Mental Health Care for Better Living*

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ABSTRACT

There is no universally acceptable definition of mental health—hence, its various definitions have been discussed to reflect different aspects of mental health. The present discourse is addressed to some ways for mental health care from psychological, as well as, other perspectives.

Key Words: Mental health, Better living and Yoga

A series of expositions about the psychology of mind and brain have led to the emergence of some major issues, including their structural, instinctual and conscious aspects, from ancient times in India. Mind has been described as a part of greater consciousness confined to the sensory process in the Vedas and Upanishads. Also mind has been explained in terms of anatomy and physiology of the brain based on the contemporary notions of that period by the Tantrik school of thought. In the Atharva Veda twenty types of mental illnesses and their appropriate therapeutic approaches have been mentioned. All medical speculations had been systematically compiled and practised by AD 200. Thus, Ayurveda, the science of life, developed. Charak Samhita represents the core of this system of medicine. Simultaneously, Patanjali’s Raja Yoga depicting the psychological processes emerged as a school of thought to explain all aspects of the total health, namely, physical, mental and transcendental. This is the most respected treatise on total health. Yet another set of inspiring guidelines to achieve the ideal state of mental health was offered by The Bhagavad Gita (Kapur, 2001).

Before stating the ideal state of mental health which has been referred to in The Bhagavad Gita in various verses, let us know the stable of mind

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which is aptly described in the following oft quoted verse from The Bhagavad Gita as:

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\text{nq} \cdot \text{ks}''\text{ouqf}\cdot\text{Xueuk} \cdot \text{ks}''\text{kq} \cdot \text{foxrLi}\cdot\text{g} \cdot \text{A}
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It means the sage whose mind remains unperturbed amid sorrows, whose thirst for pleasures has altogether disappeared, and who is free from passion, fear and anger, is called stable of mind (Chapter II). Further, the many qualities that reflect ideal mental health of the individual have been described and include fearlessness, purity of heart, meditation for self realisation, charity, control of senses, worship, non-violence, truthfulness and geniality of speech, absence of anger even on provocation, kindness, sublimity, forgiveness, fortitude, and absence of feeling of self importance, performance of scared duties, straightness of mind, body and senses etc. (Chapter XVI).

Before we enter into a discussion on mental health concept, it is necessary to understand what all constitutes health. Health is perceived as a multidimensional process involving the well-being of the whole person in the context of the environment. The ‘perfect functioning’ approach to health conceptualises health: biologically—as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body; psychologically—as a state in which the individual feels a sense of subjective well-being and of mastery over his participation in the social system are optimal.

Another new definition of health was proposed to enlarge the meaning of health to cover spiritual well-being in addition to the physical, mental and social well-being, because of the emphasis on urges for higher realisations inherent in human beings. The human perspective involving qualitative values in life distinguished the group of healthy human beings transcending the animals. This aspect is the spiritual one. The word spiritual has different meanings for individuals from different backgrounds, yet it is generally agreed that there is something more than mind and emotions inherent in consciousness that distinguishes human beings from animals. It has increasingly been realised that the maintenance of health encompasses, in addition to treatment of physical disease, coping mechanisms to deal with psychological stress, prevention through changes in the environment, promotion of healthy life styles and general well-being. In health psychology illness is considered to be physiologically and chemically based and also socially and culturally conditioned. Thus health is an integral concept which comprehends the totality of our being including physical fitness, as well as, psychological and spiritual well-being.
The spiritual, emotional and power from the spirit, transmits it to all the body organs and ensures their rhythmic and coordinated functioning. Some experts, however, conveniently include the spiritual aspect in the mental well-being dimension of health, by naming it as factor X. The ambit of mental well-being could be extended to include human values (Pestonjee, 1992).

Life in modern age is an endless round of obstacles, conflicts, frustrations, anxieties, bureaucratic routine and inconveniences. To maintain optimal mental health in day to day functioning for better living thus assumes great importance.

At the outset one must admit that there is considerable conceptual ambiguity with regard to the construct of mental health. There is no single universally acceptable definition of mental health. For example, the layman’s concept of mental health is absence of mental illness or a negation of any mental trouble. Thus, the disturbances of the mind have something to do with the mental illness. But, the concept of mental illness goes much beyond the layman’s concept. In this discourse, we are not concerned with mental illness as such. Meaning of mental health does not imply mental health in terms of mental disorders only, nor does it imply that mental health and mental disorders are opposite poles on a single continuum. Absence of mental ill health is not the same as having good mental health. The factors that contribute to positive mental health are manifested in a general feeling of well-being, self confidence, personal competence, satisfaction, happiness and ego-strength. The negative mental health factors could be manifested as mental disorders or symptoms like anxiety, depression, obsession, compulsion, phobias, delusions, or even negative states like anger, hostility, dissatisfaction, fear, inferiority, etc.

Following the above aspects of mental health one can describe the functioning of mental health as two poles of a continuum, namely, optimal and minimal. Optimal mental health implies that individual, group and environmental factors work together effectively ensuring subjective well-being, optimal development and use of mental abilities and achievement of goals consistent with justice and equality. Minimal mental health results from conflict between individual, group and environmental factors producing subjective distress, impairment or under development of mental abilities, failure to achieve goals, destructive behaviour and entrenchment of inequities. In the present discourse I would like to confine myself to care for optimal mental health for better living and will not talk about mental disorders as such.

Because of conceptual ambiguity in defining mental health, attempts have been made to define or describe the criteria or characteristics of a normal personality (Coville, Costello and Rouke, 1960; Maslow and Mittelman,
positive mental health from the angle of cultural values (Jahoda 1958), normality, dealing with theoretical and clinical concepts of mental health (Offer and Subshin, 1974) and healthy personality from the humanistic viewpoint (Jourard and Landsman, 1980). Mental health is also viewed from a Marxian perspective and is considered as a disguised as a disguised formulation of the Marxian concept of alienation (Seeman, 1975). In the human system framework positive health encompasses all of the human system’s behavioural subsystems, namely, biochemical, physiological, perceptual, cognitive and interpersonal (Seeman, 1989).

There is, however, some agreement on the multi-dimensionality of the mental health concept in spite of the diversity of views about its nature. Kasl’s (1973) four different criteria to assess mental health are: functional effectiveness, well being, mastery and competence, and psychiatric signs and symptoms. Kornhauser’s (1965) conceptualisation and operationalisation of mental health are based on its six dimension, viz., manifest anxiety and emotional tension, feeling of self esteem, feeling of hostility towards other people, sociability and friendship, overall satisfaction with life and personal morale. These dimensions were derived from an industrial setting and represent the various aspects of mental health in a comprehensive way, offering methodologically sound operationalisation.

Mental health concept is global in nature and has been widely applied in various contexts involving multidisciplinary perspectives. Some of the meanings and connotations of this concept are reflected through:

- the emphasis on psycho-dynamic unity and personality integration in an individual in relation to his or her environment (Symonds, 1961);
- the description of mental life as ‘inner experience linked to interpersonal group experience’. Mental life is a combination of cognitive experience (perceptions, thinking processes); affective experience (emotions, moods and feelings); and relational experience (the way in which people interact with each other and environment) (WHO, 1981);
- positive state of mental health having parameters such as motivation, personal morale, self actualisation, life satisfaction and freedom from disease (Garnes, 1994).

In India no appreciable efforts have been made to define mental health (Sathyavath, 1988) except for a few passing references like...ideal social functioning is the social equivalent of ‘positive mental health’ (Carstairs and Kapur, 1976) and ‘...In the larger context, mental health is the other name of
quality of life...' (Wig, 1979). Professionals working in this area generally agree that positive mental health is not the mere absence of mental illness, but something different (Nagaraja, 1983).

One of the interesting studies examined the influence of education and socioeconomic status on modernity and also the impact of modernity on mental health. Individual modernity is relatively a new concept and the development of modern qualities is fostered both by levels of education and SES. Results showed that there was a significant difference in the modernity of the participants belonging to high and low SES and also in their mental health status. This is explained in terms of the modern man being more rational, less religious and more secular which make him combat several hardships generated due to deep rooted social hierarchy. A modern man is more capable in planning his future, less susceptible to the influence of prevailing traditional beliefs, which create marked mental problems in the individuals. Therefore, he is expected to be more mentally healthy than a non-modern man who is more fatalistic. The latter may be having more anxiety, tension, restlessness, anger, loneliness, strain etc., thus resulting in a lower mental health status (Chengti and Kedarnath, 1999).

The concept of emotional well being is indicative of mental health. It has been widely studied over decades. It has been the experience and the perception of many that emotion plays a vital role in determining human health and quality of life. The perception of quality of life reflects the level of one’s health status—both physical and mental. Findings of one of the recent studies shows that there exists a positive relationship among emotional literacy, quality of life and human health (Pradhan and Mathur, 2001).

Happiness as a corollary of good mental health has been studied (Shukla, 2001). According to the respondents in the study achieving success is a prerequisite for being happy and it is defined in terms of a distant long term goal. Also, it was hard for the respondents to list things and events which they most enjoy. Analysis of their responses reveals that some of the respondents are not likely to engage in pleasant events/activities on a daily basis (as they are not even aware of what pleases them), and who expect to be happy one once or twice in their life times (after achievement of life goal)!

If we integrate various dimensions of mental health, as suggested by different researchers, with that of positive health (Seeman, 1989), we are likely to infer both physical and psychological well-being of individuals.

Research studies in the area of stress throwing light on the nature of
mental health in industry and other organisations have been growing into thousands. Effects of organisational demands on individual well being, as well as the source or context in which stressors arise and responses occur have been extensively studied.

Some selected studies reviewed (Mathur, 1994) throw light on the nature of mental health and its correlates in the organisational and work context. Kanungo’s (1982) study on mental health, intrinsic-extrinsic orientation and job involvement is of significance in this context. An intrinsically oriented person is one who looks for job outcomes that will satisfy salient needs for personal success or achievement, independence, responsibility and self esteem. An extrinsically oriented person, on the other hand, is more concerned with job outcomes such as security, social approval, working conditions and salary that will satisfy salient extrinsic needs. Job involvement refers to a cognitive state of psychological identification with the job. Results showed negative significant correlation of job involvement with the composite mental health measure, confirming the expectation that too much job involvement may be detrimental to one’s mental health and manifested itself more clearly in the areas of anxiety and hostility. On the other hand, the intrinsic-orientation showed significant positive correlation with the composite mental health index especially significantly and positively related to self esteem and personal morale dimensions of mental health. These results suggest that individuals with high intrinsic orientation and low job involvement should exhibit the highest level of mental health.

Other personality characteristics like Type-A behaviour pattern, self-esteem and locus of control are of important concerns to understand mental health construct and care. Type-A individuals are more competitive, impatient and aggressive than Type-B individuals. Some of the studies (Caplan & Jones, 1975; Dearborn & Hastings, 1987; Kirmeyer & Diamond, 1985; Matteson, Ivancevich & Smith, 1984; Orpen, 1982; and Van Dijkhuizen & Reiche, 1980) showed greater evidence of strain for Type-A individuals than others working under comparable conditions.

Self-esteem constitutes a resource for coping. It can affect appraisal of situations, the choice of coping behaviours and the vigour with which a selected course of action is undertaken. Few studies (Bagozzi, 1978 and 1980; Byosiere, 1988; Keller, 1983; Petrie & Rotheram, 1982; Werbel, 1983) showed that higher self-esteem, was associated with lower job strain. However, more studies are required to understand self-esteem in relation to job stress and how it is affected by the work situation.
Locus of control (Rotter, 1966) is treated as an enduring individual characteristic. People with internal locus of control believe that they themselves are primarily responsible for what happens to them and people with external locus of control believe that major events in their lives are mainly determined by other people or forces beyond themselves. Their beliefs are assumed to be stable over time and situations and can affect strain and stress relationship. Some studies (Halpin & Harris, 1985; Lester, 1982; Reiche & May, 1985; Storms & Spector, 1987; Vredenburgh & Trinkaus, 1983) showed main effects of locus of control involving such stressors as role conflict, role ambiguity and overload. To understand the concept of control which is both a property of the person and property of the situation, more studies are required which may enhance understanding of job stress and mental health problems.

In India mental health services have been conducted to extend mental health care into both rural and urban communities with the support of WHO demonstration projects. These programmes depend upon successful training (or retraining) of primary health workers and general practitioners, the management of pharmaceuticals, the provision of consultants and referral sites, and the use of primary care auxiliary staff. Despite difficulties in these projects, they have been shown to reduce hospitalisation and the unnecessary use of district out-patient services, and to provide quality care (Dejarlais, Eisenberg, Good and Kleinman, 1995).

Families in India are recognised as the key to the mental health system. Families not only provide care in the community, but also provide crucial aspects of hospital care. Research indicates the benefits of psycho-educational work with families—both in managing the burden families experience and in increasing the effectiveness of their role as care providers. Also, the health policies incorporating mental health into public health, and addressing women’s needs and concerns from childhood to old age can be developed into numerous ways. Ethical considerations and competence of practitioners, from various government and non-government organisations, are central to the formulation of integrated health programmes capable of caring for mental health problems (Dejarlais, Eisenberg and Kleinman, 1995).

Some Indian studies have brought out the need to study natural disasters that have impact on mental health and implications for mental health care. A disaster is a very complex multi-dimensional phenomenon having ecological, economic, material, psychological and social aspects, whether or not there is any loss of human life. Natural disasters like cyclones, earthquakes, landslides, floods etc., induce disturbances turmoil or a prolonged life-threatening
environment where individual and/or group survival is usually at stake. Therefore, the role of disaster mental health workers and professionals, in addition to relief operations and rehabilitation services, is also to create disaster preparedness plans and implementation of training for mental health preparedness. These have proved very useful (Juvva and Rajendran, 2000). In another study forms of vulnerability in a disaster depending on different people’s needs has been studies (Parasuraman and Acharya, 2000). Still in a third study the argument is that the cultural belief system must be understood and ensured for developing culturally valid construct of mental health and its measures to understand the consequences of trauma. Therefore, multi-disciplinary research approach to the problem is essential and should be reflected in any methodological endeavour of various organisations (Patel, 2000). Some other studies show the importance of gender relations during disaster times—whether women are victims, survivors or perpetrators. Mental health professionals should also try to understand their experiences of poverty, homelessness and violence in the event of a disaster (Lohokare and Davar, 2000). Thus, the need for a broad understanding of the concept of mental health from a gender perspective becomes very important. (Davar, 2001).

Yet, another study brings out that though Indian mental health professionals have contributed a lot to the understanding of mental health in disaster situations through their knowledge and skill, yet, they have to play a multifaceted role in facing such a challenge and accepting disaster as an opportunity in discharging their roles. (Murthy, 2000).

Some of the studies from abroad on mental health care reveal that:

- single, more educated and having more social contacts, regular eating habits, having more autonomy at work, have less occupational health stress (Thelin, Stiernstrom and Holmberg, 2000);
- gaining competence in mental health issues relating to the occupational setting along with emotional sharing help to reduce professional burnout (Rabin, Saffer, Weisberg, Kornitzer-Enav, Peled and Ribak, 2000);
- participation in physical exercises was associated with greater improvements in general health, anxiety, perceived competence/self esteem and coping (Sorensen, Anderssen, Hjermen, Holme and Ursin, 1999).
- Psychosocial work environment and well being of mental health professionals can be improved by concentrating on organisational factors, such as, efficiency, personal development and goal quality (Thomsen, Seares, Nolan, Dallender and Arnetz, 1999).
The few selected studies quoted earlier (related to Type-A behaviour, self-esteem and locus of control) have important implications for mental health care with specific psychological perspectives.

The set of studies refer to lower mental health status of individuals with Type-A behaviour pattern (TABP) having lower mental health status. The TABP persons are characterised by enhanced aggressiveness, competitiveness, and impatience, both in their work and leisure activities, and have ambitiousness and deep involvement in their work, compared to the persons to Type-B behaviour pattern (TBBP). They are often in competition with their own standards, other persons or opposing forces in the environment to achieve more in less time. Individuals without TABP are classified as Type-B and exhibit a different style of coping in response to similar stresses and challenges in same or comparable environment. TABP persons, therefore, have more of physical and mental health problems. Mental health care for them should include interventions like changing environmental demands by placing limits on the amount of times spent in stressful environment. Another way could be to change the individuals’ response to the environment by frequently altering the characteristic manner in which they respond to these environmental demands. To achieve such change in their behaviour, they need to learn self-observation and to set realistic goals. These will help them to identify which behaviour and what kind of thought need to be changed. The other features in TABP persons are urgency for time, joyless striving and hostility to attain their career goal. Setting priorities of tasks to be performed, enjoying leisure time activities (like art, music and literature) and understanding the physical and mental risks associated with provocation of hostile behaviour have to be developed in these persons. These will help such persons to develop strategies for positive coping by keeping the situation in perspective, observing other people’s behaviour, replacing anger by generosity and co-operation. There are physiologic interventions (relaxation and bio-feedback), and pharmacologic approaches (prescription of beta-blockers) which might be used to control the physiological concomitants of Type-A behaviour like hyper-responsivity (Rosen and Solomon, 1985).

In mental health care the feeling of self-esteem, arising out of a positive self concept, is one of the vital aspects. Self esteem refers to the self evaluation each individual makes. A person expressing high self esteem believes himself or herself to be fundamentally good, capable, and worthy; low self esteem is a view of oneself as useless inept and unworthy. Others’ expressed opinions probably help shape these attitudes, and outsiders’ opinions may
sometimes bring about changes in one’s self-esteem. Comparing oneself with others affect the self evaluation. One’s self views become positive or negative depending on how psychologically close or distant one is with someone who is better off or worse off. In case of comparison with a person with whom one feels psychologically close, self evaluation becomes more positive, as one identifies something exceptionally good about that person. Thus, positive self esteem tend to be less lonely than those whose self esteem is low-suggesting that a positive self evaluation is associated with good social skills. This becomes a very important resource for coping with many kinds of stress situations that stand in the way of positive mental health and enhances personal morale. The implication of self esteem and personal morale for mental health status has been evidenced in the study on intrinsic-extrinsic orientation, job involvement and mental health (Kanungo, 1982).

As mentioned in a set of studies earlier, there are problems with the concept of control—whether it is the property of the situation, in understanding stress and mental health problems. It is good to feel in control of your life. But, what does that mean exactly? Control over what? How much of your life? How do the events in your life affect your sense of control? An event which is uncontrollable does not always lead to an increase in stress and also an event which is controllable does not always lead to a reduction in stress. Even people with higher internal locus of control can be most vulnerable to stressful events that are out of their control. Both eastern and western views differ in explaining the feeling of control of one’s life. That is why cultures differ in the kind of controls they emphasise. The western approach aims at using primary control, which means people trying to influence existing reality by changing other people, circumstances or events. If you don’t like something, change it, fix it, or fight it. The eastern approach aims at using secondary control, which means people try to accommodate to external reality by changing their own perceptions, goals or desires. In other words, if you have a problem, learn to live with it or act in spite of it. These two approaches influence practice in child rearing, socialisation, religion, work and psychotherapy. The point is not that one form of control is better or healthier than the other. Health and well-being seem to depend on the optimal use of primary and secondary controls. The emphasis on primary control encourages self expression, independence and change at a possible coast of self-absorption and loneliness, whereas, emphasis on secondary control leads to continuity, attachment, and serenity at a possible cost of self denial and stagnation. Mental health care can go a long way if we understand the concept of locus control.
of control in terms of dealing with most problems by trying to change what we can and accepting what we cannot.

Besides the individual factors there are other factors around us such as friendship, family and acquaintances, who play important roles in the care of both physical and mental health. Friends provide emotional support like concern and affection, offer cognitive guidance in evaluating problems and suggesting plan of action, and offer companionship to provide feel of attachment. Sometime they may give too much support or offer support at the wrong time. Therefore, stability in friendship is desirable for knowing each other well.

Total health care includes care for mental health. There are various ways to do so. One such is through yoga in its various forms as explained in The Bhagavad Gita and other Indian ancient scriptures. In brief these can be described as:

- **Bhakti yoga** is the path of devotion and love.
- **Karma yoga** is the path of selfless service, without ulterior motive or selfish gain.
- **Raja yoga** is the path of contemplation to control and master the mind by concentration.
- **Hatha yoga** is the practice of postures and breathing control with a view to findings calmness, mental balance and peace of mind.
- **Jnana yoga** is the path of wisdom and discernment.

*Sahaja yoga* (Sharma, 1995) is the practice of *kundalini* awakening by which one gets completely transformed as the body is purified of all ills. *Kundalini* takes care of all mental, physical and emotional problems. *Yoga* occupies a prominent place in behavioural medicine.

The practice of meditation fortifies and rejuvenates the mind and enhances memory, concentration and the capacity to understand abstract concepts. One of the important techniques of meditation is *Vipassana* (Vipassana Research Institute). It aims at the highest spiritual goals of total liberation and full enlightenment. With continued practice, it releases the tensions developed in everyday life and develops positive creative energy for the betterment of the individual and society.

A unique method of physical and mental is a Japanese process called *Riki* (Horan, 1997). It is a very ancient technology for fine tuning the physical and ethnic bodies to a higher vibratory level. In addition, some of the energy
centres, also known as chakras, are opened to enable the person to channel higher amounts of Universal Life Force Energy.

Last but not the least is the role of internet in mental health literacy. This has been studied (Christensen and Griffiths, 2000) to find out the informational and treatment opportunities offered by the world wide web (www). Its advantages, disadvantages and potential dangers of its role in mental health and related research have been commented upon with reference to two perspectives, namely, the impact of the web from the point of view of the clinician (the practitioner’s view), and on public’s knowledge of mental health (mental health literacy; the community and public health view). These perspectives are applied to two areas of impact: (i) information and knowledge, and (ii) treatment and self help. The web due to its accessibility has advantages in providing access to information, on line therapy and adjunctive therapy in mental health. Problems include information overload, poor information quality, potential harm and lack of scientific evaluation. The special features of the internet are likely to increase the general public’s access to information and to decrease unmet need. Sites and interventions on the internet, however, need to be formally evaluated. There are numerous other ways for mental health care. It is, however, not possible to go into each one of them here.

In conclusion it can be said that mental health as a concept goes much beyond what has been discussed. It is an exciting field of great complexity, great difficulty and great promise. It is of great complexity because of complex relationship that exits among psychological variables, physiological systems and mental health issues. It is of great difficulty because of the complexity of systems involved in methodological selectivity in samples. It is of great promise because one learns through carefully conducted scientific studies to answer many research questions to understand mental health more completely in addition to being inferred from experiences of being stress free and being stressed in professional and personal life, various attitudinal, motivational and personality factors, as well as, satisfaction derived from various life events.

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