Chapter 10
Paradigm Shifts in the Theory and Praxis of Mental Health Counseling

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ABSTRACT

Clinical psychology used to view women's distress as biological and men's distress as externally induced. The psychology of gender relations has progressed to view gender as a principle of the social structure, but counselling practices continue to have an uncritical focus on the unequal gender relations existing in the society. Feminist psychology recognizes that the pattern of women's mental disorders is role related rather than organic/biological and that many gender differences are shaped by differing socialization of males and females. While addressing the mental health needs of the women population, the "subjective distress" in the context of their "subjective realities" is to be explored. Silencing the oppressed is the feudalistic way of resolving issues, but it fails to recognise the storm inside the oppressed minds. From outside, the family may seem to be calm and cool, but the turbulence inside the feminine minds may break out any time either in the form of a suicide attempt or in the form of a complaint to the police or the women's commission.

INTRODUCTION

Despite the fact that stress is a silent killer of the 21st century, the causes and impacts persist and get aggravated in the globalized society. Gender discrimination, gender division of labor, gender role perceptions and gender-based violence prevalent in various forms and extents throughout the globe add to women's stress and negatively implicate their happiness and well-being. Engendering health thus occupies a central point when we talk about women empowerment and gender mainstreaming. The engendering efforts often focus on physical health of women, especially maternal/reproductive health. Mental health of women is an area that is not given serious attention in developing countries like that of

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India. To facilitate women's active agency in development, appropriate support mechanisms to ensure their mental health are required. Here comes the relevance of this chapter that calls for paradigm shifts in the theory and praxis of mental health.

Mental Health and holistic wellbeing have received the focused attention of psychologists and those engaged in the study of human nature right from the beginning. The last two decades have witnessed an exponential growth in mental disorders of all types, all over the world. Studies across the world have shown that mental health issues such as depression and anxiety are more common among women. Database generated by many sources, including the WHO, comprises appalling statistics on women's deteriorating mental health. The gender disadvantage and physiological factors might add up to this vulnerability of women. Socio cultural factors varying from discriminatory socialization practices, denial of opportunities for higher education and employment, lack of property rights, decision making power, gender- based violence etc. all add up to the challenges of girls and women. Lack of gender sensitivity of medical practitioners, sociologists and mental health counselors result in overlooking the socio-cultural factors most often. Though the Bio psychosocial model is well accepted by mental health practitioners, its essence does not reflect in the practices.

Mental health is the normal state of wellbeing and defined as conditions and levels of social functioning which are socially acceptable and personally satisfying. There is no single authentic or certified definition of mental health. There are several misconceptions where mental health is equated with lack of mental illness. Cultural differences, subjective assessments, and competing professional theories affect the way mental health is defined. The World Health Organization defines mental health as a state of well-being in which the individual realizes his or her abilities, copes up with the normal stresses of life, works productively and fruitfully, and makes contributions to his/ her community. Different psychologists have emphasized different aspects of mental health in their definitions. According to Hadfield (1950), mental health is the full and harmonious functioning of the whole personality. Bernard (1961) writes (a) mental health involves continuous adjusting rather than a static condition and is, therefore, an ever- shifting progressive goal. It is an ability to cope up with the present and in all likelihood to adjust satisfactorily in the future too. (b) Mental health involves a point of view one takes through all phases of one's living. The White House Conference in its Preliminary Report,1930 defines mental health as "the adjustment of individuals to themselves and the world at large with a maximum of effectiveness, satisfaction, cheerfulness and socially considerate behavior and the ability to face and accept the realities of life".

Positive mental health is not merely an absence of illness or disorder but includes a positive sense of wellbeing; individual resources including self-esteem, optimism, a sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships and the ability to cope with adversities (Jenkins et al, 2011). It refers to a positive sense of wellbeing and a belief in one's own worth and the dignity and worth of others. Positive mental health includes the capacity to perceive, comprehend and interpret one's surroundings, to adapt to them and to change them if necessary, to think and speak coherently and to communicate with each other. Mental health is often taken as a behavioral process by which humans maintain balance among the various needs or between their needs and obstacles of their environment. Ryff and Keyes (1995) defines mental health as the combination of emotional wellbeing (presence of positive affect, satisfaction with life and absence of negative affect), social wellbeing (incorporating acceptance, actualization, contribution, coherence and integration) and psychological well-being (self-acceptance, personal growth, purpose in life and positive relation with