

8

Mental and Physical Health

*Health . . . is an almost universally valuable state. Yet many are imprudent in the extreme in regard to their own health. It would be hard to argue convincingly that one literally owes it to oneself to be healthy, no matter how desirable health is acknowledged to be. But most owe it to others, for a variety of reasons, to seek to maintain good health. Those who lack any such obligation are free to abandon their health, their bodily integrity, and even their lives without fear of thereby violating a moral obligation. But that freedom exists only in consequence of the chilling impoverishment of their lives.**

HEALTH AS A MORAL OBLIGATION

The people of our nation are more health conscious today than ever before. They are more aware than their ancestors of nutritional needs, physical fitness, mental health issues, and medical developments and care. We suspect, however, that the public views “a sound mind in a sound body” as a morally neutral option; the thought of mental and physical health as a moral obligation will strike many persons as odd, perhaps an exaggeration of “health fanatics.” One might ask, “Isn’t my body my own to do with as I please?” “Isn’t my state of mind my private domain?”

This chapter’s exploration of mental and physical health proposes that one’s health is to a large extent a matter of choice not fate and that health of mind and body is a matter of moral obligation not individualistic license or neutrality. We shall support this assumption by arguing for the importance of one’s mental and physical health to both the individual *and* the community, thereby broadening health from a private to a community issue. We shall also propose some philosophical principles of mental health and some issues of physical health. The *principles* can serve as practical guides toward greater mental health; the *issues* will bring to your attention several areas requiring additional study. We believe that an individual’s moral obligation

*Samuel Gorovitz, “Health As An Obligation,” *Encyclopedia of Bioethics*, 2, p 609

to himself or herself and the community can be met to a great extent by choosing these philosophical principles and by applying a further knowledge of the medical issues. The same components constitute the bases of the community's moral obligation to the individual.

We recognize fully, however, that our proposals will have little or no significance or moral weight to those persons who make contrary assumptions such as "My body is my own to do with as I please" and "My state of mind is my own private domain." Furthermore, ascetic philosophic positions that view this world as *apparently* real rather than *really* real and/or the mortal body as an unworthy concern do not value health as a high priority. The hermit living in an isolated cave and seeking only spiritual salvation or a whole society idealizing other-worldly attitudes have very different priorities from Americans eager for various degrees of material comforts, including reasonable health. (It is almost paradoxical that so many Americans appear to be concerned with health but do not think of physical and mental health as a moral issue.)

Before proceeding further, we can benefit from asking a basic question, what is "health?"

PREAMBLE TO THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

The States Parties to this Constitution† declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

† *The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, and signed on 22 July 1946 by the representatives of 61 States (Off. Rec. Wld Hlth Org. 2, 100). Amendments adopted by the Twentieth World Health Assembly (resolution WHA20.36) came into force on 21 May 1975 and are incorporated in the present text.*

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

Reprinted from World Health Organization: Basic Documents, 26th ed. (Geneva: World Health Organization, 1976), p. 1.

What Is Health?

One view of health limits all considerations to an individual's biological condition. Another view includes the biological and the mental aspects; a third extends issues of health to include the quality of a person's social interactions. We shall discuss health in its physical and mental dimensions, and interpret social interactions within the mental dimension.

Good Health: Being "Healthy." Is an individual healthy only when no disabilities, discomforts, or ailments are present? If you answer "yes," conditions that disqualify a person from a claim of being healthy would include wearing glasses, a headache, sadness, or a chronic allergy. Being "healthy" in this view appears to mean a state of complete well-being—biological and mental.

The word "complete" creates a problem in defining good health or "healthy." It is doubtful that the "Preamble to the Constitution of the World Health Organization" would insist that persons wearing glasses, suffering a headache, experiencing some sadness, or coping with a chronic

allergy should be labeled “unhealthy.” Yet an extreme position could demand total, unblemished functioning as the criterion for good health. A more reasonable view of good health, in our judgment, values the capacities of a person to make decisions and to love mutually while coping well with some physical and/or mental flaws. The flaws one allows while still labeling a rational, loving person “healthy” becomes a judgment based on one’s own values: if perfect eyesight is of high priority, then wearing glasses may constitute an unhealthy condition; if the loss of a limb is relatively inconsequential to an individual’s life, the individual may still be regarded as healthy. The point at which a condition is disabling to a person’s valued needs and goals gives meaning to the use of “unhealthy;” prior to that subjective disabling point, one may regard oneself in good health—but with one or more flaws.¹

THE IMPORTANCE OF MENTAL HEALTH

Mental health cannot be separated in any clear-cut way from physical health. We are increasingly aware of the psychosomatic interrelatedness of mind and body. Though some philosophers retain a concept of the unrelatedness of the mental and the physical, the trend today among philosophers and scientists is either to link the two in a dynamic interaction or to deny that there is any such thing as the mind at all!² Contemporary medicine assumes that a person’s mental condition may affect bodily functions for good or for ill. It can weaken resistance to infection and disease, cause changes in vital organs, and upset the normal functions of the body. For example, anger and other emotional disturbances can speed up the action of the heart, increase blood pressure, and affect the flow of hydrochloric acid, which aggravates the stomach. A knowledge of a patient’s frustrations, worries, or fears is often as important as a chemical blood analysis in discovering the causes of an illness. Some physicians claim that a knowledge of the mental outlook of a patient is as important as a knowledge of what disease the patient has. Even a patient’s desire to get well may be a critical factor in recovery.

An individual’s mental health is important not only to the person but also to the community. To be a contributing participant in one’s community, even within one’s family, a person must be able to relate positively to others. Individuals who are chronically hostile, suspicious, jealous, disruptive, sour, or self-seeking cannot participate well in the life of any segment of a community. In severe cases a person may not be able to contribute economically and may become only a financial receiver, in no way a giver.

¹See the section “Health and Disease” (including the essays “History of the Concepts” and “Philosophical Perspectives”) in the *Encyclopedia of Bioethics*, vol. 2, pp. 579–605.

²See “The Mind,” chapter 4 in *Living Issues in Philosophy* (New York: Van Nostrand, 1979).

Emotionally and economically, such an individual must rely on the community. If institutionalized, a patient costs the community the economic and human participation that cannot be offered.

Choices, Responsibility, and Accountability

Some mental disorders are caused by brain damage or chemical imbalance. Other illnesses are caused by conscious choices or conditioning, perhaps the unfortunate learning of self-defeating "things taken for granted" (see chapter 2). We cannot hold a person responsible for mental illnesses caused by factors beyond personal control, such as brain damage, chemical imbalance, or conditioning. However, we can hold morally accountable those individuals (e.g., the burned-out drug user) who through conscious bodily abuse create conditions that result in mental illnesses. To the mentally ill person who is innocent of creating the condition, the community gives assistance (and should probably provide even more); from the individual who deliberately charts a course toward mental disaster, the community can rightly insist on moral accountability.

Mental health, therefore, is an important obligation of the individual for personal well-being and for the community's well-being. Choices that cause mental illness deny wholeness to the individual and fullness to the community; for such choices, individuals are morally responsible and accountable.

We must remind ourselves that persons who hold ascetic and highly individualistic attitudes will not find these arguments persuasive. Some ascetics can logically claim that notions of health for themselves and the community are of a spiritual quality, not bodily. Some individualists view their own degrees of well-being as a wholly private matter, accountable to personal, private senses of morality.

SOME PHILOSOPHICAL PRINCIPLES OF MENTAL HEALTH

Mental health is not necessarily achieved by adapting to readily available principles or ideals. An individual may be exposed to conflicting combinations of ideals, such as martyr love and the need for commercial success, that can result in havoc for the individual. In this example, the conflict between the ideal of being a giver who ignores his own needs (the martyr) and the ideal of making a large amount of money prevents a wholesome integration of an individual's mental outlook. We suspect that a person who merely adapts to whatever principles are at hand runs the risk of personal conflict or disintegration. We should like to suggest some principles of mental health.

Principle of Self-Acceptance

"You can be anything you want to be." "You can do anything you really want to do." Many children are raised with a false notion of their unlimited potential. With this ideal taken for granted, they see about them national idols of brilliance, beauty, and achievement. Through advertisements, films, and other media, they learn that a mind of high intelligence, a body of stunning form, and a record of exceptional achievements ought to be among everyone's realistic goals.

The vast majority of men and women are not intellectually gifted, do not have the basic skeletal frame for a "perfect body," and cannot claim distinction in their achievements. For the majority who continue to take these goals for granted, as in fact within their reach if they would only work harder, two alternatives are available.

1. They may give them up as a lost cause, suffer a nagging guilt that they have "accomplished nothing," and live with a certain degree of self-contempt. They certainly do not accept themselves.

2. They may continue to strive desperately for so-called successes in mind, body, and for achievements that are unattainable because of personal limitations and/or circumstances. Such people live with a sense of incompleteness or failure; they do not fully accept themselves either.

Attempts to set new records in almost anything are, in many competitors, symptoms of personal dissatisfaction and of the need to be "successful" at something in order to feel good about oneself. Such individuals may live constantly trying to justify their existence and seeking recognition.

One must reject the ideal of unlimited potential in mind, body, and achievement to successfully walk the path to genuine self-acceptance. It is very difficult to set aside this ideal; it has become engrained in our culture. Though you might agree intellectually to reject it, the desire for its fulfillment may have become rooted in your emotions: "I know the ideal is unrealistic, but how I wish I could be that smart, look that good, and accomplish that much!" The transformation of these feelings requires ongoing support from like-minded family or friends or from a therapist; it is unlikely that such culturally conditioned images can be purged by one's own efforts.

Genuine self-acceptance means accepting our handicaps or limitations as well as our abilities and talents. To accept oneself and the conditions of one's existence does not mean resignation or passive submission to all present conditions. This principle means *the intellectual and emotional affirmations of one's identity as a person or child of God, of one's purpose in life as interpersonal love, and of one's natural abilities and physique.*

The development or growth of an individual's natural abilities and physique is best begun on the foundation of self-acceptance. Dreams of

accomplishment can be designed and realized when they are grounded in realistic self-inventory and acceptance, not in the unlikely or impossible dreams of culturally conditioned fantasies.

As a result of genuine self-acceptance, individuals are free to be themselves; each can develop mind and body, and each can accomplish selected realistic goals. However, all growth and achievement is accomplished in the spirit of stretching one's accepted self, not in the context of desperate climbing and reaching toward an imaginary state of perfection that supposedly will "someday" provide satisfaction. Today more than ever counselors are working with men and women who are returning to or entering college for the first time. These people are in their late twenties through retirement years. A common anxiety expressed by many of them is the conviction that they have "wasted" so many years. Their sense of self-acceptance has been diminished by their failure to assess the many positive events in their lives to that point and, above all, by their failure to perceive their whole notion of self-acceptance as linked to unrealistic, utopian goals. On the other hand, those adults continuing their education within the context of genuine self-acceptance can view their present learning as a new adventure, a new chapter in their process of steady growth. Their goals can be set according to established identities, an overall life purpose, and actual capabilities.

Principle of Adjustment

It is unlikely that a particular individual's vision of what the world should be like is precisely the way the world is. In fact, a person's view of what *ought* to be may be in sharp contrast to what *is*. One might become cynical, sour, passive, reclusive, or anxious, or a crusading, scolding, and ever-present spokesperson. Any of these alternatives will eventually earn the individual a loss of credibility in the community as well as personal martyrdom. The transformation of a community to a higher plain of civilization requires a slow, steady witness and effort, not necessarily withdrawal, aggression, or total selflessness.

An adjustment to present conditions does not mean an endorsement of the status quo. The principle of adjustment means *the ongoing process of relating to oneself and to others such that an individual's identity and purpose remain intact while he or she interacts with a pluralistic environment*. Far from a passive conformity to the multi-faced world as it is, adjustment in our interpretation denotes continuous, creative tension between who I am, my purpose, my abilities and achievements, *and* the status quo, including varied expectations of me by others. While not endorsing reality as it is in human relations, adjusted persons can, under most circumstances, carve out oases of sustaining harmony and empowering spirit for themselves

and a few others. At the same time, they, knowing they are not almighty, can design, where possible, some lasting changes for the better. Such an adjustment includes the toleration of the slow pace with which groups change in both heart and mind and a knowledge that quick revolutions dealing with externals alone may change forms but not substance. We would not, however, preclude violence from all aspects of adjustment; as a final or only just alternative, an adjusted person might be called upon to use force, lethal or otherwise. Amidst all encounters and confrontations, in all conditions in which one finds oneself, the adjusted person knows who and why he or she is.

Some men and women go from spouse to spouse, job to job, location to location, and friend to friend in search of the ideal spouse, job, location, and/or friend. Unable to adjust to less than their image of the ideal, a never ending search occupies their lives. It has probably never occurred to them that the ideal *real* person, job, or location has flaws (except for God, heaven, and whatever jobs are available there!). Growth and improvements can occur in people, in jobs, and in locations, but none will probably be found perfected. Demanding such perfection, “idealistic” individuals will be discontented no matter where they are or whom they are with. An adjusted man or woman is not only self-accepting, but also able to interact well with others and various settings.

Principle of Creativity

“Let’s see what happens.” “What will be will be.” “Have a nice day!” Slogans such as these, when they are axioms of a person’s philosophy, result in passivity that in turn molds an individual as a victim. Life is received by or happens to such people. They wait for something to happen; they accept “what’s in the cards;” they merely *have* days. Nothing is more foreign to them than initiating events or relationships, reasonably planning what will be, and creating a nice day. They appear to accept for themselves some form of fate.³ Regardless of the origins of their outlook (psychological or otherwise), they are like imprisoned robots waiting for the next programmer to direct them. From our viewpoint, this is unhealthy.

The principle of creativity means *individuals possess innately, within their moral limitations and with the encouragement of others, the capacity to shape their days and years*. Despite limitations shared by all humans—restrictions imposed by one’s economic and societal conditions and the confines of one’s specific mental and physical endowments—men and women are inherently creative architects who can freely build their own

³See our discussion of freedom in chapter 2.

lives. Many restrictions that crush creativity are actually self-imposed; when individuals say "I cannot," they may in fact be saying "I'm afraid to" or "I have made prior decisions that preclude this new choice." In reality, they can often (in the sense that they have the actual ability), perhaps with assistance, do such and such.

We are not proposing that in the name of creativity a person should act out every desire and wish. However, knowing and feeling that one could create Plan "A" and choose whether or not to implement Plan "A" is a sign of a person's mental health. The capacity to create and do loving or hateful things is a marvelous facet of human nature. (In any situation, however, whether to love or to hate is a separate, moral matter.) The principle of creativity asserts that with the support of others we are capable of designing, choosing priorities, and planning and that it is a component of good mental health to do so!

Principle of Community

It is possible to think of man as distinguished from plants and animals by the fact that human life—in a very real and not only a purely literary or imaginary sense—requires interchange with an environment which includes culture. When I say that man is distinguished very conspicuously from other members of the biological universe by requiring interchange with a universe of culture, this means, in actual fact, since culture is an abstraction pertaining to people, that man requires interpersonal relationships or interchange with others. While there are apparent exceptions . . . it is a rare person who can cut himself off from mediate and immediate relations with others for long spaces of time without undergoing a deterioration in personality.⁴

No serious student of human nature advocates prolonged individual isolation. Men and women who are isolated from other human beings by choice or circumstances do deteriorate mentally. Watching television, reading, enjoying pets, traveling alone may fill one's hours, but the principle of community means (consistent with Chapters 5 and 6) *that individuals must be involved in a caring, unmasked, trusting relationship with not less than one other person for good mental health.* As Jourard observed,

Self-disclosure is a symptom of personality health and a means of ultimately achieving healthy personality. When I say that self-disclosure is a symptom of personality health, I mean a person who displays many of the other characteristics that betoken healthy personality *will also display the ability to make himself fully known to at least one other significant human being.*⁵

⁴Harry Stack Sullivan, *The Interpersonal Theory of Psychiatry* (New York: Norton, 1953), p. 32.

⁵Sidney Jourard, *The Transparent Self* (New York: Van Nostrand, 1972), p. 32.

The failure to be in an interpersonal relationship with someone produces illnesses of varying kinds and degrees. A community of (an)other person(s), which may include one's real family (not necessarily relatives) and true friends, is the natural context for self-acceptance and creativity; self-acceptance and creativity require for their maximum realization at least one another, whether therapist or comrade.

One distressed individual who thought that prayer alone would overcome loneliness said it well: "God is not enough." Far from heresy, this exclamation is consistent with the Judaeo-Christian wisdom that love of God, neighbor and self—all three—is at the heart of a full life.

The need for some form of community for good mental health is particularly evident in times of joy and sorrow. It is difficult to laugh alone; a humorous film watched by oneself is stressful in that laughter is not meant to be a private pursuit. Another example of the human need for others is an occasion to celebrate; genuine community is the setting to celebrate an achievement, an anniversary, or the like. Individuals in superficial or personally competing groups find it difficult if not impossible to celebrate enthusiastically another's significant moments. In some groups such moments become pitiful occasions of envy and jealousy.

At tragic times and at the death of a loved person, community is beneficial to the troubled and mourning. The very presence or written thoughts of others are extremely supportive for persons suffering calamity or loss. However, individuals who limit their community to a spouse or their nuclear family unduly limit their human resources for much needed emotional support; a spouse may die, and the children will eventually leave home. Without sufficient sharing of sorrows and joys, one's mental health is less than it could be. Unresolved grief and hurt can gnaw away at the mind and heart of an individual, thereby contributing to a stagnant or deteriorating mental state.

The principle of community, in contrast to a residual rugged frontier individualism, remains vital. Secular associations, churches, synagogues, families and friendships whose norm is interpersonal love are potentially excellent communal resources for good mental health.

Principle of Balance

For those persons who choose interpersonal love as their life's vocation and the basic moral norm, the principle of balance is significant. The principle of balance means *the art of maintaining a balanced, flexible, comprehensive vision of and involvement in human relations and events.*

An Art. The course of human life is not, in our understanding, a predetermined sequence of events. With room for chance, novelty, and creativ-

ity, one's life can be shaped by a balancing of circumstances beyond one's control with realistic possibilities for the future. Like an artist with particular paints and a limited canvas, the human being as artist can paint whatever picture suits him or her.

Flexibility. Individuals who insist on pursuing a narrow path with unquestioned obedience to all imposed rules and expectations surrender the possibility of responding to new circumstances. Conformity to someone else's artistry produces robots, not free persons. Flexibility provides a balance between useful boundaries and the surprises that call for new frontiers.

Comprehensive Vision. Knowing alternative viewpoints about human relations and events is neither a danger to or prevention of an individual's own firm convictions. New knowledge may broaden one's beliefs, give firmer support to present understandings, or possibly suggest major revisions. However, some political and religious groups offer only their own vision of human relations and events, so that fated interpretations prevail. We are convinced that the broad view within which choices can be made is a good balance between narrowness and chaos.

Involvement. In recent years "Get involved" has been a slogan intended to jolt bystanders into the flow of human relations and events. We now know of two extremes: the passive bystander and the "Samaritan burn-out." The latter suffers from "neighbor overload," an unbalanced care-giving to "neighbors" that depletes one's giving energies. Many political activists, social workers, teachers, physicians, nurses, counselors, clergy, and others in the so-called helping occupations have not learned to say "no" as well as "yes." Some individuals have not accepted their human limitations, have not learned to distinguish between their own problems that they themselves must solve and others' problems that others must solve. Sometimes "care-giver" becomes the core of a person's identity (see chapter 5); unfortunately, well-intended messianic outreach to almost everyone and anyone normally results in the burning out of a bright light. Humanitarians and theologically rooted people might recall precedents for balance between rest and care-giving: "And on the seventh day God finished his work which he had done, and he rested. . . ." (Genesis 2:2) "The apostles returned to Jesus, and told him all that they had done and taught. And he said to them, 'Come away by yourselves to a lonely place, and rest a while.'" (Mark 6:30-31). Jesus himself took time off in the wilderness for reflection. It is peculiar that so many care-givers, religious and not, fail to accommodate within their lives a comparable balanced involvement in human relations and events.⁶

⁶Jourard, pp. 64-72

Principle of Wisdom

The principle of wisdom means *a set of consistent ideals or a philosophy of life that is basically life-affirming and capable of accommodating sorrow*. "As a man thinketh in his heart, so is he" (Proverbs 23:7). "There is a deep tendency in human nature to *become like* that which we imagine ourselves to be."⁷ If you believe you are a victim of circumstances, you may become just that and suffer mentally. If you believe life and the world can progress, although you may not achieve all your goals, you are likely to grow toward them and achieve many of them, a contribution to good mental health.

The life of a person who is mentally healthy is integrated around a philosophy of life. From our viewpoint, a chosen philosophy examined from among alternatives provides wisdom; a fated, imposed set of beliefs is not wisdom, but a program. Wisdom acknowledges its own axioms, implications, and rightful place among global philosophies; a program knows nothing but itself as the one obviously "true" set of alleged facts. Wisdom encourages examined and informed belief; a program accepts without question what's taken for granted. Wisdom fosters enthusiastic sharing of convictions; a program demands unquestioning assent. Wisdom enables a willingness to differ; a program is intolerant of dissent. Wisdom includes a spirit of humility with regard to human limitations to know for sure; a program maintains a spirit of tyranny with regard to knowing with absolute godlike certainty. Wisdom embraces the heart and the mind with appropriate joys and sorrows; a program controls the heart and mind permitting only assent *or* hellfire and brimstone. Wisdom contributes to mental health; programs limit or weaken one's mental condition.

Reasonable consistency in one's wisdom or philosophy is not only an intellectual asset but also provides stability to daily life. Contradictory beliefs accompany fragmented and conflicting behavior, another aspect of poor mental health.

If the principle of wisdom is valid, one wonders why philosophy, the "love of wisdom," is not taught explicitly throughout a person's school years. Far from an abstract, academic nicety, the study of philosophical issues can assist individuals with "getting their ideas together," thereby promoting wisdom and perhaps contributing as well to self-acceptance, adjustment, and creativity.

SICKNESS AS PROTEST

The suggested principles of mental health do not guarantee well-being if followed. We cannot overlook the fact that many forms of mental illness or

⁷Marie Beynon Ray, *How Never To Be Tired*, rev. ed. (Indianapolis: Bobbs-Merrill, 1944).

less than optimum mental health are caused by chemical, electrical, and other bodily malfunctions, disease, and handicaps. More than one mentally ill patient has been found to have a physiological basis to the illness after years of ineffective psychotherapy!

In many cases, however, the problem or sickness is the direct result of the violation of one of the principles outlined in this chapter. The sickness is a "protest against a way of life that will not support wellness."⁸ Diminished mental health occurs with sufficient violation of these principles. In turn, the body may manifest the troubled state of mind (as some ulcers result from too much stress), or the body may be weakened because of stress such that invading germs find a receptive host. The violations may be conscious (as when a person knowingly accepts too many responsibilities) or subconscious (as when an individual's community consists of only one other mortal person). In either approach, less than optimum mental health is achieved. Severe violations result in mental illness, not just a less than optimum condition.⁹

Many well-written popularized articles by fine scholars on mental health issues of great public interest and concern are appearing in various books and periodicals. We suspect that most of these areas can be traced to a violation of one or more of the principles we have proposed.¹⁰ Additional problems, such as unrealistic guilt, poor psychological preparation for retirement, ongoing procrastination, excessive television watching, persistent lying, insistence on a cynical or sour interpretation of virtually everything and everyone, chronic helplessness and indecisiveness, subconscious creation of situations that result in needless stress and hurt for oneself and others, and feeling "pulled apart at the seams" are directly related to the violation of one or more of these principles.

A Moral Issue

Because choice is the basis of either progress toward optimum mental health or continuing mental deterioration, the quality of an individual's condition is a moral matter. Choices that lead to positive results are morally good, and decisions that contribute to negative consequences are morally

⁸Jourard, pp. 76-77.

⁹See the section "Mental Illness" (including the articles "Conceptions of Mental Illness," "Diagnosis of Mental Illness," and "Labeling in Mental Illness") in the *Encyclopedia of Bioethics*, vol. 3, pp. 1089-1108.

¹⁰Gordon Clanton and Lynn G. Smith, "The Self-Inflicted Pain of Jealousy," *Psychology Today* (March 1977); see the articles on "Depression," a cover topic of *Psychology Today* (April 1975); Sam Keen, "Chasing the Blahs Away: Boredom," *Psychology Today* (May 1977); Alfie Kohn, "Why Competition," *The Humanist* (January/February, 1980); Willard Gaylin, *Caring* (New York: Knopf, 1976); Daniel J. Levinson, *The Seasons of a Man's Life* (New York: Ballantine, 1978); Nancy Mayer, *The Male Mid-Life Crisis* (Garden City, N.Y.: Doubleday, 1978).

wrong. We repeat, however, that mental illnesses caused by factors beyond a person's control or by ignorance exempt afflicted individuals from moral judgments.

In that no human being is "an island unto himself," a person's state of mind affects not only that individual's existence, but also others with whom he or she relates. Consequently, the moral sphere extends beyond any one man or woman. A diminished sense of self-acceptance, mediocre adjustment, lack of initiative, isolated individualism, imbalance, and ignorance shackle the quality of human relations.

Let us not ignore the choices made by the community that weaken the mental health of individuals! A consensus that upholds unhealthy principles is just as wrong as an individual's unwise decisions. The cultural reinforcements of shallow identities, self-defeating meanings of life, and superficial values subject people within the community to mental pollution.

We hold that good mental health, when medically possible, is a moral obligation of the individual and the community. With the currently available insights about human behavior, the individual and the community are morally obligated to cultivate optimum mental health by means of informed and responsible personal choices and consensus, public education, and supportive agencies.

PHYSICAL HEALTH

The Importance and Morality of Physical Health

We need not create a new case for the importance and morality of physical health. The reasons suggested for the importance of mental health support physical well-being as well. The interaction of mind and body is such that the mind affects the body, and the body affects the mind. Malnutrition, over-exertion, chronic pain, and brain damage are among physical causes of mental distress.

The substitution of "physical" for "mental" in a paragraph on page 159 sums up well the issue: *Physical* health, therefore, is an important obligation of the individual for his own well-being and for the community's well-being. Choices that cause *physical* illness deny the individual his wholeness and the community its fullness; for such choices individuals are responsible and accountable. We hold that good physical health, when medically possible, is a moral obligation of the individual and the community. With the available scientific information about hygiene, the individual and the community are morally obligated to cultivate optimum physical health by means of informed and responsible personal choices and consensus, public education, and supportive agencies.

Much Sickness and Pain Are Unnecessary

A shift in health care is taking place. People are expected to assume basic responsibility for their own health rather than be led by the hand by a physician. Periodic check-ups are recommended as complementary to individual self-care. One publication designed to provide accurate and timely health information for a general readership noted:

The decade of the 70s produced . . . a new emphasis on personal responsibility for keeping healthy, rather than fatalistically waiting for illness to strike without notice. . . . most thoughtful physicians willing to ignore their own income considerations and the expectations of many patients would agree that much of the "comprehensive" annual health examination makes little sense. . . . increasingly, both medical evidence and financial considerations are pointing in the direction of emphasizing health education, life-style changes, and selective (versus routine testing—rather than ritualistic, nondirected annual check-ups for healthy persons.

In short, visiting one's physician periodically, perhaps every two or three years in adult life, remains reasonable; at the very least the visit sustains a useful doctor-patient relationship. A review of personal habits and health practices should occur, and selected portions of a physical exam can be performed (as well as taught) to encourage frequent self-examination.¹¹

The guidance readily available from public health agencies, television documentaries, health periodicals and books, newspaper columns, courses in schools, and so on can assist people with the development of appropriate hygiene. Those who have been exposed to such information can then choose whether to develop and maintain good health practices. Many others are unaware of public health agencies, avoid documentaries, and neither read nor study. Although people cannot be forced to learn, we propose that the community has a moral obligation to offer the information via methods and media from which all people are able to learn. Much sickness and pain are unnecessary; however, it exists because some men and women choose to ignore what they've been taught and because some have never been taught good health practices. The former can blame themselves for some of their poor health; the community can be held responsible for not informing the latter.

Personal Health Issues. Among the topics with which men and women ought to be familiarized in order to assume major responsibility for their personal health care are the following: nutrition and weight control,

¹¹G. Timothy Johnson, ed., "Periodic Health Exams in Perspective," *The Harvard Medical School Health Letter* V, 9 (July 1980), pp. 1-2.

physical fitness, causes of disease, prevention and treatment of major diseases, health and the environment, the aging process, health care delivery, and death and dying. Because these are clearly medical matters rather than philosophical principles, we shall leave the responsibility with the reader to consult books on health for needed information.¹²

The Use and Abuse of Chemicals

Bridging the categories of nutrition, fitness, causes of diseases, and prevention and treatment is the issue of the use and abuse of chemicals. In this area, high emotion and propaganda have confused the nation. When the question is asked, "Does the use of certain substances affect life beneficially or adversely?" scientific evidence is needed to answer the question adequately. If the use of a particular chemical results, in the long run, in a negative impact on the mental and/or physical health of an individual or of most human beings, lack of restrictions on its use is wrong. The issue is really a medical one: Does the use of chemical "A" offer greater benefit or a greater degree of harm? A related matter is: Who is to judge the benefit (value) or harm—the "average citizen" or the scientists equipped to provide the results of research?

THE MORALITY OF "POT"

After exaggerated assertions have been discounted, the serious business of responsible evaluation remains. What are we to say of the experience of smoking marijuana? After a little practice, most people find this experience very pleasant. The Le Dain Commission concluded that a major factor in the contemporary marijuana explosion in the adult population as well as among young people is the simple pleasure of the experience. For example, a teacher and mother of four testified, "When I smoke grass, I do it in the same social way that I take a glass of wine at dinner or have a drink at a party. I do not feel that it is one of the great and beautiful experiences of my life; I simply feel that it is pleasant."

Marijuana typically produces an experience free from anxiety, unusual in interesting ways, including intense sensations and emotions, and stimulating to the imagination. For these reasons it is no exaggeration to say that the experience is *very* pleasant. Since I believe that pleasure is intrinsically good, I conclude that

¹²An excellent, introductory book covering these and other health areas is Samuel H. Bartley et al., *Essentials of Life and Health*, 2nd ed. (New York: Random House, 1977).

the experience is good for its own sake. I do not conclude, however, that it is *very* good for its own sake. Why not? It seems to me that traditional hedonism has misinterpreted the nature of value experience because it has emphasized the role of feeling and ignored the element of significance in such experiences. If an experience feels good it is good (judged in itself and apart from its consequences), but the intensity of the feeling is no reliable measure of the degree of value. Most of the value or disvalue of our experiences comes from their significance or meaning. The experience of receiving an A on an exam feels good, but most of its value comes from the awareness that this grade is the product of past effort and one step toward passing the course, earning a degree, and pursuing a vocation. Only as one is aware of the place an experience has in the larger context of one's own life and the lives of others does the experience have any great value or disvalue. Because the experiences of smoking marijuana tend to be isolated from the mainstream of the user's life and to contribute very little to achieving personal goals or to advancing the welfare of others, these experiences, although very pleasant, are relatively meaningless. In my judgment, the experience of using marijuana usually has a genuine but very limited value.

From Carl Wellman, *Morals and Ethics* (Glenview, Ill.: Scott, Foresman, 1975), p. 73.

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HEALTH, FINANCES, AND MORALITY

"If you've got your health, you've got everything" is an overstatement, but it points to the desire of most people to have a "sound mind in a sound body." Health fanatics appear to believe that devoted hygiene will prevent all diseases, aging, and death. Abusers of chemicals (including alcohol, nicotine, and tranquilizers), avoiders of sound nutrition, and violators of

mental health principles appear to believe that their indifferent or casual hygiene will be inconsequential. Most men and women on both sides will lose because of their own choices. And, ascetics may be disinterested.

Help Needed to Change. Individuals with poor health habits, mental or physical, may need professional help to change to better hygiene. It is fairly easy to say "I want to accept myself" or "I want to stop smoking" for the sake of my health. Some people seem to be able to make such changes with comparative ease; for others, perhaps the majority, professional assistance is needed. A known physician, a hospital, a mental health agency are among the resources that can help a man or woman select the appropriate assistance. It is very risky to seek help from just anyone called a therapist, counselor, or consultant; these terms can be used by anyone with or without suitable training. It is also unwise to walk through the doors of just any clinic that promises weight loss or an end to smoking; a fancy building or a large newspaper ad does not guarantee medically sound personnel or safe procedures! Even the use of over-the-counter drugs or do-it-yourself mental health manuals to alter poor health habits are poor substitutes for professional guidance suited to an individual's personality, physical make-up, and lifestyle. To be sure, we often recognize the need for help; too often, though, we settle for inadequate help.

We propose a middle ground of optimum health that considers one's circumstances, and this degree of health can be achieved only by careful, thoughtful choices. Beyond the issues of personal and community responsibility raised in this chapter, the moral issues are many. We close this discussion with a quotation that raises additional, related questions.

If public funds are used to pay for medical care, should those individuals whose lifestyles are not conducive to good health shoulder a higher share of the tax burden for medical care? It is widely believed today that one of the most important factors in remaining healthy is individual lifestyle. Heavy smoking, for example, is linked with cancer; heavy drinking, with cirrhosis of the liver; obesity and inadequate exercise, with cardiovascular and other diseases. In view of this, should smokers, alcohol consumers, and others indulgent in high risk-running behavior, pay additional taxes on products such as alcohol in order to provide money for additional care? If they were required to do so, then smokers, alcoholics, etc., as groups, and not the general public, would pay the extra burden for that medical care.¹³

A financial consideration of health issues may motivate the public to consider the ethics of mental and physical health, especially the matters of

¹³Thomas A. Mappes and Jane S. Zembaty, *Biomedical Ethics* (New York: McGraw-Hill, 1981), p. 520. More will be said about the moral implications of public funding of health care in our chapters on politics and economics.

choices and their consequences, the individual's obligation to the community, and the community's responsibilities to the individual.

CHAPTER REVIEW

A. Health as a moral obligation

1. Mental and physical health as a moral obligation will strike many persons as odd.
2. If an individual's health is "his own private business," health as a moral issue related to the community may sound peculiar and unconvincing.
3. This chapter explores mental and physical health as a matter of choice, not fate, and as a matter of moral obligation, not individualistic license or neutrality; for persons who feel their mental and physical health is a private matter and for ascetics, such an exploration will have little value.
4. Our discussion of "health" includes its physical and mental dimensions; we do not suggest that being "healthy" demands physical and mental perfection.
5. We propose that a healthy person is one who has the capacities to make decisions and to love mutually while coping well with some physical and/or mental flaws.
6. The point at which a condition disqualifies an individual from being regarded as healthy is subjective.

B. The importance of mental health

1. Mental health cannot be totally separated from physical health.
2. An individual's mental health is important both to the person and the community, so that the individual may participate fully with others on a mutual basis.
3. Mental illnesses caused by factors beyond an individual's control exempt the individual from moral responsibility for the condition.
4. Mental illnesses resulting from willful actions of an individual involve moral responsibility and accountability.
5. Mental health is an important obligation of the individual for his own well-being and for the community's well-being.

C. Some philosophical principles of mental health

1. Among the principles by which a person can grow in mental health are self-acceptance, adjustment, creativity, community, balance, and wisdom.

D. Sickness as protest

1. Diminished mental health results with sufficient violations of the suggested principles, except in cases in which illness has a physiological basis.
2. Except for the illnesses caused by factors beyond a person's control, individuals choose progress toward optimum mental health or continuing mental deterioration.
3. Cultural reinforcements of unhealthy principles engrained in society subject people to mental pollution.
4. Good mental health is a moral obligation of the individual and the community; optimum health can be encouraged by means of informed and responsible personal choices and consensus, public education, and supportive agencies.

E. Physical health

1. Physical health, as well as mental health, is an important obligation of the individual for his own well-being and for the community's well-being.
2. Much sickness and pain is unnecessary but exists because some men and women choose to ignore what they've been taught, and some others have never been taught good health practices.
3. Personal health issues include many topics readily discussed in current resources on health.
4. The issue of the use and abuse of chemicals can focus on whether the use of a particular chemical offers greater benefit or a greater degree of harm to a person.

F. Health, finances, and morality

1. We propose that an individual's optimum health depends on one's circumstances and that such optimum health can be achieved only by careful, thoughtful choices.
2. Related moral questions include whether persons whose choices may cause illness ought to assume greater financial burdens for their medical care.

SUGGESTED READINGS

Butler, Robert N., and Lewis, Myrna I. *Aging and Mental Health*. 2nd ed. St. Louis: Mosby, 1977.

The nature and problems of old age *and* health issues of evaluation, treatment, and prevention are the two major parts of this comprehensive study; a

helpful glossary and directories to helping agencies and associations are included.

Johnson, G. Timothy, ed. *The Harvard Medical School Health Letter* (79 Garden St., Cambridge, Mass. 02138).

A monthly authoritative newsletter offered by subscription contains information for the general reader about human health and disease.

Johnson, G. Timothy, and Goldfinger, Stephen E. *The Harvard Medical School Health Letter Book*. Cambridge, Mass.: Harvard Univ. Press, 1981.

Staying healthy, hazards of living, reproduction and child care, diseases mainly of adulthood, some problems of aging, and you and the doctor are the main parts of this book which, like the *Letter* (see previous entry), contains latest findings of interest to the general public.

Mowrer, O. Hobart, ed. *Morality and Mental Health*. Chicago: Rand McNally, 1967.

A collection of seventy-five articles within six parts: popular appraisals and protests; psychiatry and moral issues; clergymen on 'the cure of souls'; psychology in a new key; social science, law, and philosophy; and, literature, biography, and art.

Reich, Warren T., ed. *Encyclopedia of Bioethics*. New York: Free Press, 1978.

Essays on smoking, alcoholism, drug addiction, mental illness, and Hinduism are among the many explorations of the moral dimensions of various issues and heritages. The epigram introducing this chapter is from a rare philosophic source considering health as a personal moral issue.