

Historical Perspective on Mental Health: Emergence, Transformations of Subjectivity and Consequences in Clinical Practices

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Abstract: Mental health has become a prolific field of research, concern, debate and intervention in the health sciences and human sciences in the last two decades. The fundamental interest of this brief history of the concept of mental health is to analyze the semantic and pragmatic configuration of the concept. There is a wide range of social uses of mental health. In the conditions of life of post-industrial capitalism since the Second World War, mental health has become a field of production of discourses and commodities addressed to the individual as coping templates, tools for self-understanding of their lives or mechanisms of meaning to overcome the difficulties of life. The event of mental health entails registers social events, socially mediated life experiences, cultural meanings, as well as capacities of agency over reality to the point of becoming a systematic articulation of human acts and contents of experience that ordered reality, therefore, it acquired the quality of a concept. Mental health is of relevance for historical work because it has left in its wake sources of various categories that require an exercise of compilation, systematization, reflection and narration. It is a reflexive concept for history: it reflects on experience, functions, practices and uses. It is part of what has been called the linguistic turn and the emotional turn, the awareness that both language and affective sensitivities sediment the understanding of the world. For this historiographic approach it is necessary to understand the context of emergence, the transformations of subjectivity, the consequences on clinical practices, and the means that have allowed its scientific and cultural appropriation in the second half of the twentieth century.

Keywords: Mental Health, History of Medicine, Concept Formation, Emergence, Subjectivity, Clinical Practices

1. Introduction

Mental health is, using the theory proposed by Mieke Bal, a traveling concept [1] that moves between disciplines, researchers, institutions and spheres of culture or the world of life. Given its traveling nature, it is necessary to identify its crossings, intersections, displacements, dialogues or controversies, differentiated uses between one field and others. By semantic configuration we understand the content of meaning and significance that the concept has acquired since the second half of the 20th century; by pragmatic configuration we understand the uses, the role or the existential practical role that mental health has had as a mediation that allows individuals to interpret and understand themselves in the world of life,

The reason taking concepts seriously is fruitful for all

academic fields, but especially for the humanities, which have very few unifying traditions, is in this potential interactivity rather than an obsession with the correct use of words. But concepts are not fixed, they travel - between disciplines, between individual scholars, between historical periods, and between geographically dispersed academic communities. Between disciplines, the meaning, scope and operational value of concepts differ. These processes of differentiation must be evaluated before, during and after each journey. [1].

When it comes to working concepts in temporal strata, the social history of concepts is an adequate methodology, since history is conducted under the premise of the absence of completeness, but it is a characteristic of historical time to reproduce the tension between society and its transformation and conditioning and linguistic elaboration [2].

This tension occurs for this case study in the mid-twentieth century, when the notions of mental illness and/or mental disorder found themselves overwhelmed and exhausted in the face of the transformations developed within societies and academic disciplines such as psychiatry, which benefits the advent of a new linguistic formation, which would later serve as an organizer of reality: mental health.

2. Emergence of Mental Health Concept

Among the social circumstances that favored the emergence of the concept of mental health, we should highlight the end of the Second World War and the international institutions that were created for the recognition of human rights such as the United Nations Organization in 1945, the rise of liberal economic policies, the settlement of large populations in cities, the concern for the quality of life of the inhabitants, the renewal of the academic corpus of psychiatry and psychology, and the difficulties of institutions such as schools, hospitals and prisons for the adaptation and governance of individuals.

Thus, it is only in the post-war period that a favorable scenario for the consolidation of reformist movements in psychiatry appeared in contemporary times. In several countries, questions began to arise about the hospital-centered model, pointing to the need for reformulation [3]. Regarding mental health reforms, it is told that the conceptual frameworks of this process stand out for the respect for citizenship and the emphasis on comprehensive care, and the health/mental illness process is understood within a relationship with quality of life [3]. In fact, mental health is recognized as a progressive movement and an ideology that defends the human rights of patients and their caregivers [4].

The outstanding institutional actions for the emergence and formation of the concept of mental health are the mental hygiene movement as the etymological origin of the word, the First International Congress on Mental Health organized in London by the British National Association of Mental Hygiene from August 16 to 21, 1948, and the World Health Organization between 1940-1960 as a dynamizer of mental health by including it in debate agendas and creating the collective spaces necessary for its social appropriation [4].

Thanks to the convergence of the interests of the mental hygiene movement, public health and institutional projects such as global health organizations, the term mental health began to be endowed with the ability for agency over human life, economic resources and active promotion through communication channels.

The years 1940-1960 were marked by a whole movement of re-qualifications and the creation of national or international institutions around the reference to mental health [5]. In the same way, from 1946, the National Association for Mental Health was created in England. In the United States, in the same year, the National Mental Health Act was passed, which created, among other things, a National Institute for Mental Health [5]. In 1949, a mental

health unit was created in the World Health Organization, which began to publish reports. These will establish the concept of mental health with all its references [5]. Moreover, at the international level, the movement is noticeably clear. This goes through numerous publications on mental health and activism in this field, to the point of declaring 1960 as the world year of mental health [5].

By becoming a computer of reality, the concept of mental health acquires penetration and standardization in hegemonic disciplines in the field of culture such as psychiatry, psychology and psychoanalysis, and manages to become a commonly accepted practice of multiple use and public custom. Mental health, which first circulated among experts as a linguistic novelty, has now moved into the cultural field of collective knowledge.

This concept acquires social uses that individuals make in the most varied socio-existential situations - work, emotional ties, education, upbringing, relationship with study, socially produced situations of suffering-.

We are facing an environment that makes of the psychic suffering and the mental health the expression of a language that places at the central of social life the subjectivity of each individual, as well as his psychic or cerebral interiority, and this to the extent that autonomy becomes our cardinal value: the more the individual is considered as an autonomous whole, who must be able to decide and act for himself, the more the question of his interiority becomes a public concern [6].

In general terms, it could be said that the centrality of mental illness is the daughter of industrial societies, of mass society, it is worth remembering mass psychology [7], civilization and its discontents [8] and psychology of crowds [9]. On the other hand, the concept of mental health corresponds to or accompanies the processes of individualization of what today is called post-industrial societies, late capitalism, market societies or neoliberal culture.

The concept of mental health has been a historical narrative of the contemporary self, beyond the clinic and the hospital, and beyond the individual considered as ill. Mental health has attempted to adapt the condition of humanity inwardly, to adjust and balance it so that it can cope with the psychic suffering that prevents it for periods of time from continuing to respond actively to the demands and crossroads of the world in which it lives, as well as to enhance or energize the capacities to be able to face the realities of life with its own resources,

Definitions aiming at internal equilibrium are, at bottom, physiological. It should be remembered that physiology imposed the ideal of homeostasis, of self-regulation, as an axiom of health and a guarantee of individual autonomy. From this physiological approach come, also, all definitions of mental health that appeal to functioning; as, for example, when the WHO points out that the positive perspective conceives mental health as the state of optimal functioning of the person and, therefore, aims to promote the qualities of the human being and help their maximum potential development. [10]

3. Mental Health and Transformations of Subjectivity in the Second Half of the 20th Century

Within the framework of the cultural development of the history of the concept of mental health we find the metamorphosis of subjectivity that occurred in the second half of the 20th century, a constellation of events that are at the same time particular objects of study in contemporary debates, an increase in the experiences of discomfort and the experiences of suffering, the advent of instrumental lives, the transvaluation of all values [11], of individualism, of the incredulity towards metanarratives [12], of the imperatives of adaptation [13], of the processes of social acceleration [14], of the morality of autonomy [15], of the imperative of happiness [16-17], of the principle of self-realization, of the need for recognition and self-esteem [18] and of the demand for authenticity [19].

A process of internalization of life, or what has been described as institutionalized individualism [20]. The internalization of life is a concept taken from the health sciences consisting of the process by which an immune cell or any other type of cell puts inside itself molecules, particles, proteins, substrates, toxins, viruses, bacteria and parasites that are found on the outside, a similar process is postulated for the action of mental health on the psyche.

Eva Illouz and Edgar Cabanas state that the psyche has a characteristic affect, happiness.

This affect has managed to adopt discursivities that, being characteristic of clinical research and neuroscience, serve to support the pillars that make up the branch of psychology known as positive psychology.

This branch of psychology is booming as a response to consumer capitalism, postulates continuous personal growth and optimization, to confirm the condition of consumer and buyer. According to these authors, positive psychology is a fundamental part of the concept of mental health, as it postulates resilience and learned helplessness as means to cope with the feeling of failure and defeat [17]. There it finds its fusion with self-help and self-improvement literature.

Mental health based on positive psychology unloads on the fractured individual the task of growing in the face of adversity, denies the possibility of mourning the vectors that trigger the negative situation, rejects the tragedy inherent in human existence, blames the individual for his or her own suffering, ignores the external and structural causalities that trigger personal crossroads, eliminates spaces of social protection for those who suffer and annuls common feelings to overcome the crisis, such as generosity and compassion.

For this reason, the relationship between positive psychology and mental health is something more complex than a semantic issue. It is the relationship between some knowledge, that of psychology, and a set of discursive and non-discursive practices, those of mental health, which are intimately intertwined.

Alain Ehrenberg considers that the condition of

contemporary humanity has a characteristic morality, the morality of autonomy [15]. It consists in the burden of having to carry each issue of one's own life, of losing external referencing and of choosing each vector with an impact on biographical history.

This author takes the problem into the field of the symbolic, he bases himself on the thesis of Lacanian psychoanalysis which affirms the fall of the paternal figure, of the law, of authority, and, therefore, centers the rise of the concept of mental health on the decline of symbolic structures which gave meaning to man's life in the past.

These situations described have had a connection with the formation and emergence of the concept of mental health and its penetration in therapeutic disciplines such as psychology, psychiatry and psychoanalysis.

The problems of the order of the symbolic reveal the need for a container of the psyche that at the same time makes it viable, a hermeneutics of the subject to face the challenges of everyday life, such as mental health.

Ehrenberg is joined by authors who propose the existence of the crisis of representation [21]. He postulates that the spectacles given in contemporary media spheres are embedded in a society of contact, which makes non-figurative matter predominate over representation. He argues that the old spectacles, lived in the community, protected us, because the distance, the instinctive non-action and the separation allowed access to processes beyond the sign, allowed access to the symbolic universe.

For Bounoux [21], the crisis of representation occurs because of the deregulation of symbolic capital, because of the predominance of an individualized and individualizing world where contact has been imposed, because of the forcefulness of energetic traces, impressions and pressures, because of living as a party, without memory, without anticipations, by the abolition of repetition, by communities reduced to the affections, to the non-secret, to the un-confessable, by passing from "by this sign, the cross, you will win", dreamed by Constantine, the soul, to "by this material, the stone, I will win" of David, the psyche [21]. What other authors call the pure relations and the increase of neural stimulation [22]. In short, by the rule of the direct or, in Freudian terms, by a subject filled with experience.

The inaccessibility to symbolic universes, the inability to create comprehensive narratives and to separate oneself from what is being lived is a thesis common to other authors who raise it as the determining issue in the forms of subjectivation of contemporary man, who suffers "a subjective process of rationalizing desire" [23].

In this sense, mental health has been institutionalized as a condition of the way the individual has to act in community. The condition of contemporary humanity, due to the "weakening of institutional frameworks and the absence of symbolic structures" [23] seems not to be homeostatic, not to be balanced, not to enjoy in the form of self-realization and self-control, tends to psychic suffering, and has required the intensification of mental health techniques and technologies.

For several authors, the condition of humanity in the

period under study has an ethos, individualism. A relevant term for the history of mental health, since the internalization of external issues, which are now understood as cognitions, is unprecedented. It is the advent of the corporate individual, the global individual, the individual as a factory of self, the self-exploited individual and the individual as an end without ends. In short, the individual without environment or contours, the individual without structure or support, the individual without identity, the individual without a nation state, the individual without a monetary market of labor and production, and the individual without the status of civility.

According to what has been said, the concept of mental health incites and stimulates the individual to take care of himself. According to Bauman [24] in the ethos of individualism, we are witnessing the liquefaction of the rigid social structures of the first modernity or industrial modernity through which individuals possessed stable referential frameworks.

The dissolution of such solid frameworks placed the individual as the center of reference in the nascent consumer society or light phase of capitalism.

Individualism has penetrated the most basic socialization schemes such as the family. Currently, the relational structure rests on internal and not external orders, individuals themselves must function as judges of their lives, therapists of their past mistakes, avengers of the offenses received and bearers of the weight of each rupture. Love becomes an abyss that without being able to connect human biographies "is filled with love songs, commercial advertising and self-help literature" [25]; and, therefore, the model of love or human bonds in the second half of the 20th century is trapped in the concept of mental health, consequently, of the therapeutics that guarantee to close the wounds opened by the dissatisfactions of the self in the you.

In the perspective of a social history of the concept of mental health, the term of adaptation is also developed [13], a political imperative of the condition of contemporary humanity, which explains the systematic use of the theses of Charles Darwin and the other evolutionist authors applied to the economy, to demand that what is substantial in this state of affairs in the second half of the 20th century is to be able to rearrange internally to respond to external economic survival needs.

The imperative of adaptation is not about reordering societies, politics and the public but to make them enter the psyche, this mediated by therapeutics and remediation.

Some authors, who have been critical of the concept of mental health, inscribe it in a biopower, in a contemporary biopolitics, which would be more accurate to call psycho-politics [26] or neuro-politics [27].

4. Historical Consequences of Mental Health in Clinical Practices

The framework of interaction between concepts and societies is culture, a field that allows us to find out how

mental health has become a narrative of the contemporary self, a sort of technology of the self or a hermeneutics of the subject [28] or, from the common point of view, a therapy of the self, which leads individuals to the search for meaning. For this reason, the historical approach to the concept of mental health requires an evaluation of the singularities of the conceptual pairs mental health-wellbeing and mental health-illness.

Identifying their semantic differences will make it possible to outline the language of mental health as a change in the understanding of the individual. Some of the contents of this new language are positive health [29-30], literacy [31], territory [32], integral health [33], selective anempathy [34], citizenship [35], meta-community care [36], bio-communicability [37], familism [38], resilience [39], vulnerability [40] and built environment [41].

In the framework of what we call here the metamorphosis of subjectivity, it will be necessary to identify the features that allowed the coexistence of mental illness/disorder and mental health, not only as a semantic issue but also as a change in the individual's coping/intervention policies, that is, an eminently pragmatic issue.

The concepts of mental illness and mental disorder are circumscribed to pathophysiological, diagnostic and therapeutic processes that are not necessarily intertwined with those of the physically understood body. And although it is enough to contrast the daily actions of a psychiatrist with those of a surgeon to obtain empirical evidence that allows us to affirm that many processes continue to operate under the essential separation between mental illness/disorder and diseases of the body.

What is evident is that the concept of mental health allowed this distance to be minimized not only in the clinical-care field with the incursion of the theory of mind and psychoneuroimmunoendocrinology, but also managed to unify mental illness/disorder and many diseases of the body physically understood under the processes of the psyche.

Thus, the emergence, rise, popularization and institutionalization of the language of mental health corresponds to the gradual displacement, but not disappearance, of the concept of mental illness/disorder as a hermeneutic framework of interpretation and understanding of the psychic suffering of the individual. As a new language of subjectivity, it is necessary to define the nexus that this event has with the processes of institutionalized individualism [20] insofar as mental health is oriented to individualize the experiences of psychic suffering, that is, the focus of attention and intervention starts from the same disposition, capacities and individual resources, although not necessarily from the assumption that it is a sick or clinically intervened individual.

History is an analogous relationship between spoken discourse, synchronic, and already existing language, diachronic, which exerts a constant influence on the former, and which is thematized from a conceptual historical approach [2], so that in every history the condition of humanity is represented by the interactions between the

dynamics of language and experience,

All human life is constituted by experiences, whether these are new and surprising or, on the contrary, of a repetitive nature. Concepts are needed to have or accumulate experiences and incorporate them vitally. They are necessary to fix the experiences, which are diluted, to know what happened and to preserve the past in our language. Concepts are therefore necessary to integrate past experiences both in our language and in our behavior. Only when this integration has taken place, one is able to understand what happened and may be able to face the challenges of the past. It is possible that at this point you will also be able to prepare for future events or surprises to prevent them. One will also be able to communicate later what has happened or to tell the story of one's experiences. In Kantian language: there are no experiences without concepts and no concepts without experiences. [2]

Some examples of the novel ways of relating the concept of mental health - a language - to the experiences of the health-disease process are given below.

Psychopharmaceuticals aim at the autonomy and optimization of the individual, as opposed to hospital intervention - confinement and isolation - which requires conceiving of the individual as mentally ill.

A physical health complaint can quickly become a mental health problem in any clinical setting without necessarily conceiving it as a mental disorder, only as an affection of psychic well-being.

A procedure performed for aesthetic enhancement of any bodily character is a self-esteem necessity for mental health enhancement.

A scheduled visit to the nutritionist is an imperative that allows us to have the nutrients for the proper functioning of our mental health.

A consultation with the sports doctor and regular attendance at the gym is an imperative of self-recognition to access a full mental health.

A sexology appointment to ensure a satisfactory sexual life is fundamental for self-esteem and self-satisfaction in terms of mental health.

It is not just a matter of being sick or disturbed, but of maintaining good mental health despite the diagnosis that one has or despite having no diagnosis at all.

The task is the same for everyone, to be always well, always positive, to build an existential sense through the beneficial or palliative powers of mental health on the psyche.

It is a matter of choosing between the options of the psi disciplines: the free association of the psychoanalyst, the evidence-based medicine of the psychiatrist, the dozen or so classical or alternative currents that the psychologist can deploy.

Or to get involved in institutional proposals for mental health: support groups, patient groups, networks for the transmission and application of knowledge, links to public policies and advertising campaigns for promotion and

prevention, media channels that provide tips or key practices on the subject.

Or finally to adhere to initiatives that with long or short trajectory in western culture have been forging their own institutions and disciplines, such as self-help literature, books and coaching sessions, magazines that say something more or something less about selfhood, books or groups on the search for consciousness, books or workshops for growth or self-optimization in various spheres, yoga, mindfulness, meditation, I-Ching, the appropriation of other practices of Eastern cultures, and some alternative and complementary medicines.

5. Conclusions

In the last two decades, the human and social sciences have been rethinking the concepts with which they work and develop their research. There is a set of new concerns that are animating the debate and have led to the emergence of an arsenal of linguistic tools that respond to the profound transformations of subjectivity since the second half of the twentieth century. Among these debates, one of relevance is that which deals with a new concept called mental health.

The concept of mental health is a historiographical problem of relevance for the history of science, especially for the history of medicine, insofar as social history and conceptual history through its layers, fields of experience and horizons of expectation allow us to understand the transformations and discourses that during the second half of the 20th century made necessary a change in therapeutic and intervention strategies both in hospital environments and in everyday life.

The historical study of mental health, a contemporary, widely spread and popularized concept, allows us to go back to the past from the point of view of *Wirkungsgeschichte* [42] from the analysis of the effects that history has on the present, to provide an apparatus of understanding that allows us to respond to the ever-present questions of,

Who are we?

How did we become what we are?

How are we to understand and manage ourselves as individuals on the mental, psychological, affective and emotional levels in the context of our daily behaviors and interactions?

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