

Social Well-Being through Mental Health

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ABSTRACT

This paper discusses the contribution of mental health to the achievement of social well-being. The adverse effects of mental illness on family members and society at large are noted. The ways in which society benefits from the reduction of mental illness, and from the promotion of positive mental health, are considered. Two examples are given of specific ways in which positive mental health can be promoted. These are anger management and mindfulness training. Some of the empirical evidence relating to these are briefly reviewed. It is argued that Buddhism has a contribution to make to the promotion of mental health of individuals through some of its strategies for personal change and personal development. Finally, issues pertaining to the interactions between the individual and the society are considered. It is concluded that, in the endeavour to foster social well-being, both individual mental health and wider social interventions have a part to play.

Introduction

Mental health is recognized as an unimportant priority in the present day world. Many countries have explicit policies promoting mental health, and the World Health Organization (WHO) has been pushing for positive mental health policies and strategies for many decades now. Mental health, both as absence of mental illness and as positive mental well-being, is obviously something valued and cherished. Mental illness causes much distress and unhappiness to the individual, whose functioning in various domains can get seriously impaired. The depressed person, for example, is by definition seriously unhappy – full of lethargy, guilt and pessimism, and can even be suicidal. A patient with a psychotic disorder such as schizophrenia is seriously hampered in his functioning; he may be deluded, have hallucinations, and lose contact with reality. A patient with an anxiety disorder, such as social phobia or obsessive-compulsive disorder, is usually affected in a more limited way, but the distress is no less real. In other disorders not listed above, the individual suffers in various ways, either impaired in functioning or deeply distressed, often both.

Social Consequences of Mental Illness

What is equally important to recognize is that mental illness also has social consequences. In fact the discipline of social psychiatry, a branch of psychiatry, has this as its major focus (Bhugra & Leff, 1993). It is not just that a mental illness causes impairment and distress in the individual concerned. Someone's mental illness also affects society, at various levels. The distress of a mother or father, or spouse, caused by the psychiatric illness of a person is all too obvious to see. In addition to the distress, there are also anguish, fear of what might happen, and also the burden (which they may not see as a burden in their love for the affected one) of having to care for, and ensure the safety of, the sick person. The individual's inability to function or work causes financial difficulties for the family. His aggressive behaviour may cause real worry about safety, and his bizarre behaviour may cause embarrassment.

Beyond the family, there are serious consequences for the society at large (Jablensky, 1990). The loss of working days due to mental illness is high in all countries, although figures are maintained only in some. The person's productivity either fails completely, or is drastically curtailed. In addition, there is the social cost of care: medication, services of health professionals, social security, and – in a proportion of cases – the need to look after the mentally ill in residential facilities.

In the last thirty years or so, the social consequences of mental illness have been recognized and taken serious note of (Wing, 1993). Society has a duty of care, and this is discharged with varying degrees of commitment in different societies – sometimes through the state, sometimes through the family and extended family, sometimes through charities and voluntary organizations. All of these are also involved, again in varying degrees, in helping the affected individual back to health – a process of rehabilitation, aftercare and relapse prevention.

Social Benefits of Mental Health

Clearly if mental illness is reduced in its occurrence, prevalence and severity, the negative consequences for society will in turn be reduced. For this reason, social psychiatrists and psychologists consider prevention of mental illness as an important task. The work aimed at prevention includes: primary prevention, where the aim is to ensure that someone does not develop a disorder in the first place; secondary prevention, which aims to minimize the severity and prolongation of an illness in someone already afflicted, and to reduce chances of a relapse after recovery; and tertiary prevention, where the aim is to reduce the long-term disabilities and serious negative effects that may emanate from a disorder (Lorion & Jackson, 2000). Fortunately, mental health professionals in most countries now recognize the importance of prevention, and prevention programmes have become a serious priority of health service planners.

The prevention of mental illness clearly promotes social well-being. This is because the societal negative effects of a person's mental illness are reduced or eradicated. The financial costs are reduced; so is social disruption. For the family there is freedom from great distress and a great burden, and also from the social stigma which is unfairly still attached to mental illness.

Positive Mental Health Promotion

Mental health, viewed more positively as more than the mere absence of specific mental illness, also has an effect on social well-being. In some ways, one could argue that positive mental health leads and contributes to social well-being in a more substantial way than the mere absence of mental illness. This may seem a curious statement to make, but it is clear that positive mental health is more than the mere absence of a mental illness. A person's psychological outlook and functioning can have an overall positive quality over and above the absence of a psychological disorder. A person who is well-adjusted to his society and the environment, who is able to tolerate stresses and irritants around one without reacting with excessive anger or despair, who is happy within himself and therefore free of constant inner conflicts, is both a positively healthy person, and one who contributes significantly to social-

well-being. This kind of positive psychological adjustment also reduces one's vulnerability to certain psychiatric disorders.

How might a society achieve social well-being through mental health in this positive way? Promoting the psychological adjustment of individuals is an obvious avenue. The details of how this is to be achieved, at what organizational level should this be undertaken and so on are open to different views, which are not necessarily contradictory.

Two examples of specific ways in which psychological health can be promoted in individuals are discussed below.

Anger control:

We know, from a rapidly growing literature, that helping people to control and manage their anger has vastly beneficial effects not just for themselves, but for their families as well. The rates of domestic violence are alarmingly high in many countries and societies, and the available figures almost certainly represent an underestimation. Violence by husbands on their wives and by parents on their children is disturbingly common. Estimates of the number of wives and partners subjected to violence in a domestic setting vary considerably, but the figures are high. In one study, it was reported that nearly 20% women who go to hospital emergency services for medical treatment had been battered (Stark & Flitcraft 1988). Work on preventing violence, including psychological interventions with those who attack their wives and with those who have a history of violent behaviours towards others, is now considered a legitimate task of mental health professionals (e.g. Ammerman & Hersen, 1990). Helping the perpetrators of violence to react in a more measured, non-aggressive way in situations which have typically provoked violence in them has immense benefits. The work of Ray Novaco (e.g. Novaco, 1975, 1985) over several decades is an excellent example how anger management can be a major part of positive mental health promotion. His recent work includes the very modern problem of road rage. We all know how common rage among drivers is on busy roads, and we also know how disastrous the effects of such rage can be. Novaco and others have demonstrated that people can be helped to become less vulnerable to feelings of rage, and to become more able to bring under control their anger-based behaviours. One's reactions to what one perceives as a provocative situation can be modified, turned into more adaptive ones. The contribution of such steps in promoting positive mental health to social well-being cannot be overstated.

Mindfulness training:

There is some interesting and promising recent work in mindfulness training, or mindfulness meditation, which merits mention here. The modern use of mindfulness training in certain clinical settings has been discussed in various publications, including an excellent recent book by Segal, Williams & Teasdale (2002). This work includes helping people to get over anxiety problems, and preventing relapse in people who have had an episode of significant depression and recovered from it. Also worth highlighting in the present context is the work that has been done using mindfulness in promoting psychological well-being in general, thus leading to social well-being. Brown and Ryan (2003) have recently reported some impressive work from the University of Rochester. How would mindfulness enhance well-being? One route

would be through its association with optimal moment-to-moment experiences. In their research programme, Brown and Ryan (2003) examined empirical links between mindfulness and well-being. As a first step they developed an instrument to measure mindfulness, which they called the Mindful Attention Awareness Scale (MAAS). This instrument is focussed on the presence (or absence) of attention to, and awareness of, what is occurring in the present. After starting with a large pool of items, they finally included 15 items in the MAAS. Some these were: 'I could be experiencing some emotion and not be conscious of it until some time later'. 'I find it difficult to stay focused on what's happening in the present', 'I do jobs or tasks automatically, without being aware of what I'm doing' and 'I find myself preoccupied with the future or the past'.

Having developed the instrument, Brown & Ryan (2002) then did a study to see how well MAAS scores correlated with various aspects of well-being. Overall, the results confirmed the hypothesized links. In another study in the programme, they examined the hypothesis that mindfulness would be a predictor of day-to-day self-regulation and well-being. They also conducted a clinical study, with groups of patients suffering from breast cancer and prostate cancer. They found that higher levels of mindfulness were related to lower levels of both mood disturbance and stress.

The results of this innovative programme of research encourage one to consider mindfulness training as a means of enhancing individual well-being – i.e., a pathway towards achieving positive psychological health. Like anger control, mindfulness skills can be taught and learned, and thus would be a valuable part of mental health development.

The point that needs to be emphasized is that there are ways in which individual mental health, in a positive sense, can be promoted and enhanced. This would contribute to enhanced social well-being, by enabling people to interact with each other with less aggression and more co-operation, with less impatience and more calmness, and with fuller awareness of the present which enhances positive emotional states. Enhanced individual mental health and well-being also lead to greater efficiency and greater productivity.

Buddhist Contribution to Mental Health Promotion

It is clear that Buddhism, and other religious/spiritual traditions, have a contribution to make to the enhancement of social well-being through mental health. It will have been noticed that one of the examples given above as a way of promoting positive mental health and well-being is essentially derived from Buddhist practice. This is the practice of mindfulness, which occupies such a central position in Buddhist meditation and personal development. Indeed the present-day professionals who advocate and use mindfulness in the area of mental health openly acknowledge that they have taken this approach from Buddhism (e.g. Kabat-Zinn, 1994). The other example given above, that of anger control and anger management, has been developed independently, but the potential relevance of Buddhist ideas and practices to this area is also considerable. Buddhism promotes the overcoming and eradication of anger and violence, and emphasizes the value of developing a mental attitude which is incompatible with anger or violence. This is of course *mettā*, loving-kindness. Buddhist monks and lay disciples down the ages have achieved anger control, and

eventually the eradication of anger, through developing *mettā*. This aspect of Buddhism should be seen as another definite contribution to the development of positive mental health, and thus to social well-being.

Concluding Comments: the Individual and Society

Finally, some consideration must be given to the essential complexity of the relationship between the individual and the society at large. The discussion up to now may be seen by some as expressing the view that the individual-society interaction is a unilateral one: that the mental health of the individual acts as the causal agent leading to, and promoting, social well-being. This is, of course, not the full picture. While the adaptive and healthy psychological functioning of individuals does have a major part to play in enhancing social well-being, one must acknowledge, too, the influences that society has on the individual. A child brought up in an abusive family may, unfortunately, develop mental health difficulties and grow into a maladjusted adult. Harsh socio-economic conditions can lead to higher crime rates, many of these crimes committed, of course, by individuals oppressed by such conditions. At a different level, society's treatment of, and attitude to, someone with a mental health problem can potentially make the person worse, feeling rejected and alienated. It is well documented that the social disablement caused by a mental impairment can get worse in a downward spiral if the person is treated as an outcast or a deviant. In addition, it is known that factors such as poverty, meaningless work, unemployment and racism can lead to psychopathology (e.g. Albee 1982, 1986; Holdstock, 1993). It would be unwise not to recognize the bilaterality, and indeed the multilaterality, of the relationship between the society and the individuals that make up that society. What does this mean for the topic under consideration? One needs to acknowledge that helping people to achieve mental health – in the sense of the absence of a mental disorder, the early and effective treatment of a disorder that one might develop, and positive, adaptive mental health via personal development – is by itself not able to guarantee social well-being. However, a well adjusted individual is better placed to withstand adverse pressure from society at large and from others in one's life. He or she is also likely to have a calming, healthy influence on others. Thus the promotion of positive mental health has a key role to play in this context. Equally, efforts should also be directed towards the development of a positive social environment, over and above what can be achieved through the mental health of the individual. The social concerns that Buddhism and indeed some other traditions have, and the social welfare and social action programmes conducted by them, reflect this aspect. These social interventions are different from the rigid impositions on the citizens of a country by the government or state; they are, in contrast, steps taken in the spirit of mutual co-operation, understanding and collective well-being.

Political theorists and sociologists will no doubt go on arguing for decades, if not centuries, on how best to change society effectively. From a humanistic perspective, however, it is clear that social well-being has to be achieved through, and along with, the enhancement of the mental health and psychological functioning of the people.

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