

## Understanding Mental Health – Perspectives from Three Competing Paradigms

Nandarani Choudhury<sup>\*</sup>  
Professor Kedilezo Kikhi<sup>\*\*</sup>

### Abstract

*Discourse on mental health has been articulated under varied paradigms viz. the biological, the psychological and the sociological. This paradigm has an organic or biological genesis and builds itself upon the claim that mental health issues trace their cause to genetic, biological and neurological causes. The psychological model forwards the view that core element of individual personality development is pinned on its ability to adjust to the external environment. To the advocates of this school of thought, dysfunction occurs when along the trajectory of development; an individual fails at appropriating the ability to adjust or develops mal-adaptive practices in response and reaction to the external circumstances. The sociological paradigm mulls the structural elements embedded in an individual's social circumstances and the individual's subjective experience as causal factors to be considered in understanding the nuances of mental health and disorder. Though, the three competing models reflect their perspectives on mental health, the biopsychosocial paradigm integrates perspectives from all three paradigms and provides a holistic approach to the discourse.*

**Keywords:** Mental Health, Biological Paradigm, Psychological Paradigm, Sociological Paradigm

### 1. Introduction

Mental health may be understood as "...state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to adapt to change and to cope with adversity" ( U.S Department of Health and Human Services 1999 p.4 as cited in Keyes, 2002). For long sociologists have advocated in favour of a definition of mental health as more than just an absence of mental illness because more often than not the term continued to be used as no more than an antonym of mental illness (Keyes, 2002). Mental Health and Mental Illness represent two distinctive areas of theory, research and policy implications (Scheid and Brown, 2010), therefore to define one as merely an absence of the other is to subsume the scope of each category. Keyes explains mental health as a syndrome... a state of health which is indicated "when a set of symptoms at a specific level are present for a specified duration and this constellation of symptoms coincides with distinctive cognitive and social functioning (Keyes 2001; Mechanic 1999)" (2002 p.208). Keyes informs us that for the last four decades or so social scientists have attempted to conceptualize mental health in terms of subjective well-being which may be understood as an individual's personal assessment of her/his affective state and psychological and social functioning. Affective or emotional wellbeing is reflected by the positive feelings one nurtures towards life, whereas the presence of negative feelings is contraindicative in this regard. Another aspect pertinent in understanding mental health as held up by Keyes is psychological wellbeing which is accounted for by factors such as self-acceptance, positive relations with others, personal growth, sense of purpose in life, control over one's environment and self-determination. Yet another dimension of mental health includes social well-being and may be understood in terms of social coherence, social actualization, social integration, social acceptance and social contribution. Several studies on the domain have asserted that subjective well-being encompasses hedonic well-being (i.e. positive emotions towards one's life) and eudemonic well-being (i.e. psychological and social well-being (Keyes and Michalec, 2010). The point mooted here is that mental health is a holistic state which is characterized not only by an absence of mental illness, not by the presence of subjective well-being but a state marked by presence of distinctive mental health symptoms outlined above (2002).

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\* Research Scholar, Department of Sociology, Tezpur University, Assam

\*\* Professor, Department of Sociology, Tezpur University, Assam