

Controversial issues in current definitions of mental health

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Summary

The concept of mental health is still widely discussed among philosophers and scientists. The emphasis on positive emotions and functional aspects of the World Health Organization definition has sometimes been called into question. This paper will focus on recently proposed mental health definitions, and in particular on mental health normative criteria involved in each of them. The criteria are divided in two broad categories: biomedical and cultural criteria.

Strengths and weaknesses of each definition are illustrated in order to highlight research needs likely to support further progress.

mental health, well-being, normative criteria, determinants of health

INTRODUCTION

The concept of mental health has been widely discussed in recent decades [1-8]. Today's debate revolves around the definition proposed by WHO, which defines mental health as:

"A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" [1].

This definition was a first attempt to overcome a reductionistic approach that defined health as a mere absence of disease. WHO proposed a positive conception of health, in which both biomedical and cultural features are key factors. In the WHO definition, the biomedical component consists of the emotional positive state

named well-being and the cultural component of the ability to work productively and contribute to own community. Several scientists and philosophers expressed reservations about the definition, that can be summarized as follows: 1) the current definition puts excessive emphasis on positive emotions and functions; 2) there is an overlap between the concept of health and well-being [2-7, 9]. The question underlying expressed reservations concerns the *normative criterion* that is supposed to define the biomedical and cultural features used to define mental health. According to Canguilhem [10], *normative criterion* is the philosophical foundation, often tacit and not discussed, on which science articulates the concept of health and pathology.

The present review illustrates four definitions of mental health proposed in the last decades and discusses them in the light of the *normative criteria* they propose. In the conclusion section, the problem of the *normative criteria* will be summarized and research needs highlighted.

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DEFINITIONS OF MENTAL HEALTH: WHICH NORMATIVE CRITERIA?

In 2006 the Public Health Agency of Canada (PHAC) proposed a new conceptualization of mental health, defined as:

“The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” [11].

PHAC definition echoes the biomedical features defined by WHO: “mental health is... a positive sense of emotional and spiritual well-being”, and proposes different cultural features to define the healthy well-being. For the Canadian agency, the healthy well-being is defined by the ability to deal with the challenges we face, respecting the cultural values (“equity, social justice, interconnections and personal dignity”). Interestingly, although the PHAC is similar to the WHO definition, the former one was preferred in an international survey involving both researchers and subjects affected by mental disorders [8]. Probably, the cultural features defined by PHAC were preferred by participants due to less emphasis on productive functioning (“deal with the challenges we face” vs “work productively and fruitfully”).

The proposal by Galderisi et al. [6-7] overcomes the emphasis on productive functioning, and redefines the concept of well-being as a dynamic state of internal equilibrium:

“Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium”.

Although this definition does not use well-being and productivity as health normative criteria, it includes a reference to universal values of society (cultural features of health).

The main problem with these two definitions (6-7, 11) is represented by the cultural normative

criterion used, i.e. mental health in accordance with societal values. Anyone who does not respect a “universal” cultural value would not be healthy, but that could apply to both a crime and a religious fundamentalism. Actually, the concept of universal values could be a philosophical utopia, as values are always context-dependent (e.g., in a certain culture people might have respect for human life, but believe that respect for their God is the most important thing and may kill for it). It could be argued that this cultural normative criterion is a sort of “internal social equilibrium”, and behaviors that deviate from current social values are likely to be unhealthy.

Huber et al. [5] try to define mental health without a cultural normative criterion. Mental health, according to their idea, is defined as “the ability to adapt and self-manage”.

The authors developed their idea by defining the “sense of coherence” as a key factor to understand and manage a difficult situation. According to Huber et al. [5], the sense of coherence promotes the capacity to cope, recover from strong psychological stress, and prevents disorders. In this perspective, the ability to adapt and self-manage, improved by the “sense of coherence”, promotes the subjective well-being [12-13]. The normative criterion used by Huber and colleagues is relevant to the theory of evolution. A subject capable of adapting or adjusting to different situations is a healthy. This way, the biomedical perspective and the cultural perspective coincide: biomedical features that allow adaptation in a certain culture promote mental health, similarly a certain culture could make a certain biomedical feature healthy.

However, the evolutionary model proposed by Huber to define mental health presents an emphasis on the concept of adaptation, apparently regarded as always “positive and healthy”. For example, in a context of captivity (e.g. kidnapping) the adaptation could coincide with a pathological situation (i.e. the Stockholm syndrome) or the adaptation at all costs could lead to an irreversible negative condition. The “boiled frog principle” depicts this situation: the frog, too capable of adapting and thermoregulating itself, may not realize that the water temperature slowly increases until it dies [14].

In conclusion, the analysis of the normative criteria expressed by the four reviewed defini-

tions of mental health raised the following questions: 1) can we define biomedical normative criteria of mental health in a way that differs from well-being, but is still capable of identifying the difference between an ill and a healthy person? 2) can we define mental health without defining cultural (and therefore context-dependent) criteria such as productive functioning or universal values?

The core concept of mental health

Canguilhem [10], in his philosophical work on the concepts of normal and pathological, emphasizes that physiology is based on measurements of physical and chemical elements as much as physics; however, physiology, unlike physics, has its own science, i.e. physiopathology. The French philosopher pointed out that physiopathology is relevant to the existence of a patient, i.e. the subject who suffers. Therefore, to formulate the core concept of mental health we should start from the first-person experience of subjects suffering from a mental disorder. In a recent survey on the concept of mental health, involving 31 subjects with lived experience of mental illness [8], concepts like agency, autonomy and control were commonly mentioned in subjects' responses and "the self" indicated as a fundamental component of mental health, thus characterizing individual's subjective experience as crucial for the achievement of subjective well-being, and in particular valued goals. Regarding social values, participants suggested that mentally healthy individuals are socially connected through meaningful participation in social valued roles (i.e., in family, work, etc.), but that mental health may involve being able to disconnect by choice, as opposed to being excluded (e.g., having the capacity and ability to reject social, legal and theological practices). Mental health, from the perspective of the participants involved in the survey, is characterized by the ability to be active agents in the lived environment (autonomy, agency, control, achieving of personal goals), therefore by the possibility of joining or rejecting freely the social values or the social role required. From this perspective, the state of health seems to result from the ability to "transform/support one-

self in line with one's needs". Obviously, mental health cannot be "becoming what you want" / "achieving your goals", but rather "feeling that you have the skills and abilities to change in line with your needs". The survey indicates which normative criteria must be identified to define the concept of mental health. While the biological and psychological criteria are defined by respondents as relevant factors to promote mental health, this is not true for the cultural criteria. The cultural criteria are part of the broader concept of "environment", and health is not determined by passively complying with environmental demands but by being able to choose whether we want to be compliant or not.

In conclusion, the normative criteria cannot be decided in the third person by a philosopher or a scientist, or even governmental bodies, but should be identified and discussed starting from the subjective experience of individuals.

Searching for normative criteria

The problem of the "first person" and "third person" definition is an old problem of the sciences of the mind, revived by a famous paper by Nagel [15] entitled "what is it like to be a bat"? In his work Nagel emphasized that even if we knew all the individual parts that constitute a bat and the functioning of every single part of a bat, we could never know what it is like to be a bat. Once aware of this problem, in the search for normative criteria to define mental health, researchers should look for those aspects that are the basis of the first-person experience of people who have lost / regained their mental health, and address the question "What biological and psychological characteristics are necessary to acquire / maintain the skills and abilities to change in line with one's needs"? Galderisi et al. in their definition [6-7] emphasize that "...*Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events [...] represent important components of mental health...*". The components of mental health proposed by the authors are identified on the basis of a wide literature. Cognitive and social skills impact on all aspect of everyday life [16], and are considered to be impaired in sev-

eral mental disorders ([17-19]. The ability to recognize, express and modulate one's own emotions is also related both to mental health and to mental disorders [20]. In fact, this ability represents a mediator of stress adjustment and its impairment a risk factor for mental and physical disorders [21-24]. Flexibility is considered a key component to face and manage important life changes; poor flexibility may result in great distress for a person undergoing sudden and/or important life modification, and is a significant aspect of several psychiatric disorders (e.g. obsessive personality or delusional disorder) [25-26].

These criteria should be regarded as a proposal of the psychological / biological aspects necessary for mental health. Future development of the concept should consider integrating other aspects, in particular those relevant to individual's subjective experience, as discussed above.

CONCLUSIONS

To date, the normative criteria for defining the concept of mental health are still discussed. All reviewed definitions avoid regarding mental health as the mere absence of illness and mental illness as the absence of mental health. Instead the inclusion of functional aspects (work productively vs. work unproductively, live in harmony with universal values vs live against universal values), remains controversial. Future research focusing on first-person experience of subjects who experienced both a state of mental health and of mental illness might lead to further progress in the conceptualization of mental health and result in new definitions, hopefully more inclusive and independent from the socio-cultural context, and at same time less exposed to paradoxical interpretations, than the ones available so far.

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