was shattered by various social conflicts that took place all over the world. Even the situation is getting worse.

All these assumptions are being challenged, as individual gets lost in this dominant optimism. Not only that certain communities and even nations are forgotten. Therefore, investigators in the area of mental health are deeply concerned as to how to get rid of this dominant attitude from people's mind. They look for alternative approaches or changes in existing paradigms where individual or community enhances its resources to meet external challenges. A major challenge is to understand linkages between globalization, health and well-being. There is fear that globalization is negatively affecting poor, un-educated and rootless (Bhugra & Mastrogianni, 2004). It is suspected that this process would cause disempowerment of local populations.

Considering that mental health as a state of complete physical, mental and social well being, the important question is how to theoretically integrate these three separate areas. This problem can be stated in terms of mind-body issue, as physical constitutes the body and social and psychological aspects relate to mental processes.
A second, but related issue is conceptualization of well being, which is also a mental process. The current report on mental health by World Health Organization (WHO, 2001a) considers the relationship between mind and body as mutual, mediated by complex pathways. Recent advances in neurosciences as well as behavioral medicine throw some light on the mutual relationship between physical and mental processes. These researches come from several groups of studies. For example, a group of studies indicate that women with advanced breast cancer who participated in supportive group therapy live significantly longer than women who do not participate in group therapy. There is large body of research, which indicates that depression predicts the incidence of heart disease. A third group of studies had shown that realistic acceptance of one’s own death is associated with decreased survival time in AIDS.

These researches support mutuality of mind and body, which has significance in the area of mental health in particular and psychology in general. With a proper understanding of the relationship between physical and mental, psychologists have ample scope to broaden their area (or enlarge their niche). A growing area of health psychology is an indication of this extension of the services of psychology beyond the scope of clinical psychology, in association with psychosomatic medicine and behavioral medicine. The mutual relationship between mind and body is basis of health psychology. Advances taking place in physiological systems such as neuro-endocrine systems and psycho-immunology support it. For example, psycho-immunological researches show that many commonplace stressors alter immunological functioning and increase susceptibility to disorders under immunologic regulation. The role of neuro-endocrine system is now well known in the area of stress response.
Health psychology, a relatively new area emerged in the late 1970s (Sarafino, 1998). The four goals of health psychology are: to promote and maintain health, the prevention and treatment of illness, the causes and detection of illness, and to promote the health care system and health policy. Beside the emphasis of health psychology on the mutual relationship between mind and body, the illness/wellness are considered on a single continuum starting from death on the one hand and optimum wellness on the other end of the continuum. This emphasis on single continuum of illness/wellness supports the notion that the health is a positive state of physical, mental and social well-being. Although health psychology considers biological factors important, the role of psychological and social factors receive greater attention than were given earlier by health professionals. In fact, they prescribe bio-psycho-social approach to health (Sarafino, 1998; Taylor, 1999). In addition, there is an emphasis to understand the whole person where biological, social and psychological aspects are related to each other in a system and there occur changes in the relationships during the course of life span.

Several factors needed inclusion of psychological and social factors in the area of health. Although mind-body relationship has been a major issue for philosophers and psychologists, yet its significance in the area of health is of recent origin. This concern has emerged due to the rise of life style-related illness, the expanding role of health care in the economy, the realization that psychological and social factors contribute to health and illness, and lastly due to the weakness inherent in the biomedical model. Furthermore, there is realization of the centrality of mental health to overall health and well-being (Kumar, 2004). The current researches indicate co-occurring of mental and physical disorders and there is concern about fostering linkages between mental health and physical psychosocial environment.
1.4 Social construction of reality

Perhaps the following episode from the life of Charles Darwin points to social construction of reality rather than the biological endowment for which Darwin is remembered.

"When, early in the voyage, Captain Fitz Roy praised the institution of slavery Darwin made no bones of the fact than he "admonished" it. The tempestuous Fitz Roy's rage flared, and he nearly forced Darwin to leave ship."

(Villiers, 1969)

There are various ways in which society enters into the life of individual. These may be search for food, shelter, work and other necessities of life or alternatively there are rules and regulations of state, experiences and ethical and cultural values which influence the individual. The socialist (radical) view of mental health consider the relationship between individuals and society extremely important. In other words their basic assumption is that there is a link between personal distress and social organization. The personal distress takes into consideration all kinds of mental health phenomenon related to individual as well as community. Some important assumptions of social theory are described in the following paragraphs.

The main aim of social theory (Banton, Clifford, Frosh, Lousada & Rosenthal, 1985; Jones & Moon, 1987) is to understand how social enters into individual or the social construction of individual. They identify three linked practices important in this process. The first is economic practice, second is political practice and the third is ideological practice. Economic practice is largely concerned with processes that threaten the physical and mental survival of individual. It alienates individual from, the product of his activity, the activity itself, his own essential nature, and, other
men as well as community. It is important in social theory to challenge this alienation of individual from social process. For this, we have to understand the nature of relationship. From mental health point of view, social theory assumes that these contradictions are built into individual during the course of his development in a particular social organization.

The political practice involves the representation of the relation of power between classes and class fractions. It is here that the concept of power becomes important for mental health because the inequality of power relationships leads to contradictions in the social organization of state. Ideological practice is the third important constituent in a society. According to social theory, ideological practice deals with the way the contradictions of the social world (economics and policies) are experienced by, and have a hand in constructing individual consciousness. It has significance for mental health. Although there are differences among socialists how the individual experiences these contradictions, a dominant view emphasizes lived relation between individual and the world.

They further assume that the external social contradictions become part of the unconscious of the individual through a process that escapes consciousness. Thus, ideology is the social access around which experience becomes organized. In other words, the contradictions of the social organization take the form of embodied material relations inside the individual. For example, caste system is institutionalized in various ways among Hindus in particular and in Indian society in general. A child does not just become conscious of the caste structure of the society and confuse it with a "natural" state of things (false consciousness), instead caste is experienced as a principle, defining a field of possible relationships in a particular social setting, e.g.,
"a village." Social theory considers this as the reality of the subject, in which the world is experienced.

This aspect of social theory attracts our attention to the effect of ideological practice, as it is here that we try to understand individual as an autonomous entity constructed in the flux of contradictions originating in the social sphere. To understand this process of social construction, socialists use psychoanalytic concept because they also believe that for mental health it is important to make sense of the unconscious material, which is full of contradictions and fragmentary. It contrast to psychiatry or humanistic psychotherapy where the attempt is on 'objectifying' the therapeutic process, social theory of mental health aims at 'subjectifying' the process of therapy. 'Subjectification' assumes that self is not free and undetermined rather our behavior, thought, and feelings are directed by unconscious processes, desires, impulses or ideas that are inaccessible to conscious control.

Moreover, social theory reveals that people are subject to economic, political and ideological forces, which are more powerful than other conscious factors affecting individuals. The process of 'subjectification' refers to a dual function of 'socialist therapy.' First. It aims to reveal the individual, the way she/he is subject to unconscious forces and the second aim is to pursue the analysis of these forces until their social determinants are uncovered. In this way the distinguishing characteristic of social therapeutic practice is to work out the structure of power relations in the individual. Power relations are important since their internalization is related to self-control. Furthermore, these power relationships would determine the need for change and how that change can be brought out.
The starting point of social (radical) mental health practice is the resilience of the community. Problems mainly arise due to our failure to analyse the experiences related to powerlessness, apathy, isolation and self-destructiveness both at an organizational and a subjective level. Socialist viewpoint of mental health is distinct from the other schools of psychotherapy. Since it aims at to understand the process of marginalisation of certain sections of communities and to suggest ways to resist oppression.

Social theory also distinguishes between 'remembered community' and 'real community.' It is through 'remembered community' that the contradictions and antagonisms develop inside the individual. The 'remembered community' reflect a paradigm of community life that is reinforced or strengthened through media, politicians and welfare workers. When the individual views it in terms of his day-to-day experiences, the contradiction is devastating. The structure of the state also influences community in various ways. Distinctions or classifications are made between rich and poor, different classes or castes. The control of the state extends to an extent that there is virtually management of subjectivity through mental health industry. Social theory calls for development of real community alternative, which involves various processes of re-socialisation.

This process involves re-individualisation, enabling them to have personal possessions, treating them as individuals with rights and abilities, offering them training in basic social skills. Furthermore, they emphasize possibilities for community activation through self-reliance and wisdom. Such re-socialisation consider community self-control more important than by the state. They also emphasize the importance of conditions for creating resistance which is based upon knowledge. Thus, the mental health program need to provide knowledge to
community that would help people in the search for alternative and refuse to bow to control. Socialist mental program struggles for: gender issues, racial discrimination, deprivation of certain section of community and all those conditions increasing distress in a population.

1.5 New social paradigms

Two paradigm shifts in understanding individual and his relationship with social environment are important for us. The first paradigm shift involves the acceptability of the social science of behavior, and the second paradigm shift relates to changes within the behavior therapy movement. These two paradigm shifts are, respectively, concerned with the evolution of social behavior and the role of social factors in strengthening inner resources. For nearly 100 years the traditional non-evolutionary social science approach, the Standard Social Science Model (SSSM) dominated psychology. In recent years four new areas have developed which uses Darwin’s evolutionary thinking. These four areas are: ethology, sociobiology, behavioural ecology, and evolutionary psychology. All these four areas has challenged the SSSM, which was based on the assumption that human behavior, particularly social behavior, develops through learning, the biological factors are not important (Workman & Reader, 2004). The new paradigm in social behavior takes into consideration innate and learned factors following evolutionary approach.

In adopting this new paradigm our objective is not to unnecessarily emphasize biological constraints on the development of human social behavior. We, however, intend to understand psychological processes evolving in particular physical and social conditions where interaction of innate and learned behaviors is imperative for the survival of individual as well as groups. If those conditions are not conducive for the evolution of certain behaviors essential for survival, it may lead to problems at
individual and group level. For example, displacement of people from their living habitats may prove troublesome for these populations. The evolutionary approach may help us to understand such changes in human behavior; one such influential theory was developed by John Bowlby, which will be discussed in the second chapter.

First we shall briefly try to understand how a socio-ecological viewpoint developed within the evolutionary framework. In pioneering this approach, Crook (1989) made a bold assumption that social life is adapted to ecological conditions. Under these conditions complexities of behavior in social interactions become an essential feature of group life. The socio-ecology theory further assumes that adaptation to these complexities of group life was a strong selection pressure for plasticity in behavior. It led to the evolution of culture. Furthermore, this complexity, both at biological and cultural level, was conducive to the evolution of consciousness, the awareness of individual about his present, past and future actions, actors and assessment (consequence in terms of cost and benefits).

In this way the socio-ecological thesis of Crook helps us to understand behavior from intentional interactions taking place in a baboon group in African savanna to complex tantric rituals Ladakhi Buddhists in the Himalaya. His research also encompasses the evolution of human consciousness. Some features of socio-ecology approach are:

a. Darwinian perspective is the basis but the role of behavior within a social system is important. The latter is an adaptation to ecology.

b. It uses population genetic models to show spread traits in a population.

c. It considers both genetic (innate) and cultural (learned) behaviours in the development of social behavior during the life of an individual.

d. It emphasizes the role of various kinds of psychological mechanisms, which brings about biological and cultural adaptation.
e. The theory postulates mind in evolutionary context for example, a preference of becoming monk is seen as enhancing inclusive fitness of the individual.

Second, within the psychology, a significant change took place in the area of behavioral therapy, where the emphasis shifted from external to internal factors on the one hand and from individual to social factors on the other. This paradigm shift is exemplified in the lifelong researches of Bandura (2004) on observational learning. The main objective, which is also a distinguishing feature of this approach, is "The day may not be far when psychological disorders will be treated not in hospitals or mental hygiene clinics but in comprehensive 'learning center,' when clients will be considered not patients suffering from hidden psychic pathologies but responsible people who participate actively in developing their own potentialities." (Bandura, 1967) He has reiterated it recently while narrating the influence of his social cognitive theory (Bandura, 2001), which evolved as a result of this paradigm shift. A major change seems an increasing bent towards developing the conceptual basis of inner resources for human development that has scientific validity. One such example is the concept of self-efficacy.

Following this argument, psychologists face a dilemma that is difficult to resolve. They have to understand other's inner resources and even strengthen it. This seems to be an arduous task for investigators in the allied sciences. For them, other person's well-being involves 'internal' views, person's own perceptions and 'external' views, the observations of psychotherapists (Sen, 2001). It is difficult to measure 'internal' views or self-perception and thus the relationship with 'external' views or observed views become doubtful. For example, the 'external indicators may show high social equity among the people of Himachal Pradesh (Dreze & Sen, 2002) but it would be interesting to see if it is reflected in the 'internal' measures, such as
enhanced positive mental well-being. This question has more relevance in context of some socially deprived groups as their miseries are further aggravated by gender bias. Those may include populations displaced due to construction of large dams. However, there is no information on the psychological well-being of these populations, which has undergone enormous physical, social and mental traumas.

In order to understand this problem, it would be worthwhile to understand the implications of Bandura's social cognitive theory. Self-efficacy, the central concept in this theory and a kind of inner resource, may help in developing a sound argument for resiliency in people. Human functioning is conceived a dynamic interplay of person, behavior and environment (Figure 1.1). The person is an active agent having intentionality, forethought, self-reactiveness and self-reflectiveness. A mechanism of personal agency is self-efficacy, a belief in one's capability to exercise some measure of control over one's own functioning and over environmental events.

![Figure 1.1 Conception of triadic determinism (Source: Bandura, 2001).](image)
Efficacy beliefs are the foundation of human agency (Figure 1.2). A strong sense of self-efficacy reduces vulnerability to stress and depression in taxing situations and strengthen resiliency to adversity.

**CORE BELIEF**

*Power to effect changes by one's actions*

**EFFICACY BELIEF SYSTEM**

*Foundation of human agency*

**SOCIAL COGNITIVE THEORY**

*Cognitive processes are emergent brain activities*

*Figure 1.2 Foundation of human agency (Source: Bandura, 2004).*

The theory assumes that the evolution of cognition supplanted aimless environmental selection with proactive agency. Furthermore, the root of this agency was socio-cognitive rather than simple mechanistic stimulus response association making where human has no role to play. According to Bandura (2004) a responsible social science must concern itself not only with the advancement of knowledge but with the social effects of its applications. This is realized even by the social workers, who on one hand are concerned with grassroots problems, and on the other hand, are keen to solve them by using techniques developed by scientists (see Pirta, 2003a). This is also reflected in the collective efficacy in Bandura's theory, where the
objective is to improve social and political system to make change in peoples’ lives. This has more relevance today when globalization reaches at remote parts of world and negatively affects the lives of people. It is here that a strong sense of collective efficacy is created for furthering common interests.

1.6 Inner resources and general well-being

While hypothesizing various kinds of cognitive concepts, psychologists need to take up a challenge where they have to understand other person's inner resources. But at the same time, the key to strengthen these qualities may lie in the social environment. This is particularly true in the area of mental health, which is defined as the mental, social and physical well-being of the person. It also signifies enhancement in the resilience of the populations, whereas exposure to physical, social and psychological threats would make individuals as well as populations vulnerable. These changes may be indicated by negative deviations in various parameters of mental health.

An important task in front of investigator is to conceptualize mental health. There appears a movement towards holistic view of positive mental health at the community level. In addition, one needs to consider the role of geography, culture and history in mental health. Another significant point is trait versus state issue. In a recent review, Vaillant (2003) has contrasted six different empirical approaches to mental health. The first model, having long history, conceptualizes mental health as above normal. However, it is important first of all to define the criteria of normality. Generally, these criteria involve ability to love, work and play, efficient problem solving, investment in life, and autonomy.
The second model also has a long history where health is compared with positive psychology approach. In this approach the emphasis is to help individual and communities not just to endure and survive but also to flourish. It may include, for example, intervention to improve social scales on one end and aspire for self-actualization on the other. Whereas scientific validity of this humanistic agenda is a matter of concern, positive psychology approach lays great emphasis on optimism.

The third model takes a developmental stance where mental health is associated with maturity. There are two different viewpoints, in one, the maturity of nervous system is considered important, but in the other, more emphasis is placed on development of abilities. The latter viewpoint is also known as life span development approach, where one may look for mastery of various mental and social skills according to age levels. It is however important to consider the interaction of nature and nurture during the development.

The fourth model of mental health considers the importance of socio-emotional intelligence. Its association with positive mental health, for example, depends upon accurate conscious perception and monitoring of one's own emotions. Such linkages are established by studying the associations between certain brain areas, such as pre-frontal cortex with limbic system. There are also attempts to measure emotional intelligence, which indicates skills in negotia ng close relationships with others as well as capacity for focusing on one's emotions.

The fifth model of mental health involves understanding of subjective well-being. The concept of well-being though important for psychologists has also been attracting the attention of medical personnel as well as economists. Happiness, which on one hand is associated with the belief of self-efficacy, on the other hand happiness may be a
state of illusion or bliss. Although the role of subjective well-being can not be denied in mental health, its measurement is challenging. One of the most controversial issues in achieving subjective well-being (better mental health) is the role of material objects in contrast with social and psychological aspects.

The sixth model of mental health considers resilience as an important aspect for successful adaptation and homeostasis. This conceptualization takes into consideration various coping mechanisms that human use to overcome stressful situation. These coping mechanisms fall in three areas: conscious, cognitive and involuntary and unconscious. It is possible to achieve objectivity in the measurement for conscious and cognitive processes, but in the third case (unconscious mechanisms) it is highly subjective issue. Vaillant (2003) concludes that each model describes only some aspects of mental health, and there are some contradictions among them. But one’s aim is to measure and record mental health.

While aiming at the positive mental health of people, we have to understand factors that make individual and population vulnerable to psychological stress. The response to extreme psychological stress can be of two kinds: First, it changes human psychobiological response necessary for survival, which is known as allostatics. If such changes occur frequently and are intense enough, there is increase in allostatic load (Charney, 2004). In such a case there may occur negative physiological and psychological effects on the individual. Second, response to extreme psychological stress increases vulnerability to psychopathology. For example, there may occur episodes of posttraumatic stress disorder (PTSD) or major depression.

The challenges for individual or groups of individuals may be physiological and psychological. However, their deleterious effects depend upon the allostatic response
(actions taken by the body) and experience felt by the individual (Ray, 2004). These experiences felt by individuals or populations are further related to coping skills necessary to meet the environmental demand and include knowledge, inner resources, social support, and spirituality. Ray defines inner resources as a set of beliefs, assumptions and predispositions acquired by individual in the process of growing up. In identifying research priorities in the area of mental health in India, Srinivasa Murthy (2004) presents the following scenarios.

Table 1.1
The Past and the Present Goals of Mental Health in India.

<table>
<thead>
<tr>
<th>Almost 50 years ago Govindaswamy has three objectives of mental health:</th>
<th>Srinivasa Murthy proposes four goals of mental health in the new millennium:</th>
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<tbody>
<tr>
<td>a. Restoration of health of mentally ill person.</td>
<td>a. Reduction of the incidence, prevalence and burden of mental disorders.</td>
</tr>
<tr>
<td>b. Prevention of mental illness.</td>
<td>b. Development of mental health services for the total population.</td>
</tr>
<tr>
<td>c. Promotion of mental health of normal person.</td>
<td>c. Enhancement of positive mental health of population.</td>
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<td></td>
<td>d. Promotion of long term mental health research and its dissemination.</td>
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Although there is similarity in the goals of mental health in these two scenarios, past and present, there is however emphasis to monitor the mental health of affected communities in the new millennium. The present research work is an attempt to achieve this goal through a study on the mental health of displaced populations.