THE UNIVERSITY OF ALBERTA

THE CONCEPT OF MENTAL ILLNESS: A PHILOSOPHICAL ANA. 'SIS

by

COLLEEN MARIE MEAD

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

PHILOSOPHY OF EDUCATION

DEPARTMENT OF EDUCATIONAL FOUNDATIONS

EDMONTON, ALBERTA

FALL, 1974

ABSTRACT

In this thesis I examine the concept of 'mental illness' to show that the phenomena referred to as mental illness is not illness, nor related to illness, as such. I first examine the medical model as applied to personality or behavior to reveal the inadequacies of this model. Secondly, I undertake an analysis of various concepts of 'mental health/illness' and argue that these concepts cannot be justified as concepts of 'health' or 'illness'. Thirdly, I argue in my concluding chapter, that given my findings in Chapters Two and Three, the concept of 'mental illness' is, in fact, a social and political concept, and that the concept of 'mental illness' qua illness is not only unnecessary and misleading, but constitutes a hindrance to the proper understanding of human behavior and a mystification of the origin and status of deviance.

TABLE OF CONTENTS

Chapter		Page
I	INTRODUCTION	1
II	THE MEDICAL MODEL	5
III	SOME CONCEPTS OF MENTAL HEALTH	27
IV	THE ROLE OF THE CONCEPT OF MENTAL HEALTH	56
BIBLIOGRAPHY		76

In psychology there are experimental methods and conceptual confusions.

-Ludwig Wittgenstein

The pseudo-liberal indoctrination whose doctrine is adjustment to society and a mature acceptance of responsibility is a good deal more pernicious than the stern authoritarianism of past ages, because it appears omnipotent and seems backed by modern psychological science.

-John Wilson

CHAPTER I

INTRODUCTION

Of late, a significant amount of controversy has centered around the question of 'mental health/illness'. The origin of the controversy was, at least ostensibly, a concern over the 'misuse' or 'abuse' of some psychiatric methods of treatment, and the influence exercised by the members of the psychiatric profession. For example, we are all aware that in certain countries, dissidents or 'trouble-makers' can be safely tucked away into mental institutions. Indeed, in many cases, the distinction between a penal institution and a therapeutic institution has become somewhat blurred. In the words of Lady Wootton, from Crime and Criminal Law, these institutions have become "genuinely hybrid" places.[1]

However, the issue is now beginning to take on new proportions; many intellectuals and laymen are beginning to raise key questions about the nature of the entire concept of 'mental health/illness'. One outspoken critic of the 'psychiatric endeavor', Thomas S. Szasz, (himself a professor of psychiatry) has attempted to show historical-social, as well as conceptual links between the Inquisition and psychiatry, between witchcraft and mental

---

1. Wootton, Barbara, Crime and Criminal Law, Stevens London, 1963, p.p., 80-82.

illness. He writes...

> The concept of mental illness is analagous to that of witchcraft. In the fifteenth century, men believed that some persons were witches, and some acts were due to witchcraft. In the twentieth century, men believe that some people are insane, and that some acts are due to mental illness...I (have) tried to show that the concept of mental illness has the same logical and empirical status as the concept of witchcraft... that the belief in mental illness and the social actions to which it leads have the same moral and political consequences as had the belief in witchcraft and the social actions to which it led.[2]

Certainly we cannot deny the increasing influence of psychiatry, psychology, and related professions on everyday life. Many institutions have found it advantageous for one reason or another to enlist people qualified in these areas as employees or consultants. Schools and other educational institutions are clearly not exempt from this all-encompassing trend; in fact, in many schools cousellors have almost become a 'piece of the woodwork'. At a more theoretical level attempts are being made to establish and defend the view that mental health should be an aim of education, that the concepts of 'mental health' and 'education' are logically interwoven.[3]

---

2. Szasz, Thomas, The Manufacture of Madness, Delta Books, New York, 1970, p. xix.

3. Wilson, John, "Mental Health as an Aim of Education", in Deardon, Hirst, and Peters, Education and the Development of Reason, Routledge and Kegan Paul, 1972, p. 94.

What then of the current debate? What is the import of Szasz's contention; or, more to the point, what is indeed the logical status of the concept of 'mental health/illness'? Surely, in light of the growing 'psychiatric-therapeutic endeavor', this is a large question with which one must grapple.

This thesis then will attempt to answer this question through an analysis of the concept of 'mental health/illness' to reveal its logical standing and the role it plays in society. Given that I am not a medical or psychological expert I might add a point of clarification, viz., this thesis will approach the problem from a conceptual point of view. I hope simply to clarify what is meant by 'mental health/illness', not to offer any further physiological or psychological explanation of human behavior, as such.

The following chapter will concern itself with the medical model of mental health/illness to examine its validity in application to personality or behavior. In this chapter I shall attempt to assess the adequacy or inadequacy of certain salient conceptual points of the medical model when applied to behavior.

Chapter Three will present a critical examination of some current conceptions of 'mental health/illness', and will evaluate certain key assumptions and frames of

reference involved in these notions. The discussion of the validity of these conceptions as some standards of 'mental health' will hopefully shed some light on the nature of the concept of 'mental health/illness'.

Finally, from the questions raised in Chapters Two and Three and the observations made therin Chapter Four will take its cue. On the whole I shall attempt to use this chapter to produce a few intelligible answers to the crucial questions generated by the enquiry in the two previous chapters. It is in this final chapter where the main thrust of my thesis will be advanced, viz., an explication of the status of the concept of 'mental health' of its nature, and of the role it plays in our contemporary society.

I must add, at the outset, that I shall consider the purpose of my thesis fulfilled if those who are involved in dealing with persons who are said to be 'mentally ill' find this analysis in some ways helpful in gaining a more clear conceptual understanding of the nature of this phenomenon. I also hope that educators who wish to incorporate 'mental health' within the "worth-while aims"[4] of the educational process will become more aware of the nature of this concept.

---

4. see Wilson, John, "'Mental Health' as an Aim of Education", *op. cit.*, p. 85.

CHAPTER II

THE MEDICAL MODEL

Any critical analysis of the nature of the concept of 'mental health/illness' must include an analysis of the validity of the application of the medical model to personality or behavior. This is necessistated by the fact that many people regard mental health as some sort of necessary or logical extension of physical health. That is to say that many people have come to regard mental health as a co-existent idea of physical health. For just one example a 1967 British Royal Commission report states that

> ...most people are coming to regard mental illness and disability in much the same way as physical illness and disability.[1]

R. S. Peters displays a similar sort of understanding of the nature of the two areas, i.e., mental health as a medical or 'scientific' concept.

> We tend to treat the doctor who looks after our bodies and the psychiatrist who looks after our mind with more respect than we treat the priest who looks after our souls - if we still think we have one. For they are scientists, and it is scientists who are now coming to be thought of as repositories of wisdom about the mysteries of life.[2]

---

1. Roberts, Nesta, Mental Health and Mental Illness, Routlege and Kegan Paul, London, 1967, 9. 32.

2. Peters, R.S., "Mental Health as an Educational Aim" in T. H. B. Hollins, Aims in Education: The Philosophic Approach, Manchester University Press, Manchester, 1964, p. 71.

However, it is my contention that the concept of 'mental health' bears a very elusive logical relation to the concept of physical health which must be clarified. It should be understood, at the outset, that this thesis will mainly concern itself with an analysis of the logical status of standards of mental health that are usually expressed in definitions of the concept. That is, this thesis is concerned with the nature of the concept of 'mental health', and with the role it plays; in this chapter an analysis will be provided of the nature of the concept of 'mental health' through a study of its relation to the concept of 'physical health', to establish the validity of the medical model.

A. NORMS (STANDARDS) IN MENTAL AND PHYSICAL HEALTH:

On a prima facie examination of the standards expressed in definitions of mental health and physical health, one very obvious, but none the less important, distinction can be made which lies in the types of terms used in expressing the standards, As Thomas Szasz points out.....

> Thus although the desirability of physical health, as such, is an ethical value, what health is can be stated in anatomical and physiological terms. What is the norm, deviation from which is regarded as mental illness? This question cannot be easily answered. But whatever this norm may be, we may be certain of only one thing: namely, that it must be stated in terms of psychosocial, ethical, and legal concepts. [3]

---

3. Szasz, Thomas S., Ideology and Insanity, Anchor Books, New York, 1970, p. 15.

The norm(s) of physical health are expressed in anatomical and physiological terms, whereas the norm(s) of mental health are expressed in psychosocial, ethical and legal terms. (Examples of these will be provided in later sections.) Obviously, this is one important difference; these two concepts aim to promote two logically different types of states in two logically different categories.[4] Clearly, a person 'diagnosed' as physically ill is judged so on entirely different grounds than is a person 'diagnosed' as mentally ill.

There are many people who believe that mental illness is a manifestation of brain disorders, but two things must be said about the validity of this belief:

(i) First of all, this claim cannot be extended to cover all the range of mental illness, but even more important,

(ii) if it were proven that brain or chemical disorders caused some forms of mental illness, this does not invalidate the claim that physical health norms and mental health norms are logically distinct - one promotes an anatomical standard and the other promotes any number of social/behavioral standards. As Wilson points out...

4.. for an explanation of "logical category" see Ryle, Gilbert, The Concept of Mind, Peregrine Books, Harmondsworth, Middlesex, England, 1968, p.17 and Wilson, John, Education and the Concept of Mental Health, Routledge and Kegan Paul, London, 1968, p. 25.

> Human beings have minds* as well as brains: and they are not in the same logical category.[5]

And Szasz emphatically adds...

> For those who regard mental symptoms as signs of brain disease, the concept of mental illness is unnecessary and misleading. If they mean that people so labeled suffer from diseases of the brain it would seem better for the sake of clarity to say that and not something else.[6]

It is Szasz' contention that...

> Psychiatry is much more intimately related to problems of ethics than to medicine in general. I use the word psychiatry here to refer to the contemporary discipline concerned with the problems in living, and not with diseases of the brain, which belong to neurology. Difficulties in human relations can only be analyzed, interpreted and given meaning within specific social and ethical contexts.[7]

It seems to me this particular outlook is a bit simplistic; that is, it seems, rather, that psychiatry, or those who promote mental health do not promote states of health as such, but rather particular views of life, or 'ideological'[8] outlooks, and that by promoting these views in the name of 'mental health', they are hereby

---

* for an explanation of the concept of 'mind', viz., as opposed to 'brain', see Ryle, Gilbert, op. cit., and Wilson, John, Education and the Concept of Mental Health, p.p. 24 - 25.

5. Wilson, John, Education and the Concept of Mental Health, p. 8.

6. Szasz, Thomas S., op. cit., p. 14.

7. Ibid., p. 19

8. Mannheim, Karl, Ideology and Utopia, Routledge and Kegan Paul, London, 1960, p. 36.

prescribing[9] acceptable ways of thinking, feeling and acting, and as a direct consequence of this approach, invalidating others.[10]

Indeed, the reasons for this contention must, at this point, be unclear to the reader, but, hopefully through the analysis presented in the following sections they will become much more visible.

In this section though, it has been established that:

(i) norms of physical health serve to promote a state of physical well-being while norms of mental health serve to promote a state of behavioral 'well-being'. That this distinction is significant to a proper understanding of the concept of 'mental health' remains yet to be shown. And whereas

(ii) states of mental illness may be induced by states of physical illness, this does nothing to remove the validity of the former claim.

The importance of these points are not to be diminished by their visibility. In the following section one should see why.

B. LEVELS OF AGREEMENT ON STANDARDS OF PHYSICAL HEALTH AND MENTAL HEALTH:

It seems fairly clear that to promote any standard

---

9. Hare, R.M., The Language of Morals, Oxford University Press, 1952, p. 36.

10. Laing, R.D., The Politics of the Family, The Hunter Rose Co., Toronto, 1969, p.p. 1 - 8.

of physical health or mental health it is necessary to have some sort of agreement on the following levels:

(i) to have a standard

(ii) which standard to have

In the area of physical health it is obvious that there exists a substantial agreement to level #(i) - to have a standard; and that although people in one area, say - the Northwest Territories may not be in the same state of health as those in southern Alberta, we still have an agreement, in principle, that everyone ought to meet some specifiable health standard - that is, an agreement, in principle, to level #(ii) - what standard to have. Hence, in the area of physical health, it can be said that we have,'in principle' an agreement on both levels.

However in regard to mental health, the degree of agreement on either level is not near as high. Even if one did claim that we do have a substantial agreement to level #(i) - to have a standard, it is simple to show, and will be shown, that there is little or no agreeement as to what form #(ii) should take, viz., which standard to employ.

It has been argued that standards of physical health are relative from culture to culture in much the same way as are standards of mental health.[11] But, this sort of argument is confused, on the following grounds:

---

11. Wilson, John, Education and the Concept of Mental Health, Alexander, Peter, "Normality" in Philosophy Vol.48, January 1973, p. 141.

(i) There is not an agreement on one particular standard of mental health for one given culture, e.g. Canada, so that the norms of mental health vary not only from culture to culture, but from group to group, or perhaps, even from individual to individual.

(ii) In the disputes over standards of physical health, the disputes center around the degree of health to be promoted or achieved, not about the central concept of 'health' as in the disputes about mental health. That is to say, in the area of disputes over physical health standards, (if the purported disputes do, in fact exist), the disputes are over what degree of acceptability is required of a particular concept of health, whereas the disputes about standards of mental health (which do, in fact exist) stem from initial conceptual, or paradigm (or ideological, viz., forms or ways of life) disagreements. For example, one does not hear doctors arguing about whether a fractured or an unfractured arm is healthy, but one does hear psychologists arguing about whether it is 'adjustment' or '<u>self-realization</u>'[12] that is healthy. We have not yet reached the stage of agreement on our initial concepts in this latter area.

---

12. see Rogers, Carl, "A Theory of Personality" in T. Millon, <u>Theories of Psychopathology</u>, W. B. Saunders Co., Philadelphia, 1967, p. 262.

> In physical health, we are all more less agreed about what counts as a 'disease' or 'malfunction'. But, in mental health there is, if not disagreement, at least a great deal of confusion.[13]

The reasons for this disagreement are extremely important, and will be developed as this thesis progresses.

C. THE ROLE OF THE CONCEPT OF PHYSICAL HEALTH OPPOSED TO THE CONCEPT OF MENTAL HEALTH:

It has been argued thus far that the concept of 'physical health', although the degree of acceptance or applicability may vary from culture to culture, can be expressed in particular, specifiable anatomical and physiological terms dealing with the maintenance of life. It has been further argued that there is no substantial agreement, on the level of specifics, as to what constitutes mental health; that whichever standard is articulated must be provided in psychosocial (behavioral) terms, dealing with the maintenance of <u>ways</u> of life.

It can be safely said that in any given culture the role of the concept of 'physical health' is to promote the physical well-being of the individual. If the concept of physical health was'removed' (by some means) the result would very likely be a much shorter life span for each individual and, probably, each life would be filled with more physical discomfort. What is notable about the standard of physical health is that it functions primarily

13. Wilson, John, <u>Education and the Concept of Mental Health</u>, p. 29.

to evaluate and promote where possible a particular state of physical well-being for the individual on that individual's <u>own</u> terms, viz., <u>his</u> best functional state. A lack of physical health threatens no one <u>physically</u> except the individual concerned. Anyone else is not threatened physically by another individual's physical malfunctioning (except of course unless the individual in question has a highly contagious disease).

It is unquestionably significant that there is no substantial agreement from group to group on standards of mental health. For example, in China, strong opposition is expressed to what is referred to as "bourgeois individualist"[14] conceptions of mental health. Is this because the Chinese hold a different conception of what it is to be a mentally healthy person, or is it because they hold a different social and political philosophy? It is my contention that these two questions cannot be answered independently of each other, such that any question about what constitutes a mentally healthy person cannot be answered without a social frame of reference in which to place an individual and his behaviors. That is, any conception of mental health must presuppose at least some form of social framework before it can go further to specify which behaviors are 'intelligible' or 'healthy' or 'sane'. For example, consider the following remarks of

---

14. Szasz, Thomas S., <u>The Manufacture of Madness</u>, p. 222.

a leading Communist psychiatrist, Professor Suh Tsung-hwa...

> ...neurosis and psychosis do not exist here, not even paranoia. At the bottom of these neurosis - a bourgeois sickness - is egoism. In the west, egoism is necessary for survival.[15]

I have argued that the standard of physical health is used primarily to promote the physical well-being of the individual, and have claimed that this is not the case with the concept of 'mental health'. Although in the foregoing paragraph only a superficial analysis is provided, an elaboration of which will be provided in Chapter III, it seems relativley clear at this point that, given that any concept of 'mental health' must presuppose a social frame of reference, its standard(s) must outline a type of personality which is, at least, compatible with that social setting. Thus, what a standard of mental health may seek to promote is behavior which is seen as desirable by the dominant group in a certain social setting; its role is to facilitate 'social harmony' by ensuring that no individuals deviate (consistently) to a great degree. The concept of 'mental health [illegible] its corollary 'mental illness', as defined by the dom[illegible]oup, serves to promote the behavioral well-being or sta[illegible] a social unit as opposed to the behavior that may be [illegible]s appropriate defined by the agent or deviant [illegible]ndi[illegible] According to Adams the concept of 'mental health/illness [illegible] to...

15. Ibid., p. 222

> various patterns of behavior considered maladaptive or inappropriate by implicit psychological and social standards.[16]

Contrary to the case with physical malfunctioning, one individual's mental malfunctioning may threaten others mentally, e.g. the mere presence of an obvious behavioral deviant may have disruptive effects on ('normal') others.

Hence, while the concept of physical health is employed to protect the physical well-being of the individual, the concept of mental health is employed to promote the social-behavioral well-being, i.e., cohesion of a social unit as is defined by the dominant group.

D. APPLICABILITY/SPECIFICITY OF STANDARDS:

As I have pointed out in previous sections, the concept of 'physical health' is not a particularly difficult concept to understand. That is, although in different cultures one may find different standards of physical health, this is due not to initial ideological or conceptual differences, but to varying environment, differences in capital and physical facilities, and so on. The concept of 'physical health' although applied to varying extents, can be theoretically applied to all persons regardless of society. For example, if one was in possession of a magic wand which could convert everyone to

---

16. Adams, Henry, "'Mental Illness' or Interpersonal Behavior?" in Milton and Wahler, Behavior Disorders, Lippincott and Co., New York, 1969, p. 45.

the same state of physical health, i.e., all body structures functioning at some specifiable norm, one would not have to stop and consider whether social and political differences would make this 'magic' maneuver impracticable.

However, if someone claimed that he had, in his possession, a means to make everyone in the world mentally healthy, the first question one would want to ask is, "What do you mean by 'mentally healthy'?", and if our health advocate replied, "Well self-actualized, of course", there would be serious disagreements and confusions as to what this second-level abstraction referred, and, also, whether it would be acceptable in any given culture, viz., in that social and political context. The point is, of course, that mental health standards are difficult to specify, and deem acceptable in any given culture, let alone in all cultures (alike).

I have argued that, theoretically, the standard of physical health as organismic functional integrity, could be specified and applied to all peoples alike - the concept of mental health, however, does not, by its nature, lend itself to this sort of specification and indiscriminacy.

E. VOLUNTARINESS IN TREATMENT:

There is one crucial difference in the nature of the

concepts of 'mental health' and 'physical health' which probably outweighs all others in isolating the salient features of the two concepts. This difference consists in voluntariness of treatment and can be found in any culture which employs a concept of 'mental health'. Indeed we are all aware that this difference exists, but, it seems we are surprisingly unaware of its significance.[17]

In the case of an individual suffering from a physical malfunction, no matter how many physicians certify him as in need of treatment,no matter how much family pressure is brought to bear on him to <u>seek</u> treatment, if he is past the age of consent, he is normally under no legal obligation to seek treatment - it is his choice.* In the case of an individual suffering from a mental 'malfunctioning', he has no legal choice to undergo treatment if he is certified as requiring treatment by psychiatrists and/or family, friends, employer. It seems that this legalistic difference may tell us something quite significant about the concept of 'mental health' as opposed to the concept of 'physical health'. First, it is reminiscent of the previously made distinction that physical malfunctions, i.e., <u>noncontagious</u> diseases, threaten only that individual concerned physi-

---

17. Szasz Thomas S., <u>The Manufacture of Madness</u>, p.p. 19 - 21.

* except, of course, in cases such as in Britain where people such as Jehovas' Witnesses may be coerced to accept blood transfusions.

cally, whereas mental 'malfunctions' may threaten others mentally. Thus, the decision to undergo treatment in this latter type of case may be made by others (who may be threatened by the individual's behavior). Secondly, this points out the social importance that is attached to the concept of 'mental health' as opposed to the individual importance attached to the concept of 'physical health'.

F. 'STRUCTURAL AND FUNCTIONAL INTEGRITY' - PHYSICAL HEALTH AND MENTAL HEALTH.

In the case of physical health, it is claimed that structural and functional integrity of the body constitutes the norm by which different states of health are judged; this norm is stated in anatomical and physiological terms.

In many instances, it is claimed that the norms of mental health are also based on a notion of a structural and functional integrity. David P. Ausubel, a clinical psychologist, in criticism of Szasz' position states...

> But even if we completely accepted Szasz' view that brain pathology does not account for any symptoms of personality disorder, it would still be unnecessary to accept his assertion that to qualify as a genuine manifestation of a disease, a given symptom must be caused by a physical lesion. Adoption of such a criterion would be arbitrary and inconsistent both with medical and lay connotations of the term 'disease', which in current usage is generally regarded as including any marked deviation, physical,

> mental, or behavioral, from normally desirable standards of structural and functional integrity.[18]

However, there are a number of glaring difficulties with Ausubel's position:

(i) He is begging the question by appealing to "current usage" for support when this "current usage" is precisely what is being questioned.

(ii) Probably the greatest criticism, though, is with this notion of "structural and functional integrity" itself. There seems to be, in application to mental health, or personality, three major ways in which it can be used; all three have their problems. "Structural and functional integrity" can be based on the following frameworks:

(i) an individual within a social system, or

(ii) an'absolutist' view, i.e., innate potential; e.g. Aristotle.

(iii) individual behavioral consistency, i.e., 'goal directed behavior'.

(i) If one sees "structural and functional integrity" as appropriate to the framework of the individual within a social system, and apply the medical model to behavior,

---

18. Ausubel, David P., "Personality Disorder is Disease", in Scheff, Mental Illness and Social Processes, Harper and Rowe, New York, 1967, p. 259.

one must assume, then, that society is an organism in much the same sense as is the human body, and that each individual in that society must exhibit certain behaviors with respect to his or her position in that society. That is to say that in the same ma r that the heart's function is to circulate blood, an individual's function is to perform whatever behaviors are designated by his place in the societal structure. Clearly, one can see the presupposition of an 'organic' social/political philosophy, as opposed to - say, the 'conflict' model. This social frame of reference certainly could be questioned.

Moreover, given this frame of reference, any labeling of social deviants as 'mentally ill' involves the fallacy of equivocation, where 'normality' indicates a shift from 'what is common' to 'what is desirable'.[19] This maneuver, although fallacious, is a device that is frequently employed in arguments promoting the status-quo.

(ii) If one talks of "structural and functional integrity" in terms of an absolutist conception; that is, the view that human beings have certain behavioral traits or personalities by their 'nature', then this is clearly a questionable position. For it is certainly debatable as to whether any set of 'essential facts' could be produced

19. Salmon, Wesley C., Logic, Prentice-Hall Inc., Englewood Cliffs, N.J., 1963, p.p. 103 - 104.

as to 'the nature of man'[20] and it is philosophically unacceptable, even if certain 'facts' did exist, to deduce any sort of 'ought' statements from these 'facts'[21] such as "All (healthy) men ought to be able to stand on their own two feet'. In the words of R.S. Peters...

> What then is the nature of such ideals and how far can the psychologist take us in justifying them. It might first be pointed out, of course, that mental health...is obviously a normative notion and that moral philosophers have demonstrated conclusively the illegitimacy of passing from facts about man's nature to normative ideals.[22]

It seems however, that it would be extremely difficult, if not impossible, to assert that there are 'essential facts' about 'man's nature'. For, if any counterexamples were presented, one would either be forced to retract one's position, or claim that these examples were not men. In addition, how would one justify which facts or truisms about 'man's nature' are the essential, or relevant ones. For example, is rationality on the same level of importance as ambition?

---

20. The idea of a 'nature of man' is based on what I would call 'the empirical fallacy' which asserts the questionable position that something known as man's innate nature determines his behavior rather than, say - social factors. This assertion is untestable, even 'in principle'.

21. 'The Naturalistic Fallacy' - where prescriptions or evaluative statements are purportedly deduced from descriptions.

22. Peters, R.S., "Mental Health as an Educational Aim", op. cit., p. 73.

(iii) Finally, we come to the view of "structural and functional integrity" in which it is claimed that an individual displays this "integrity" by following consistent, goal-directed behavior. But this particular conception is at least as troublesome as the former two, on the following grounds:

(a) a 'paranoid' who consistently behaves to avoid those who are plotting against him should be classed as 'sane'.

(b) It would seem that a person who behaves consistently would have trouble 'fitting in' for social situations are not compatible with this notion of consistency. For instance, one must act in one fashion with one's employer, in another with one's friends, in another with one's children, and yet another with one's spouse or loved one. In addition there are opposing theories which argue that 'adaptability' or 'adjustment' is the key to mental health. This, of course, stands in opposition to 'consistency' arguments.

(c) In most cases, people are not permitted to justify their activities merely by saying that they are exhibiting consitent, goal-directed behavior - for the obvious reason that certain goals are not open for pursuit, e.g., rape, robbery, political subversion.

Hence, it seems that this conception does not hold

up at all; it is simply too ambiguous.

"Structural and functional integrity", a conception useful and valid in physical medicine, simply does not apply to the area of personality or behavior, unless:

(a) one can legitimately call deviants from a social system 'mentally ill' by the mere virtue of their deviance, or

(b) one can legitimately cite certain relevant facts about man's nature (simultaneously explaining why the cited facts are <u>the</u> relevant ones), or

(c) one is prepared to call anyone sane, in which case there is no need for any concept of 'mental health/illness'. Condition (a) is obviously unacceptable, (b) proves contextually unworkable, and (c) is also obviously unacceptable to most people.

G. ILLNESS AS A CAUSE:

It is Szasz' contention that...

> Mental illness - as a deformity of the personality so to speak, is then regarded as the cause of human disharmony. It is implicit in this view that social intercourse between people is regarded as something inherently harmonious, its disturbance being solely to the presence of 'mental illness' in many people. Clearly, this is faulty reasoning for it makes the abstraction 'mental illness' into a cause of, even though this abstraction was originally created to serve only as a shorthand expression for certain types of human behavior.[23]

---

23. Szasz, Thomas S., <u>Ideology and Insanity</u>, p. 15.

Here, Szasz is essentially claiming that the medical model forces its advocates, in application to behavior, to see mental illness as both cause and effect, disease and symptoms. Ausubel asserts, though, that Szasz has constructed a 'straw man' in his argument, that experts in behavior do not, in fact, see mental illnesss as a cause.

> Modern students of personality do not regard mental illness as a cause of human disharmony, but as a co-manifestation of it, of inherent difficulty in personal adjustment and interpersonal relations.[24]

And, further that...

> There is no valid reason why a particular symptom cannot both reflect a problem in living and constitute a manifestation* of disease... But...some individuals...respond to the problems of living with behavior that is either seriously distorted or sufficiently unadaptive to prevent normal interpersonal relations and vocational functioning. The latter outcome - gross deviation from a designated range of desirable behavioral variability conforms to the generally understood meaning of mental illness.[25]

But there are serious problems with this position:

(a) He seems to be contradicting himself in that

---

24. Ausubel, David P., "Personality Disorder is Disease", <u>op. cit</u>., p. 262.

* for a further criticism see Skinner, B.F., "A Critique of Psychoanalytic Concepts and Theories" and "What is Psychotic Behavior" in Skinner, B.F., <u>Cumulative Record</u>, Appleton-Century-Crofts, Inc., New York, 1959.

25. <u>Ibid</u>., p. 261.

he is presenting mental illness as a cause of human disharmony - "behavior that is...seriously distorted...to prevent normal interpersonal...functioning"..

(b) Given the existence of a particular 'symptom', i.e., deviant behavior, one must assert that its cause is the presence of disease, i.e., disturbed mental apparatus, if one wants to consistently apply the medical model.* For in the practice of physical medicine, the existence of a particular symptom can be explained by reference to the fact that the individual in question has a particular disease, e.g., I have an upset stomach because I have the flu.

(c) If Ausubel disagrees with this, then he would have difficulty explaining why it is that only certain people display these "distorted" behaviors - they certainly did not "catch a disease"; Ausubel talks of "inherent difficulties in personal adjustment". Indeed, although this all very vague, he seems to be claiming either that certain people are predisposed to become mentally ill, or that in view of the difficulties inherent

---

* Milton and Wahler have schematized the medical model in the following fashion:

from Milton and Wahler, "Perspectives and Trends" in Milton and Wahler, Behavior Disorders, op. cit., p. 6.

in their social situation, these people will come to exhibit mental illness. And, if it is the case that their situation 'creates' a type of behavior appropriate to that context, but "distorted" in other contexts, then one must surely ask, 'Whey then is the emphasis placed on curing the individual, whose behavior is explainable in the light of their social situations?'

(d) If disease as cause of symptom(s) does not apply in the area of mental health, then physical illness is clearly not analagous to mental illness. It would seem, then, that the medical model has merely been a 'fair weather' friend to behavioral studies.

CHAPTER III

SOME CONCEPTS OF MENTAL HEALTH

> Our definition of concepts depend upon our position and point of view which, in turn, is influenced by a good many unconscious steps in our thinking. The first reaction of the thinker on being confronted with the limited nature and ambiguity of his notions is to block the way for as long as possible to a systematic and total formulation of the problem.
>
> But when the empirical investigator glories in his refusal to go beyond the specialized observation dictated by the traditions of his discipline, be they ever so inclusive, he is making a virtue out of a defence mechanism which ensures him against questioning his presuppositions.
>
> \- Karl Mannheim

In this chapter, several conceptions of mental health will be outlined and critically examined. In the course of this analysis, it will be shown that these conceptions are based on unmentioned appeals to either:

(a) an 'ultimate, absolutist' conception of man - a version of the empirical fallacy , or

(b) a presupposed social and political frame of reference which leads to the fallacy of equivocation, or a version of the empirical fallacy , or

(c) arguments which purport to describe the (healthy) personality of man, while actually prescribing

conduct - the naturalistic fallacy, or

(d) a combination of any of the above.

> psychiatric and sociological descriptions frequently offer promotive assertions in the guise of cognitive statements. In other words, while allegedly describing conduct, psychiatrists often prescribe it. Calling a person mentally sick is an example: it implies that his behavior is unacceptable and that he should conduct himself in other, more acceptable ways. [1]

A. 'NATURAL' STATES VS. 'UNNATURAL STATES'

Sometimes it is stated (especially by the 'average' common-sense governed person) that certain behavioral states are healthier than others because they are simply more 'natural', e.g., a heterosexual marriage may be said to be healthy while a homosexual marriage is not. To hold any conception of healthy behavior on these grounds, one is faced with the following difficulties:

(i) As Laing would argue, the 'natural laws' to which one would want to appeal are merely deeply ingrained social laws. (This is actually a case of #ii - see below.)

> The deeper social laws are implanted in us, the more 'hard-programmed',...the more like 'natural laws' they come to appear to us. Indeed if someone breaks such a 'deeply' implanted social law, we are inclined to say he is 'unnatural'. [2]

---

1. Szasz, Thomas, Ideology and Insanity, p. 50.

2. Laing, R.D., op. cit., p. 22.

(ii) Equivocation or circular argument - moving from 'that is common' therefore ' that is right or good.'

> Thus somebody might say 'Homosexuality is wrong because its unnatural. But as it stands this does not seem a very good argument. If by 'unnatural' he means (1) that homosexuality is a minority phenomenon, it cannot be a good argument for there are plenty of minority phenomena which we consider desirable, such as extreme saintliness and heroism; and, in general, why should unusual things be wrong? If he means (2) that homosexuality is wrong or immoral, it cannot be an argument at all for he has only succeeded in saying 'Homosexuality is wrong because its wrong.[3]

(iii) The naturalistic fallacy -

> Things like homosexuality, incest..., they might wish to say, are somehow really unnatural; they do not want to say merely that they are unusual, or merely that they are wrong, but that they are somehow not 'in accordance with nature' and hence necessarily wrong. To make sense of this we would have to represent Nature - and for this purpose it should have a capital N - as some kind of...law-giver, or moral arbiter. Such a picture makes the best sense of phrases like 'natural law', 'Nature intends us ...' or 'Men are meant to..'[4]

Probably the most common argument advanced in terms of 'natural' behavior is based on the fallacy of equivocation; one slides from using 'natural' to refer to 'common practice' to using it to mean 'right', or both at once. Wilson points out the usage of this fallacy

This is simply the distinction between (i)

---

3. Wilson, John, <u>Equality</u>, Hutchinson & Co. Ltd., London, 1966, p.53.

4. <u>Ibid.</u>, p. 52.

> 'natural in its descriptive use..., and (2) 'natural' as prescriptive or evaluative term. 'Normal' shows the same ambiguity. Either it means 'average', 'ordinary', 'to be expected',.. or it means 'healthy', 'proper', 'desirable'. Thus in 'unnatural practices', as applied to homosexuality or some other kind of sexual behavior, 'unnatural' may mean (1) 'out of the ordinary', or 'uncommon', (2) 'wrong', 'wicked', or 'immoral', or (3) both at once.[5]

Thus, one can see that any argument advanced for 'healthy' behavior in terms of 'naturalism' is based on any number of the above mentioned fallacies. This particular conception is rarely heard today, and therefore constitutes only a small portion of conceptions of mental health.

B. RATIONALITY.

The idea that mental health should refer to rationality is probably one of the most frequent ideas that one encounters, especially in the writings of philosophers, e.g. Wilson. On the surface, the assertion that people are (or ought to be) rational seems fairly unproblemmatic, except for two difficulties:

(i) Again, one finds the term 'ought' which indicates that one is dealing with a prescription - based on something more than 'facts'.

(ii) Or, how does one justify that rationality is <u>the</u> essential quality of a (healthy) man, for it seems that there are many other characteristics of man which

---

5. <u>Ibid</u>., p. 52.

could be chosen as desirable (healthy) characteristics, e.g., happiness, ability to love.

(iii) How does one specify what 'being rational' means? Does it have more than one meaning? If it does have more than one meaning, which meaning ought one adopt in this context?

(a) One could say that to 'be rational' means that one follows the 'correct' means of thought; that is to be rational, one must follow the rules of logic. Clearly, though this is insufficient, for the rules of logic do not equip us to deal with all kinds of problems, e.g., problems of choice or world-view, and, secondly, if one displayed only a 'fanatical' sort of reliance on the rules of logic this would not only be insufficient, but it might well militate against one's chances of being termed 'mentally healthy'

(b) Then of course, there is the conception of rationality which amounts to 'behaving in socially acceptable ways', or 'social conformity', as described by John Wilson.

> Demands to 'be reasonable' are in practice rarely tantamount merely to demands to consider the facts, use one's imagination, stifle prejudice, and so on, to which we should all assent; very often they amount to demands to accept the status quo, or to accept a particular way of doing things. [6]

---

6. Ibid, p. 141.

But the problem with this position, as Wilson points out, is that as a principle, social conformity would not be acceptable as an ideal for many people.

> Yet it is obvious that there are many instances in which a sane man would not conform to society, The notion of defining mental health in quite other terms...of flexibility, freedom, energy, creative ability, and the capacity for enjoyment - would seem dangerous to most modern indoctrinators. [7]

(c) In this passage, Wilson moves from a criticism of the notion of social conformity as an ideal to an advocacy of another ideal - "flexibility...and the capacity for enjoyment". This conception of mental health seems compatible with yet another notion of rationality advanced by himself in slightly different terms, and by Marie Jahoda, a prominent social psychologist.[8]

Jahoda arrives at an outline of six approaches that might be used in defining mental health, in this third sense of rationality. They are:

(i) Attitudes of the individual toward himself.

---

7. Wilson, John, "Education and Indoctrination" in T.H.B. Hollins, Op. cit., p. 43

8. It is interesting to note that Jahoda first discusses three other conceptions: i)"absence of disease", ii)"normalcy", iii)"various states of well-being". She discards i) - because it ignores differences in "health potential", ii) - because "we" might not want to call those who fit the statistical concept of normalcy 'healthy', and iii) - because it is too "subjective."

(ii) Degree to which a person realizes his potentialities through action.

(iii) Unification of function in the individual's personality.

(iv) Individual's degree of independence of social indluence.

(v) How the individual sees the world around him.

(vi) Ability to take life as it comes and master it.

> One value in American culture compatible with most approaches to a definition of positive mental health appears to be this: An individual should be able to stand on his own two feet without making undue demands or impositions on others. 9

The striking thing about the first five of these approaches is their tremendous vagueness; they outline the approaches but not the standards that are being used. This would allow them, it seems, to be used in almost any conceivable fashion - depending upon who is using them. However, when one looks at the last approach with its accompanying passage, one notices that: (a) this prescription only makes sense from the context of the dominant 'individualistic' American way of life, (b) those in American life who, in virtue of social circumstances, are unable to "stand on their own two feet", e.g., the poor blacks, are not to be regarded as mentally healthy.

The point is, it seems, that when one attempts to

---

9. Jahoda, Marie, Current Concepts of Positive Mental Health, Basic Books, Inc., New York, 1958. p.xi.

provide a specific behavioral content to these approaches, one must, a priori, label certain groups as mentally ill.[10] (This is largely, a consequence of presupposing a social-political frame of reference in which to judge behavior). On the other hand, if one retains the generality or vagueness of one's criteria, the criteria are effectively rendered meaningless.

Wilson, in a prelude to discussions of his concept of mental health as rationality, outlines various conceptions he holds of mental ill-health.

> ...the person whose mental illness takes the form of feeling compelled to touch every lamp post, or keep washing his hands, may neither be harming other people in any obvious way, nor yet doing something which damages himself. But even this person, by not being mentally healthy or rational as he might be, is in a quite obvious way failing in his realtionship toward others. He consumes much of his energy in acting out his compulsions, energy that might be devoted towards better ends; and he may fail in some quite specific moral duty because his attention is occupied in this way.[11]

Or,

> (i) He may lack certain cognitive abilities (perhaps particularly the ability to identify his own or other people's feeling).
>
> (ii) He may have these abilities, but fail to deploy them*.

---

10. see Chorover, Stephen, "Big Brother & Psychotechnology" in Psychology Today, October, 1973, p.p. 47-48.

11. Wilson, Williams, Sugarman, Introduction to Moral Education, Penguin Books, Middlesex, England, 1967, p. 87.

* For a general criticism of speaking in these terms, viz., of 'abilities', see Ryle, Gilbert, op. cit., p.p.275-290.

(iii) He may both have the abilities and deploy them, but still fail to feel and act appropriately to the situation.[12]

In these so-called 'descriptions', one finds an implicit assumption of social brotherhood or social harmony that manifests itself in Wilson's emphasis on moral duties or the individual's responsibilities to others. This is also evident, not surprisingly, in his conception of a morally educated person.

One notices, though, that in the different conceptions of rationality employed by Jahoda and Wilson, the former emphasizes (or seems to be emphasizing) social independence, and the latter emphasizes social duty.

In Education and the Concept of Mental Health, Wilson asserts that to avoid being termed 'mentally ill', an individual must be rational in the sense that he must be able to "live normally" in that society, at least in a minimally acceptable fashion.

> 'Illness' is much more tied to current notions of what is socially acceptable as 'living normally.'[13]

He claims that rationality is not, in this sense, culture

---

12. Wilson, John, " 'Mental Health' as an Aim in Education" in Deardon, Hirst and Peters, Education and the Development of Reason, Routledge & Kegan Paul, London, 1968, p. 36.

13. Wilson, John, Education and Concept of Mental Health, p. 36.

bound because it is relative to each culture's notion of 'living normally'. The fault with this argument is that it assumes, too quickly, a common cultural view, viz., within a given culture, of what it is to "live normally". I have argued previously that within any given culture, there may be conflicting views of what it is, or ought to be, to "live normally", e.g. compare Abbie Hoffman with Richard Nixon for an obvious difference in views. Also, there are problems with the statistical concept of normality which will be examined in a later section.

In his book, Equality, Wilson offers yet a rather different concept of rationality as a criterion for mental health (as opposed to ill-health) which is more clearly a normative concept. He asserts here that the criteria of rationality are:

> a) good communication within the personality,
> b) intensity of desire, c) harmony of desire, and
> d) breadth or variety of desire.[14]

He claims that these criteria are not "morally-laden," but, on what grounds can he justify that a person must have a variety of desires, that these desires must be harmonious, and that some must be more intense than others? These are important questions because, according to Wilson's criteria, a dedicated financier, or a revolutionary, whose only interests lie in the market or the revolution,

---

14. Wilson, John, Equality, p. 143.

respectively, would be, a priori, not mentally healthy. It seems that Wilson has some sort of 'all-round' person in mind. It is obvious that in order to qualify as 'healthy' under these criteria, a person must occupy a specific social position that allows him to develop and exercise these qualities; in other words, the inhabitants of remote portions of Latin America, or even most workers, laborers or housewives by the very nature of their life-style would probably not be in a position to be termed 'mentally healthy' on Wilson's criteria. Their life is simply too restricted.

But, how does he reconcile this position with his former position, i.e.,'rationality' as minimal functioning 'normality', and 'rationality' in this 'full'sense? Nowhere does he explain the logical connection between these two senses of 'rationality'. Wilson certainly illustrates however, the wide differences in which the term 'rationality' may be employed. On the one hand, he is claiming that an individual must only be able to function normally to be termed 'rational', and not mentally ill. And, on the other hand, he is prescribing seemingly unrelated conditions which must be met before the individual may be termed 'rational' and thus 'healthy'.

d) The final conept of rationality that will be examined herein is that of 'intelligibility of behavior' or 'meaningful behavior'. This is, indeed, an important

concept, especially in relation to mental health, as it is often claimed that mental illness in an individual takes the form of unintelligibility of action, speech, e.g., a 'catatonic trance'.

In The Idea of a Social Science, Winch discusses 'meaningful behavior' as it is used in phenomenological social science. He states that this type of behavior is that which is...

> 'subjectively intended'.....that the notion of meaningful behavior is closely associated with notions like motive and reason. 'Motive' means a...configuration of circumstances which to the agent or observer, appears as a meaningful 'reason' (Grund) of the behavior in question.[15]

That is, behavior is seen to be meaningful if it appears to the observer or to the agent that the agent had meaningful reasons for doing x. This definition, however, does seem circular.

Winch goes on to say that...

> A religious mystic, for instance, who says that his aim is union with God can be understood only by someone who is acquainted with the religious tradition in the context of which this end is sought. 16

His claim here it that an agent's behavior can only be understood by someone who understands the context in

---

15. Winch, Peter, The Idea of a Social Science, Routledge and Kegan Paul, London, 1958, p. 45.

16. Ibid., p. 55.

which the behavior takes place, viz., an 'empathic observer'. This is an obvious requirement, for without it one could not discern the agent's reason for doing x, let alone evaluate whether or not the reason is 'meaningful' or 'good'. Wilson also points out the importance of this 'contextual' sort of understanding in the following example:

> It seems equally plain that we cannot disagree with the Martian's criteria of value either, for just the same reason: we have no common ground. If we care to stand on his ground and accept his ultimate ends - to experience radio waves and cosmic rays - then we may be able to argue with him about what he thinks and does. We can point out certain facts to him, or criticize flaws in his reasoning, where these facts and flaws bear on the achievement of these ends. We might even think that his criteria were curiously disconnected from his actual nature - it might be that radio waves tended to make him ill, and cosmic rays were liable to kill him. But it might be characteristic of Martians that they like being ill and running the risk of being killed.[17]

Wilson seems to realize the difficulty inherent in evaluating an agent's behavior if one does not share or understand the same basic ontological frame of reference with the agent.

It would seem that if one wanted to employ the intelligibility criterion to determine who is and who is not mentally healthy, one would first have to overcome the following obstacles posed by this criterion:

(a) does only the agent act as judge?

---

17. Wilson, John, Equality, p..96.

(b) if one wants to include an observer as judge, does the observer have to understand the agent's context of behavior?

(c) what does 'understanding' consist of (in specific terms)?

(d) how does one decide who must be given to understand certain behaviors? Does a priest have to judge a priest? a 'paranoid' judge a 'paranoid'?

(e) if one employs one's own, or the dominant social frame of reference to judge intelligibility, one is effectively asserting that those who differ greatly from oneself are unintelligible or mentally ill, by the mere virtue of their difference. This argument is clearly fallacious.

Indeed, this concept of intelligiblity asks more questions than it solves; a concept of 'intelligibility' depends upon who must be given to understand the behavior in question. If only the agent is required, it may be the case that all behavior is meaningful; if an agent and (empathic) observer are required, then it may still be the case that all behavior is intelligible, if the agent and/or (empathic) observer are not the ones who decide what is and what is not intelligible, who does, and what concept of'intelligibility' is to be employed?

Clearly, it is not an easy task to present an

analysis of the concept of 'rationality', first, on the grounds that we don't agree as to what it means, and secondly, it is either (a) so limited that it cannot be appropriate, e.g.'logical thinking', (b) unworkable as principle, e.g., 'social conformity', (c) so vague and confused as to be almost meaningless, e.g. Jahoda and Wilson, or (d) so problemmatic that it is of no help e.g.,'intelligibility'.

C. REALITY PERCEPTION

> Mental health specialists have felt for many years that 'correct' reality perception is a valid indicator of the effective functioning of an individual...this suggests that however a person perceives the world there must be some data available to him that serve to support his perception."[18]

The crierion of "correct reality perception" seems almost axiomatic in dealing with the concept of 'mental health' as is evident in phrases such as, 'He's lost touch with reality'. Indeed, this criterion of reality perception is so obviously central that it is very often left unstated.

Philosophically speaking, there are a number of difficulties involved with talk of "correct...perception". One could, of course, be rhetorical and merely retort that obviously everyone does not see 'reality' in the same

---

18. Waetjen and Leeper, Learning and Mental Health in the School, N.E.A., Washington, 1966, p. 12

fashion (that is, if it makes sense to speak of 'reality' as something independent of people's perceptions). But, this is not to do justice to the difficulties involved.

The concept of 'perception' is, indeed, a complicated one; the usual conceptual mistakes in talk of perception take one of two forms:

(i) perception is equated to a physical process, i.e., an image forming on the retina or

(ii) it is equated to the above process plus a chronological step of interpretation (to account for the differences in perception). This is combining a cognitive experience with a physiological experience.

However, neither of these forms reflect a correct understanding of the nature of perception. Perception is a visual experience which is shaped by one's past experiences, and will serve to shape one's future experiences. As Ryle points out 'perceive' is an "achievement" verb in that it signifies success or completion in an observational or "a looking at" endeavor.[19] For example a physicist and an infant perceive things differently not only because of differences in some interpretive process, but because they have had different numbers and types of

---

19. see Ryle, Gilbert, op. cit., p. 211 and Hanson, Norwood, Patterns of Discovery, Cambridge University Press, 1958, Chapter I.

experiences which will lead them to literally 'see different things'. The point is that on the basis of one's experiences, one perceives things in a certain way which may or may not be in accord with others' perceptions.

What then is the norm which could be employed in talk of "correct perception"? It seems certain that it could only be based on some statistical standard - that is if 90% of the population see an 'x' when looking at a 'y', the "correct" perception is thus an "x".

However, this problem of perception narrowly conceived, is not the only one when using "reality perception" as a criterion for mental health. The problem, crudely stated, is this: Even if we could (or did) agree on a given set of perceptions of a given set of 'objects', we could still disagree as to what is the appropriate 'action' or 'reaction' to these perceptions. For a hypothetical example, on a television talk program, Mr. X introduced himself and gave a talk on the dire need for political asylum for the political prisoners in his country. During the course of the program, all of the viewers 'perceived' him as a Communist, but, only 10% reacted with sympathy to his cause, 25% were completely disinterested, and 65% became so vehement as to express anger that he was allowed television time. The point here is simply, that given an agreed 'perception', i.e., Communist, of a given 'object'

i.e., a man, we can still disagree, sometimes greatly, on the action or reaction to be generated by that 'perception', i.e., is 'Communist' a favorable, neutral, or pejorative term? This is not only a psychological point, it is a logical point.

Hence, this criterion of "correct reality perception" is at least as problemmatic as the previous ones. For, if we are implying, as indeed we must be, that "correct... perception" is that which is agreed upon by a majority then we are not talking of 'correctness', but of majority rule. For it makes no sense to talk of "correct" as opposed to "incorrect" perceptions, although it does make sense to admit that people do perceive things differently.

D. NORMALITY :

In an article entitled "Normality", which purportedly deals with the concept of 'normality' as it is employed in physical medicine and psychiatry or psychology, Peter Alexander states that his concern is with the following questions:

> What precisely do we mean by 'normal' when we talk of a 'normal' person?...Is it possible to say that something is normal without making judgements of values? [20]

(Note that by his usage of the term 'we' he is assuming a common usage of the term 'normal'. With a term like

20. Alexander, Peter, "Normality", op.cit., p. 138.

'normal' it is a moot question as to whether one can assert that everyone uses it the same way.)

Alexander then enters into a discussion of the statistical concept of normality; he states that this concept is central to understanding what 'we' mean by 'normality'.

> If we take a normal curve and mark off a central portion of it whereby for the greatest number of individuals fall, and designate those individuals 'normal', we are employing the statistical concept of normality. [21]

He points out that...

> Some people do, indeed, claim that this is the concept psychiatrists use when they say a person is normal...that this is more objective than other concepts and involves no necessary value-judgement. [22]

(Note here that he is pointing out that only some people claim that this is the concept psychiatrists use.)

There are, however, three major problems involved with the notion that psychiatric usage of the statistical concept can be 'objective'. The first is pointed out by Alexander himself.

> Of course, this concept may be used in a purely descriptive way, but it is also true that it is exceedingly difficult to use it as a basis for planning or action, and retain its objective or non-evaluative character. [23]

That is, it is possible to use the statistical concept in a purely descriptive fashion, as when one asserts 'x is

---

21. *Ibid.*, p. 139.

22. *Ibid.*, p. 139.

23. *Ibid.*, p. 139.

normal' meaning 'this is how xs usually are.' But, if one employs the concept as a basis for, say - psychiatric treatment, one is thus saying 'because xs are usually like this, then this must be the way xs ought to be'.[24] Clearly, one is under no compulsion, logically speaking to accept this argument because an evaluation has been made on the grounds of something more than 'the facts'.

The second difficulty is pointed out by Jahoda.

> Moreover, statistical definitions of psychological health involve basically non-statistical considerations...one has to define the population from which it is to be derived. And the choice of a population inevitably contains, at least implicitely, a non-statistical concept of health....
>
> Similarly...one would not give equal weight to all measurable psychological functions - say, the speed with which a person can cancel all of the a's in a page of print, on the one hand, and the frequency of hallucinatory experiences on the other - in developing a set of norms against which to evaluate the mental health status of individuals. [25]

The claim here is that whether or not one chooses to make evaluations on the basis of a statistical concept, one has already made evaluations in formulating the statistical concept. (The reader may recall that Jahoda dismissed any statistical concept of normality for psychological theory because it may not/does not reflect the criteria that many psychiatrists or psychologists would want to

---

24. committing the 'Naturalistic Fallacy'.

25. Jahoda, Marie, op. cit. p. 15.

advance as the criteria of mental health. One wonders then if Alexander is creating a 'straw-man' when he claims that the statistical concept of normality is the central concept for mental health definition.)

The third difficulty in using a statistical concept as the criterion for mental health is raised by John Wilson.

> On the one hand, we can talk about facts; "normal' can mean 'average', 'what most people do',...'common practice'. In a slightly different way, but still talking about facts, we can speak of 'what most people would like to see', 'what society approves of'...what most people do, and what most people think ought to be done, are both matters of fact. This is different from what really ought to be done.
>
> On the other hand, we can talk about individual choices and preferences. Those who think (rightly) that 'normal' i the above sense has no necessary connection with what is right, or what is'really' mentally healthy or desirable may feel inclined to say that there is no such thing as 'normality' apart from this above sense.[26]

Wilson seems to be in agreement with Jahoda - that the statistical concept of normality has no place in discussions of mental health. But, in addition, he raises another interesting point - that there are different levels on which a statistical concept of normality (or mental health) can be formulated. It seems though, that Alexander is speaking of a statistical concept based on the first level - of what people actually do, or 'common practice'; this may be, in fact, in many cases a different thing from

---

26. Equality, op. cit., p.p. 29-30.

what people feel ought to be done. Alexander seems frequently, to be assuming that the statistical concept and the normative ideal coincide.

> We slide from using 'normal' to mean 'usual' into using it to mean 'desirable'.27

> If we consider what we mean when we say "That is not normal" even when statistical data are directly involved, it is clear that more often than not this is itself a judgement that something is wrong. 28

Alexander claims that in psychiatry, the statistical concept of normality is used in making judgements as to who requires treatment. That is, the concept is used as a norm for mental health. The implication of this sort of position, however, is more dangerous than Alexander may want to admit. As Jahoda points out...

> It is generally accepted that the term 'normality' covers two different concepts...as a statistical frequency concept and...as a normative idea... To believe that two connotations always coincide leads to the assertion that whatever exists in the majority of cases is right by virtue of its existence. 29

In a seeming attempt to justify his position, Alexander turns to a discussion of the concept of 'physical health' in an attempt to show that judgements about physical health are no different from judgements about mental health.

---

27. Alexander, Peter, "Normality", op. cit., p.140.

28. Ibid., p. 140.

29. Jahoda, Marie, op. cit., p. 15.

> A statement about the proper functioning of an organ is not a purely factual statement, as we tend to suppose, but rests upon value-judgements to the effect that some states are better than others.[30]

'Normality', as it is employed in physical medicine can be conceived in the following fashion, according to Alexander:

> ...a given state of something, x, is regarded as normal because that is how xs usually are and no better state has been conceived.[31]

Two points must be raised here:

(i) Is it, in fact, the case that people agree, on the basis of statistical data, that no better behavioral states can be achieved (or conceived)? I think not. It seems that at least one thing this thesis has shown, thus far, is that there are arguments to the effect that certain normative behavioral states would be 'healthier' than the prevailing behavior patterns (common practice).

(ii) In contrast to psychiatry or psychology, physical medicine employs various levels of normality in making judgements: (a) the individual's normal state, (b) the group's normal state, e.g. 'middle-aged' women and (c) the society's normal state. Concepts of mental health based on a statistical concept of normality, however, must employ only a group or societal concept of

---

30. Alexander, Peter, "Normality", <u>op.cit</u>., p. 142.

31. <u>Ibid</u>. p. 141.

normality (according to Alexander). This is, indeed, an important distinction. For, in the case of physical medicine, a person does not necessarily receive treatment because his physical state is at variance with the group or societal norm. For example, obesity (a state in which an individual is ten pounds over a designated group norm) may be abnormal in terms of the group societal perspective, but if an individual is obese and has been so for a period of time, a physician will not necessarily recommend that the individual lose weight, especially if in doing so he is causing discomfort or other ill-effects to that patient. That is, the individual's normal state may override the societal conception of a normal state in determining whether or not treatment is required. In addition, in physical medicine, a condition that is deemed quite normal (usual) in a given group, e.g. vaginal infections in females taking oral contraceptives, does not determine that this state is 'healthy'. On the contrary, women are treated for this normal (usual) condition. It seems, then, that there are two important distinctions with the usage of the concept of normality in physical medicine and in psychiatry or psychology.

(a) In physical medicine an individual is not necessarily termed 'unhealthy' and treated because his state is at variance with a group or societal norm. His normal

state may override the latter state in determining whether or not he should be treated. In psychology, according to Alexander, if an individual's behavior is at variance with a group or societal norm, this is precisely the grounds on which he should be treated. He does not have an 'individual normal state' to which he can appeal. Consider a person pleading, "But doctor, I've always been paranoid."

(b) Moreover, in physical medicine, what may be statistically normal in a given group, may not necessarily be considered 'healthy'. On the contrary, it may be considered pathological. In psychiatry, however, if Alexander is correct, whatever is statistically normal in a given group may never be 'pathological'; it is, by definition, 'healthy'.

Clearly, then, the statistical concept of normality does not play the same sort of role in physical medicine and in psychiatry in determining what is healthy.

Near the end of his article, Alexander takes a step in another direction. He argues that a statistical concept of normality, alone, is not sufficient to determine which behavior (or individuals) requires treatment. He states that "[illegible]igibility" of behavior is the precipitating factor

> ...we do not send a person for treatment unless some part of his pattern of behavior is so far from some rough statistical average that it is unintelligible, and the notion of intelligibility is partly at least, socially dependent. [32]

Indeed, it is certainly strange that he would devote so much time discussing the psychiatric usage of the statistical concept of normality, which is, it seems, neither a necessary or sufficient characteristic of mental health, when he could have devoted his time to the concept of "intelligibility" which he seems to feel is both a necessary and sufficient characteristic of 'healthy behavior'.

Given that the concept of 'healthy' behavior has already been discussed, it does not deserve separate treatment in this section, as Alexander does not address himself to the problems raised in ther former section. And, interestingly enough, the only form of analysis, or justification that he does provide is a social and political justification for the role of psychiatrists.

SUMMARY:

In the foregoing sections, I argued that specific conceptions or criteria of mental health can easily be advanced; the proliferation of various writings and points of view certainly attest to this claim. However, to

---

32. Ibid., p. 146.

justify these conceptions on valid grounds is quite a different step; we have seen that recourse to the medical model is not an open channel, as the similarity between the concepts of 'mental health' and 'physical health' goes no further than to occupy the status of a bad analogy.

> The expression 'mental illness' is a metaphor that we have come to mistake for a fact. We call people physically ill when their body functioning violates certain anatomical and physiological norms; similarly, we call people mentally ill when their personal conduct violates certain ethical, political and social norms. This explains why many historical figures from Jesus to Castro... have been diagnosed as suffering from this or that psychiatric malady. 33

In the immediately foregoing sections, various conceptions of mental health were discussed; it was revealed that if these conceptions could be specified to contain any meaningful import, they were either inappropriate, or based on fallacious reasoning.

'Naturalism' as the criterion for mental health involves either: (a) the 'empirical fallacy', or (b) the naturalistic fallacy, or (c) the fallacy of equivocation, or (d) a combination of these fallacies.

'Rationality' as the criterion for mental health is a problem, first, on the grounds that it is difficult to agree on what constitutes 'being rational'. Secondly, any

---

33. Szasz, Thomas, Ideology and Insanity, p. 23.

particular conception advanced as the criterion for mental health involves fallacious reasoning - the naturalistic fallacy, or the 'empirical fallacy', or vagueness or any combination of these.

"Correct reality perception" as the criterion for mental health seems to be based on an argument of the following form 'We all see certain things in much the same way. Therefore, we ought to see all things in much the same way'. Logically and psychologically, there is nothing compelling about this argument - it also moves from descriptive premises to a prescriptive conclusion.

'Normality' when advanced as the criterion for determining mental health, usually falls prey to the fallacy of equivocation, e.g. 'normal' meaning at once 'common practice' and 'correct'. The statistical concept of normality, when employed as a norm for psychiatric judgements, no longer remains a 'descriptive' concept but a prescriptive concept. It relies on equivocation, the naturalistic fallacy, and what I have termed the 'empirical' fallacy for its pseudo-justification.

It could be charged that a non-representative sample of conceptions of mental health has been discussed herein, that there are conceptions which would not fall prey to the sorts of criticisms which have been raised. My only defence is that of the various conceptions which have

presented themselves in the course of my research, there has not been one which for its justification, does not compel itself to rely on fallacious reasoning, or questionable presuppositions. My reasons for the omission of other conceptions of mental health in this section are two fold: (a) economy of space, and (b) their inclusion would serve no other purpose than to strengthen what I have already said. As Jahoda states, the problem is the same with any conception of mental health.

> ...Only as one calls these psychological phenomena 'mental health' does the problem of values arise in full force. By this label, one asserts that these psychological phenomena are 'good'. And, inevitably, the question is raised: Good for what? Good in terms of middle-class ethics? Good for democracy? For the continuatiion of the social status quo? For the individual's happiness?[34]

Since it has been argued that any conception of mental health is compelled to rely upon fallacious or questionable reasoning for its justification, the question that arises is obvious - 'How do we come to hold a concept of 'mental health'?' 'What is the nature and function of this concept?' These questions are of paramount importance, not only to this thesis, but hopefully to the general enlightenment of those who would read it.

The following chapter will deal with the much-needed answers to these questions.

---

34. Jahoda, Marie, op. cit., p. 77.

CHAPTER IV

THE ROLE OF THE CONCEPT OF 'MENTAL HEALTH'

> Empirical research which limits itself to a particular sphere is for a long time in the same position as common sense; i.e., the problematic nature and incoherence of its theoretical basis remain concealed because the total situation never comes into view.
>
> A theory then is wrong if in a given practical situation it uses concepts and categories, which if taken seriously, would prevent man from adjusting himself at that historical stage. Antiquated and inapplicable...theories are likely to degenerate into ideologies whose function it is to conceal the actual meaning of conduct rather than to reveal it.
>
> \- Karl Mannheim.

In the preceding chapters, it was argued:

(a) that concepts of 'physical health' and 'mental health' stand in no direct logical relation to each other, that they promote logically distinct types of states in logically distinct categories, and

(b) that any concept or criteria of mental health is open to criticism on the grounds that it involves fallacious reasoning - the positing of a rather 'shaky' set of presuppositions as a frame of reference which is regarded as more or less an absolute by which to judge behavior.

These two main arguments advanced in the foregoing

chapters indicate that the concept of mental health cannot be rationally justified by reference to the medical model or to other forms of valid rational argument, One wonders, then, how 'we' come to hold a concept of 'mental health' what the nature, i.e., its logical status, of this concept is, and what the role of the concept is. This chapter, then, will concentrate on providing intelligible answers to these questions in the light of the arguments raised in the preceding two chapters.

It is quite correct to assert that people who come to be identified as 'mentally ill' or 'insane' are different, in a particularly strong sense, than 'we' are. Undeniably, history testifies to the presence of these sorts of people. John Wilson points out that...

> There have always been people who were mentally ill. But many, perhaps most, societies in the past looked on such people in what we ourselves could regard as an 'unscientific' way. A madman might be regarded as possessed by Devils or afflicted by God."1

...or according to Thomas Szasz, in The Manufacture of Madness, an historical comparison of the Inquisition and psychiatry...

> In the changing attitude towards witchcraft, modern psychiatry was born as a medical discipline. This view has been interpreted to

---

1. Wilson, John, Education and the Concept of Mental Health, p.6.

> mean that people thought to be witches were actually mentally sick, and that instead of being persecuted for heresy, they should have been treated for insanity.[2]

The point here is simply that in any given society, historical or contemporary, there have been individuals whose behavior, by virtue of its difference, demanded some sort of explanation and a means by which to control it - religious or medical. In historical times, under the influence of religion, the explanation and 'treatment' were provided through religious rhetoric, and so it must have been to be socially accepted, viz., given the ideology of the day. Today, under the influence of science and technology, the explanation and 'treatment' are provided by medical rhetoric, and so it must be to be socially accepted. Wilson warns that...

> This way of looking at things has, however, certain dangers. We may find ourselves rejecting 'devils' or 'evil spirits', but substituting some other picture which looks more 'scientific'. ... Even though we may admit that such ways of talking are metaphorical or 'not to be taken literally', they nevertheless dominate our thinking.[3]

However, not only the strict medical model is dangerous and misleading, as Wilson would want to imply, but the whole concept of 'health/illness', 'normal/pathological' is dangerous and misleading when applied to behavior or

---

2. Szasz, Thomas S., The Manufacture of Madness, p.xix

3. Wilson, John, Education and the Concept of Mental Health, p.7.

personality. To understand this claim, one must clearly understand the nature of the concept of 'mental health', and the role it plays.

A. THE NATURE OF THE CONCEPT:

It has been argued in the previous chapters that any concept of 'mental health' must rely on one of the following two sets of presuppositions to provide it with its theoretical basis or frame of reference:

(a) a conception of an 'innate nature' of man; this leads to the view that men should exhibit certain behaviors or personalities by their 'nature'. This view was shown to be questionable or fallacious on two grounds. Firstly, it is difficult to claim that men exhibit certain behaviors 'by nature' because if one is presented with counterexamples, one is either forced to retract one's position or to claim that these counterexamples are not men - this is clearly absurd, because one is merely loading the term 'men' or 'human beings' with social or psychological assumptions.[4]

(b) even if it were accepted that all men do, in fact, exhibit the same sort of behaviors, that they do so by 'nature' is merely an assumption. There are those, for

---

4. Kamenka, Eugene, Marxism and Ethics, Macmillan and Co.Ltd., Toronto, 1969, p.p. 26-27.

example, who would want to claim that behavior is socially determined. It seems, though, that (all) men do not exhibit the same sorts of personalities or behaviors, and, even if they did, it would be impossible to prove that this is due to man's 'innate nature'.

Let us examine, then, the second frame of reference - that is, the social c[illegible] a basis for determining 'healthy' behavior or [illegible]ities.

Clearly, a de[illegible] mental health/illness that is based on a social context e.g. Canadian society, must prescribe or evaluate rather than describe (healthy) behavior. First, it may be the case that people would not want to assume that particular type of society as a frame of reference, as 'a given'. They may have another sort of (better) society in mind, e.g. Marx, Goodman, Fromm. Secondly, any judgement on the basis of a 'given social context' as to which behaviors are 'appropriate' or 'healthy' is precisely a judgement or an evaluation. It is quite a different animal than a description, or a 'factual' assertion. Hence, we are still left with a situation where it is possible that we all may agree on a particular social frame of reference as a standard, but it is still logically and empirically possible to disagree on which behavioral states or personality types

are 'healthy' in that context. Clearly, then, any claim that certain behavioral states or personalities are 'healthy' and others are not bears the status of a prescriptive assertion - it prescribes certain behaviors over others. It asserts that people ought to think, feel, or act in certain manners. It is not a description that (all) people do, in fact, think, act, and feel in these manners.

Thus, it seems that the concept of mental health is a social and political concept because it essentially prescribes acceptable types of behavior or personality types, it is not a concept of health, nor is it analogous with the concept of health. A given social context is assumed, then the sorts of personalities which are seen (by some) to be compatible with this social context are presented as 'healthy'. It may be the case, of course, that some who are in positions to advance concepts of mental health are not in sympathy with the social system currently in existence, and therefore base their concepts of a healthy person on an alternate social system, e.g. Marcuse, Fromm.[5] Nevertheless, whatever sort of a concept of 'mental health' advanced on an explicit or implicit assumption of any sort

---

5. see Fromm, Eric, The Sane Society, Fawcett Publications, Inc., Greenwich, Conn., 1955, p. 15.

of social order or world-view is essentially prescribing rules of conduct. According to R.D.Laing...

> Psychiatry is concerned with politics, with who makes the law. Who defines the situation. What is in fact the situation. What is in fact the case and what is not the case. That is with ontology.[6]

There are those who would argue that people whose behavior is deviant in the sense we have been considering should properly be termed 'mentally ill' because there exists noticeable differences in their brain physiology. However, according to Dr. Stephen Chorover, a research professor in physiological psychology, this argument is fallacious, because the existence of differences does not tell us that one state is healthy and others not, only that they are different. These judgements have been made prior to such research, on a non-physiological basis; any subsequent research results in a 'self-full-filling prophecy'. Chorover states that ...

> ...we know from recent experiments that we can induce measurable changes in the ...brain by exposing laboratory animals to different experiences... . This suggests that the diversity of life experiences can induce a diversity of brain characteristics. But, it does not imply that such diversity is undesirable, or that certain characteristics are bad or unhealthy.[7]

---

6. Laing, R.D. op. cit., p.8.

7. Chorover, Stephen, "Big Brother and Psychotechnology", op.cit., p. 49.

Furthermore.

> Even if we can discover a difference in a deviant individual's brain, we cannot conclude... that it is justifiable to correct his behavior by altering his brain. [8]

In an article entitled "Schizophrenia as Ideology" Thomas Scheff, a sociologist, suggests the following experiment to reveal the nature and origin of the concept of 'mental health'. He suggests that in conversation, if one were to gaze at a speakers ear instead of at his eyes or mouth (as usual), this slight deviation from social convention would have disruptive effects on the conversation. He claims that this sort of experiment, reveals the existence of an all-pervasive social and interpersonal order which is taken for granted until abrogated.

> There is a social, cultural, and interpersonal status quo whose existence is felt only when abrogated...deviations are considered disruptive and disturbing. The society member's loyalty to his culture's unstated conventions is unthinking but extremely intense...Mannheim referred to such intense and unthinking loyalty to the status quo as ideological. Ideology in the sense refers not only to the defence of explicit political or economic interests, but, much more broadly, to a whole world-view or perspective on what reality is. [9]

Scheff argues that those who talk in terms of mental health/illness are talking in ideological terms, that

---

8. Ibid., p. 49.

9. Scheff, Thomas, "Schizophrenia as Ideology" in Phil Brown, Radical Psychology, Harper & Rowe, New York, 1973, p. 48.

the concept of 'mental health' is an ideological concept which functions as a social and interpersonal stabilizer. Moreover, he claims that the concept of mental health functions to "reify" the prevailing order (or,reflects a prior reification).

> The concept of illness and its associated vocabulary - symptoms, therapies, patients and physicians - reify and legitimate the prevailing order at the expense of other possible worlds...
> Most of the "symptoms" of mental illness... Far from being culture-free, such symptoms are themselves offences against implicit understandings of particular cultures...The symptoms of mental illness are, therefore, violations of residual rules.[10]

The argument is essentially this: because 'we' are so deeply, unconsciously wedded to our social order, i.e., 'our reality', and its accompanying conventions, we view those who break its rules, who threaten its existence, as 'mentally ill'. This type of loyalty we display to the social and interpersonal status quo is called an 'ideological' outlook because (a) we are generally unaware of its existence, (b) we are certainly unaware of its intensity, and (c) we are unable to conceive of another sort of reality.

Because the concepts of 'mental health/illness' reify the prevailing order (or reflect a prior reification), deviance comes to be seen as a property, something <u>intrin-</u>

---

10. <u>Ibid</u>., p. 50.

sically 'sick' or 'maladjusted' or 'bad'. Certainly, though, it is fallacious to argue that someone is 'sick' because he is a deviant - consider the Nobel prize winner. Moreover, as Chorover points out...

> Deviance is thus not a property of behavior itself as much as a value-judgement conferred upon it by the group. If we accept this idea, we see that deviance is a pattern of behavior that a group considers so dangerous or embarassing or irritating that it brings sanctions against it. This is an important point because it establishes a basis for distinguishing between deviance and disease. That the definition of deviant behavior is essentially social and cultural suggests that it ought to vary with time and circumstances.[11]

The concepts of 'mental health/illness' reflect a confusion as to the nature of deviance. They suggest, on a priori grounds, that deviants are mentally ill. This view presents deviance as a property, a quality which should be 'cured' or 'treated, which, in turn, serves to reinforce the basis upon which these behaviors were judged.

> To the extent that medical science lends its name to the labeling of non-conformity as mental illness, it is giving legitimacy to the social status quo. The mental health researcher may protest that he is interested not in the preservation of the status quo but in a scientific question: "What are the causes of mental illness?" According to the argument given here, however, his question is loaded - like,

---

11. Chorover, Stephen, "Big Brother & Psychotechnology", op. cit., p. 48.

"When did you stop beating your wife?" or, more to the point, "What are the causes of witchcraft?". Thus, a question about causality may also be ideological, in Mannheim's sense, in that it reaffirms current social beliefs, if only inadvertently.[12]

I have argued that co[illegible] of 'mental health/illness' that purport to be based on man's 'nature' are clearly fallacious. Concepts of 'mental health/illness' based on a social-interpersonal-political frame of reference are also misleading and questionable; they stem from a reified conception of society which confuses the nature of deviance. The so-called description of 'the heal[illegible]y personality' are not descriptions of health at all - they are social prescriptions of conduct. No human conduct bears the stigma of deviance or 'illness' unless there are those with different attitudes or perspectives that constitute a dominant group and will label it as such.

Although rather poetically stated, Laing illustrates the concept of 'mental health' as a 'mystification'.

> Between the truth that is called a lie, and the lie that is called the truth lies the field of mystification, confusion confounded into false clarity, where images and ideas we imagine and think are real, and that we must preserve, paralyse our imagination and our thinking.[13]

12. Scheff, Thomas, op. cit., p. 59.

13. Laing, R.D., op. cit., p. 10.

B. THE ROLE OF THE CONCEPT:

In this section, the concern will be with the role of the concept of 'mental health/illness' as a frame of reference in studying behavior. It is my contention that this particular way of looking at behavioral phenomena is not only inadequate, but totally misleading. Again Chorover writes,..

> The origins of this... lie partly with the behavioral scientists themselves, with the choices they make about how to study man and society. Whenever we begin to investigate a social or behavioral problem, how we decide what the cause and the best solution are...how we make a diagnosis - depends on what aspects of the situation we choose to study. When we decide to study a problem in a certain way, we are making a decision that has political impact, for this choice heavily influences what our conclusions will be. 14

Furthermore,

> Once we focus our attention on the behavior of the individual, it becomes highly unlikely that we will be disposed to deal with the larger social context in which the behavior occurs.
>
> That context becomes for us what the physicist calls a frame of reference - a set of objects or events assumed to be unchanging...Many behavioral scientists...have yet to learn that they cannot understand the behavior of individuals without studying the context in which it occurs. 15

That is to say that in using concepts of 'mental health' or 'illness', we are focusing our attention upon the behavior of the individual, as though he holds personality

---

14. Chorover, Stephen, "Big Brother & Psychotechnology," op. cit., p. 46.

15. Ibid., p. 47.

traits which are intrinsically bad, without reference to the social context from which these concepts arose, and without reference to context which shaped that individual's behavior. Judgements are made, therefore, that certain 'personalities' are a priori psychologically 'defective' without explicit reference to why they are held to be such, and then judgements are made that a particular individual is psychologically 'defective' without explicit reference as to why he should be seen as such. One common example, for instance, is the 'neurotic housewife' - she is judged to be 'pathological' because her behavior is seen as 'inappropriate' or 'neurotic' or 'dysfunctional' in the larger social context. However, if one were to examine her social position, one would very likely find this sort of behavior very appropriate in her circumstances, i.e., economic and social dependency on the husband. It seems questionable that these sorts of behaviors can be categorically, or hypothetically, termed pathological without reference to the larger social context in which they were judged to be so. However, when one applies this 'normal-pathological' model in the smaller context, i.e., the male dominated family it becomes an even more questionable position.

More important, though, is the consequence of this 'normal-pathological' typology when studying behavior; the employment of this sort of model essentially turns attention away from the social context of that behavior, and focuses it on the individual because it is he or she who is 'mentally ill', viz., his or her mind is diseased.*

> This view holds that some people have contemptible moral and psychological defects and that their behavior is ultimately traceable to deeper sources of personal weakness.... It follows from this view that when we formulate public policies to deal with social conflict, we should focus not on faults in the social systems, but rather on disorders of personal adjustment. [16]

Or, in the words of Ryan from Blaming the Victim...

> In defining social problems in this way, the social pathologist's...ideology concentrates almost exclusively on the failure of the deviant. To the extent that society plays any part in social problems, it is said to have somehow failed to socialize the individual, to teach him to adjust to circumstances. [17]

In addition, another function of this sort of view is that once an individual has been 'diagnosed' as 'sick', his status has been reduced to something quite less than a full human being; his behavior is regarded as a personal affliction, and at the very least, never to be taken seriously. Once this is accomplished, he is no longer regarded as a person experiencing difficulties perhaps

---

* see Skinner, B.F., "A Critique of Psychoanalytic Concepts and Theories", op. cit., esp. p. 188.

16. Ibid., p. 44.

17. Ryan, William, Blaming the Victim, Panteon Books, Random House, New York, 1971, p. 14.

due to social circumstances, but as some sort of 'sad case' not to be taken seriously, due to <u>his</u> mental illness or to his problems of personal adjustment.

> In both families and societies, practical and political interests may be served by attributing blame, by identifying symptoms as causes, and by controlling individuals whose behavior is defined to be dangerous or disturbing. But to contend that such practices have a scientific justification denies the insights of science itself and confuses authority with wisdom.
> Once deviant behavior has been successfully reduced to the status of a personal affliction it has been taken out of its social context and stripped of its countercultural connotation.[18]

Moreover, the concept of 'mental health' would lead us to believe that certain states, e.g. happiness, are intrinsically 'healthy' that in their absence we should assume the presence of mental illness. "Johnny is never happy because he is mentally ill", when, in fact, it may be the case that Johnny is never happy because his parents beat him. Some would argue that the former explanation would never be provided in such a circular manner, e.g. Ausubel, but if the beatings, and not mental illness, are seen as the cause of Johnny's perfectly appropriate state of unhappiness or depression, then why invoke any concept of 'mental illness' at all? Ausubel, or others, would argue that mental illness refers not to the cause, but to the behavioral state (unhappiness or

---

18. Chorover, Stephen, "Big Brother & Psychotechnology", <u>op. cit</u>., p. 47

depression) which requires treatment. But, the obvious question is, 'Why ought behavior which can be seen as perfectly appropriate to certain circumstances be 'treated' or considered 'unhealthy?'; this is precisely the point at which the concept of 'mental health' breaks down. Surely, behavioral scientists are not willing to argue that people should be happy, or free from anxiety if their social circumstances are such that depression or anxiety is quite appropriate. Promotion of this sort of argument is essentially the promotion of a society of "happy pigs", viz., happiness regardless of any conditions. Certainly, we are all aware of the implication of this sort of argument. Nevertheless, this is the sort of argument inherent in concepts of 'mental health'. Any concept of 'mental health' prescribes certain minimal states to which individuals must conform, regardless of their social situation, e.g., their behavior must be intelligible - Alexander; or, they must be able to "live normally" - Wilson. To advance these arguments categorically is certainly fallacious; to advance them on a hypothetical basis is still questionable, and logically speaking, fallacious.

Moreover, if the concepts of 'health' and 'illness' continue to be employed with respect to behavior, 'treatment' for mental illness will continue with no regard for the following factors:

(a) that there is no scientific justification for this sort of action (science rarely provides justification)

(b) that the grounds on which people are 'diagnosed' as 'healthy' or 'ill' are not 'health' grounds at all, but social and political grounds.

(c) that, perhaps, it is social factors, and not individuals, which require 'treatment'.

> If we remain predisposed to study the control that can be exerted over the behavior of individuals and continue to ignore the complexity of underlying systems, we may fail to discover a whole range of possible solutions to our most crucial problems.[19]

Also, as long as we talk in terms of 'mental health/illness', we will continue to view deviance as a property, and that those who 'possess' this'property' of devianc- must be 'treated' or 'cured' on these grounds. This normal/pathological manner of looking at behavior (as an ideology) has in addition the power of concealing our presuppostions for ourselves.

> If we are ever to end the use of our knowledge about brains and behavior as a tool to repress, separate, and discard deviant human beings, we will have to realize that deviance is mainly an issue of sociology and politics rather than biology and psychology. Deviance reflects a divergence of ideas and a clash of behavior patterns.[20]

Thus far, there remains a predisposition to label

---

19. Ibid., p. 54.

20. Ibid., p. 54.

those who are 'intolerably different' as mentally ill, on (fallacious) a priori grounds. By this maneuver, one form of social existence is successfully perpetuated, and, in the name of science no less, other forms are 'invalidated' and controlled through the power of incarceration, if necessary.

> ....psychology must understand that political struggle takes place not only on the level of organized political movements, but also between people in their daily lives. That the ideology (and the power behind the ideology, incarceration) of mental illness is a key weapon in these micro-struggles is clearly demonstrated... 21

C. CONCLUSION:

If those who talk in terms of mental health and illness want also to claim that normal/pathological model of viewing behavior is valid, they would first be forced to overcome the following difficulties (which, it seems cannot be overcome):

(1) How can one validly assert that only certain types of behavioral states are 'healthy'? In other words, is it possible, by rational means alone, to validly prescribe behavior? Certainl since Hume's writings, philosophers have realized that this latter question does not even make sense - because evaluations or prescriptions are not made on the basis of rational argument alone.

---

21. Brooks, Keith, "Freudianism is Not a Basis for Marxist Psychology", in Radical Psychology, op. cit., p. 350.

(ii) If one is bold enough to claim that it is possible (by some mysterious method) to assert that only certain behavioral states are 'healthy', how, then does one determine which ones are 'healthy'? For if recourse is taken to arguments in physiology or biology, this is clearly fallacious because judgements about the abnormality of certain behaviors have been made prior to any empirical research. This research amounts to a 'self-fulfilling prophecy:

> No one denies the possibility of one empirical research nor does anyone maintain that facts do not exist...They exist for the mind always in an intellectual and social context. That they can be understood and formulated implies already the existence of a conceptual apparatus And if this conceptual apparatus is the same for all the members of the group, the presuppositions (i.e., the possible social and intellectual values), which underlie the individual concepts, never become perceptible. [22]

If recourse is taken to talk of 'innate natures', this is certainly unacceptable, as any argument along these lines commits any number of fallacies. If a social context is invoked to determine 'healthy' or'appropriate' behaviors, then what is being determined is not a concept of health, but obviously a social or political concept.

Indeed, it seems time to stop our unthinking banter of the concepts of 'mental health' and 'illness'. It is

---

22. Mannheim, Karl, op. cit., p. 91.

time to consider what kind of a concept we are employing but more important, what we are doing by employing it.

> The world is for us what is represented through...concepts. That is not to say our concepts may not change; but when they do, that means our concept of the world has changed too. [23]

> If science teaches us anything, it is to believe in doubt, respect complexity, and rigorously search for deeper understanding of the human condition. The basis of science should be curiousity. [24]

---

23. Winch, Peter, op.cit., p. 15.

24. Chorover, Stephen, "Big Brother & Psyc- technology, op. cit., p. 54.

BIBLIOGRAPHY

Adams, Henry,"'Mental Illness' or Interpersonal Behavior?'" in Milton and Wahler, Behavior Disorders, Lippincott and Co., New York, 1969.

Alexander, Peter, "Normality" in Philisophy, Vol. 48, January, p. 141.

Ausubel, David P., "Personality Disorder is Disease", in Scheff, Mental Illness & Social Processes, Harper & Rowe, New York 1967.

Brooks, Keith, "Freudianism is Not a Basis for Marxist Psychology", in Phil Brown, Radical Psychology, Harper & Rowe, New York, 1973.

Chorover, Stephen, "Big Brother & Psychotechnology", in Psychology Today, October, 1973.

Fromm, Eric, The Sane Society, Fawcett Publication Inc., Greenwich, Conn., 1955.

Goffman, Erving, Asylums, Anchor Books, Garden City, New York.

Ha[illegible]n, Norwood, Patterns of Discovery, Cambridge University Press, 1958.

Hare, R. M., The Language of Morals, Oxford University Press, 1952.

Hospers, John, An Introduction to Philosophical Analysis, Prentice-Hall Inc., Toronto, 1967.

Jahoda, Marie, Current Concepts of Positive Mental Health, Basic Books, Inc., New York, 1958.

Kamenka, Eugene, Marxism and Ethics, Macmillan and Co., Ltd., Toronto, 1969.

Laing, R. D., The Politics of the Family, The Hunter Rose Co., Toronto, 1968.

Mannheim, Karl, Ideology and Utopia, Routledge and Kegan Paul, London, 1960

Millon, T., Theories of Psychopathology, W. B. Saunders Co., Philadelphia, 1967.

Milton, and Wahler, "Perspectives and Trends", in Milton and Wahler, Behavior Disorders, Lippincott and Co., New York, 1969.

Nielsen, Kai, "Alienation and Self Realization", in Philosophy, Vol. 48, January, 193.

Peters, R. S., "Mental Health as an Educational Aim", in T. H. B. Hollins, Aims in Education: A Philosophic Approach, Manchester University Press, Manchester, 1964.

Peters, R. S., The Concept of Motivation, Routledge and Kegan Paul, London, 1960.

Roberts, Nesta, Mental Health & Mental Illness, Routledge and Kegan Paul, London, 1967.

Ryan, William, Blaming the Victim, Pantheon Books, Random House, New York, 1971.

Ryle, Gilbert, The Concept of the Mind, Peregrine Books, Middlesex, England, 1968.

Salmon, Wesley, Logic, Prentice-Hall, Inc., Englewood Cliffs, N.J. 1963.

Scheff, Thomas, Mental Illness & Social Processes, Harper & Rowe, New York, 1967.

__________, "Schizophrenia as Ideology", in Phil Brown Radical Psychology, Harper & Rowe, New York, 1973.

Skinner, B. F., "A Critique of Psychoanalytic Concepts and Theories" and "What is Psychot Behavior?" in Cumulative Record, Appleton-Century-Crofts, Inc., New York, 1959.

Szasz, Thomas, S., Ideology & Insanity, Anchor Books, New York, 1960.

__________, The Manufacture of Madness, Delta Books, New York, 1970.

__________, Psychiatric Justice, Delta Books, New York, 1969.

Waetjen & Leeper, Learning & Mental Health in School, N.E.A., Washington, 1966.

Wilson, John, Equality, Hutchinson & Co., London 1966.

__________, Introduction to Moral Education, Penquin Books, Middlesex, England, 1967.

__________, Education & the Concept of Mental Health, Routledge & Kegan Paul, London, 1968.

__________, "'Mental Health' as an Aim in Education" in Deardon, Hirst & Peters, Education and the Development of Reason, Routledge and Kegan Paul, London, 1968.

__________, "Education and Indoctrination" in T.H.B. Hollins, Aims in Education: A Philosophic Approach, Manchester University Press, 1964.

Winch, Peter, The Idea of a Social Science, Routledge & Kegan Paul, London, 1958.

Wootton, Barbara, Crime and Criminal Law, S[illegible]en, London, 1963.