Better mental health with 7x4-field

Juhani Heiska

LAMBERT Academic Publishing 2016

The above artistic picture: Mikko Heiska (with Ubuntu Linux, Blender GIMP)

Acknowledgements

For making this work possible I am greatly indebted to:

Psychologist Sirkka Pirskanen, who assisted me both in formulating the ideas and in practical application of the theory. She has also made several notable corrections to the final text.

Members of the Enonkoski work group on preventive mental health work who participated in effecting the interviews as well as worked actively in the sphere of preventive mental health work of the two thousand century.

My deepest gratitude goes to my own wife, district nurse Aino Heiska who collaborated in conducting municipal interviews. She has also personally lived through the main phenomena dealt with in this book, viz., loneliness, absence of role models for husband and father, stresses and strains, disappointments, loss of time and money and feelings of defensiveness. Yet all throughout she has supported the author in trying to effect a positive change for the better, in other words, to conclude the important phase in the completion of this labor.

Author.

CONTENTS

I Introduction

The overall view of mental health work in Europe presents us with quite a few organizations working in the field, and their manpower is not insignificant. Similarly much effort is expended in prophylactic and preemptive measures to avert psychic disturbances. Nevertheless the analysis of the ratio of productivity and effectors is still in infancy. Also the comprehensive picture of what actually is being done is often shrouded. In spite of all, preventive courses are most often entered upon without scientific background theories and research data. This kind of situation seems to be universal.

Analyzing the functions and evaluating effectiveness is by no means easy. Theory/ researcher and practice / practitioner are easily juxtaposed controversially. It is not at all rare to come across the following vicious circle: Researcher A announces some general principle about how to effect preventive mental health work. Soon researcher B contradicts this as being too unspecific and demands clarifications. When these are brought forth, the whole thing becomes complicated and once more we are faced with the same generalization.

The problem seems to be common in all areas of psychological application. The matter was already in the seventies referred to by Thorngate (1976) when he argued **that generality, exactitude and simplicity are ill matched when there is some function of communication going on.** This same phenomenon happens when bridging the chasm between practice and theory in mental health promotion work is being attempted.

One of the reasons for this book is the need in mental health promotion work to narrow the existing chasms in the multifaceted but so vitally necessary preemptive and preventive mental health work. Here one has however to bear in mind that theories are developed by application to practice, and in practical application the mode of progressing is based more and more on investigations based on research. It is hoped that this book would prove to be an encouraging example.

A certain kind of keyword here is the 7x4-field.

II Preliminary definitions for preemptive and preventive mental health work

Practitioners in preventive mental health work use in their abstract thinking various definitions. Even the most important basic definition that of mental health disorder, comes in many forms. As a consequence, abstract thinking process concerning mental health work and its application to practice easily lead to conflicting views. It is therefore of utmost importance to formulate definitions that encompass the views of adherents to as many as possible scientific persuasion and practical workers.

What is meant by psychic disorder, deviant behaviour and disturbance in psychic wellbeing

The following is formulated by perusing several treatises on definitions and conversations held with many workers in the course of several years.

The quadripartition shown in the beginning of the definition is based mainly on philosopher Hartman´s analysis of human aid functioning (Luoma 1983) which has A) sociocultural, B)

biosomatic, C) psychogenetic and D) existential-transpersonal ramifications.

The definition for psychic wellbeing is mainly based on sociologist Allardt´s analysis (Allardt 1976) on the dimensions of wellbeing, which are 1) *Having*: standards of living 2) *Loving*: community relations and 3) *Being*: self-fulfillment.

The definition of the occurrence of disorders is mainly based on psychologist Hebb´s argument (Hebb 1961) stating, that the emotions itself, both positive and negative, are some kind of disturbed states in the central nervous system which manifests itself as *the intensity or duration* of the reaction, as *proneness to reaction* or as an *overflow phenomenon*. From this point, also referred to by e.g. Bergström (1970) and Rauhala (1974), there is a nexus between the definitions on phenomena and such bodily functions as genetics and physiology.

Initial definitions for **psychic disorder, deviant behaviour, disorder in psychic wellbeing and associations between them** are given as follows:

I Definition of psychic disorder

Psychic disturbances in man´s functions *appear* in the following aspects of human life, categorized as:

A) Human relations, social development, comparisons with others etc.
B) Bodily functions, physical exercise, bodily existence (Rauhala 1974) et al.
C) Rational action, cognitive development, reflections, consciousness, (Rauhala 1974), education etc.
D) Attitude towards life and irrational functions, psychic-spiritual existence (Rauhala 1974), ethical and aesthetic development etc.

Psychic disorder can be discerned in these main aspects in individuals as well as in communities appearing in:

a) quality of interaction, or tendency to react; e.g. peculiar atmosphere, cooperation turning more difficult (quality) and irritability or growing inclination to drink (proneness), and also in
b) the calibre of action and/or its duration e.g. by responding to reprimand with silence or with rage (dimensional view) and
c) overflow phenomena; blushing, nightmares, sweating, inner affections etc. (overflow phenomena).

Assessment of the extent of disorder and its criterion *are evaluated* by observation of the above mentioned parameters with all the following guidelines:

1) Principle of subjectivity; the examinee is assessed on the basis of the examiner´s own views and feelings (Viitamäki 1973).
2) Cultural principle: The subject is compared with a representation derived from a certain cultural norm or models (Viitamäki 1973).
3) Principle of efficiency; evaluation of the extent the examinee´s behaviour affects his capacities to function efficiently and to cope (Viitamäki 1973).
4) Principle of ideals: The examinee is correlated with certain ideals (Viitamäki 1973).
5) Statistical principle: The examinee is compared with certain statistical information. Here belonging to a minority or keeping far off from the average is considered a disturbance (Viitamäki 1973).
6) The principle of power: The examinee is evaluated on the basis of boundaries of behaviour and possibilities given him by power.
7) The cognitive principle: The examinee is appraised on the basis of reference to certain information, way of thinking, human understanding or even the changing world view (Nieminen 1978).

When applying these principles the following *problems* are likely to be encountered:

1. Subjectivity principle is likely to have as many definitions as there are definition makers.
2. Cultural models may be antagonistic even within the same culture.
3. Efficiency impedance may mean different things to different persons in relation to coping (e.g. fear of blood to a nurse and to a typist), and when defining a person who has overcome an obstacle the means of coping often create ethical problems. Moreover, coping may even presuppose disturbed behaviour.
4. Formulating a definition to an ideal may be impossible (e.g. a good human).
5. Statistical behaviour of majority may in fact be more disturbed than that of the minority (e.g. use of alcohol).
6. Definition of the mental health disorder on the basis of power may be formulated at will, and at the same time some essential aspect of disturbance may be left undisclosed.
7. Thinking and knowledge are very transient. What is queer or bizarre today may well be reason able tomorrow. Similarly e.g. optical illusions are hard to be defined as real illusions.

Consequently, definition of psychic disorder will perchance meet such a complexity that each subject of evaluation of the extent of disturbance will have to be examined from the point of view of all the preceding aspects, and thus the definition in certain ways continues to be alive.

II Definition of deviant behavior

Deviant behaviour is overstepping or digressing the borderlines that are requisite for functional human society. The degree of deviation is assessed on the same basis and on the same principles as for estimating degrees of disorder, but the emphasis is merely on the extent of deviation and the degree of development. For example, one who is suffering from lack of skills for living or has no specific talents or is a conscientious objector is deviant, but not necessarily disturbed.

Here the following should *be borne in mind*:

- One who behaves abnormally and one who has been defined as abnormal are two different things. For example, a thief behaves abnormally only for a second, but he may be labeled a thief for many years.
- Defining deviation in actions based on outlook of life may be an endless task. Such controversial subjects are e.g. defending wrongs, transgression, intrigues or right to commit suicide.

III Definition for disturbance in psychic wellbeing

Disturbance in psychic wellbeing means a feeling of unpleasantness in the following domains referring to the quality of life:

1) Agreeableness (to what extent reality corresponds to the mental picture of good surroundings), sense of togetherness etc., e.g. problem of childlessness.
2) Freedom, independence, being appreciated etc., being discriminated against.
3) Possession, security, chances of livelihood, etc., e.g. unemployment
4) Sense of justice, peace loving etc., e.g. being betrayed.

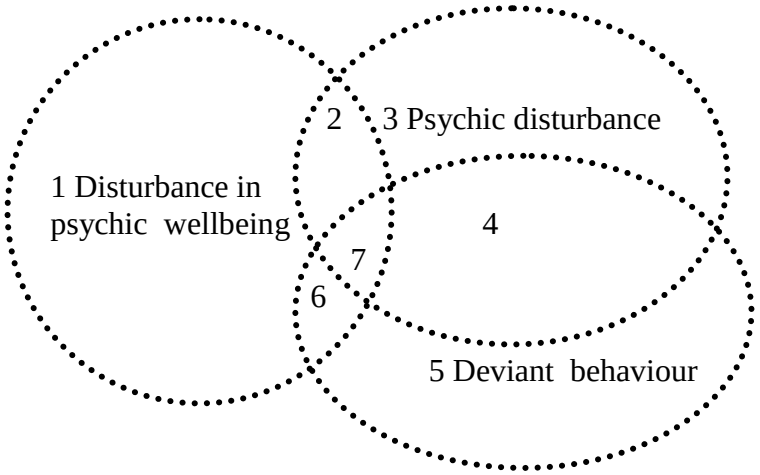
Here again the following complicating contentions *have to be borne* in mind:

- No single factor, e.g. job satisfaction, *per se* implies psychic wellbeing or its disorder.
- Even the right for psychic disorder may be considered psychic wellbeing. For example the psychic disturbance going to wrong train, you can easily compensate or correct in situation of psychic wellbeing.
- The happiness, the bliss, the stroke of luck, the salvation, the blessedness, the felicity and the glory are human being's, inner or external experiences, which you cannot define objectively (the problem of uniqueness in human being) but in spite of it important phenomena in mental health.
- The modern methods of measuring happiness and health have produced for example the following result: The mortality of a big group, who told they were somatic healthy but *unhappy* was almost

same as the mortality of big group, who was healthy and *happy* (Liu et al. 2015).

Consistencies and discrepancies between psychic disturbance, deviant negative behaviour and psychic wellbeing

Psychic wellbeing is for example when you feel good or are happy (of course by outlining short-term and long-term). This however, is not the same as being in good psychic shape, because psychic well-being may be based on an illusion or psychic delusion. Similarly deviant behaviour may contain psychic disturbances and/or disturbances in psychic wellbeing, e.g. absenting from school without leave may be just truancy, i.e. deviant behaviour, or fear of school which is a psychic disturbance. These conceptual discrepancies and inconsistencies may be exemplified with the following diagram:



Following examples clarify conceptual overlappings and divergences:

1) Solely a disturbance in psychic wellbeing is when one feels bad for being poor or a scapegoat.
2) Psychic disturbance and disturbance in psychic wellbeing are present when the reaction to grief oversteps in duration and strength normal cultural boundaries.
3) Merely a psychic disturbance is the feeling of omnipotence prior to facing the reality, or a fallacious positive statement about oneself made when in an inebriated state.
4) Psychic disturbance and deviant behaviour are in question in euphoric state (exaggerated sense of pleasure caused by disturbance in brain functions) or in a despotic tyrant at the height of his power.
5) Merely deviant behaviour is when someone exhibits excessive intelligence or carries on profession or hobby that is culturally inappropriate.
6) Deviant behaviour and disturbance in psychic wellbeing is exhibited by an embezzler in penury or a conscientious finickier.
7) Psychic disturbance, disturbance in psychic well-being and deviant behaviour are expressed by compulsive neurotics and paranoiacs.

Differentiation between deviant behaviour analogous to **crime** and psychic disturbance forms a subdivision of its own, because the definition necessitates the society to react in ways that are vastly different: should there be punishment or treatment.

The difficulties met in differentiation are mainly as follows:

1) The problems caused by the difference of background of the doers; e.g. shoplifting by a destitute or kleptomania by a wealthy person may seem one and same deed-totality.
2) Basis of jurisprudence; e.g. the republic of Finland was born through civic disobedience and those who advocated the new state were quite often branded as mentally disturbed, because they favoured a fresh basis for legislation.
3) Problems of exactitude; e.g., if taken quite meticulously, every adult person one time or another

breaks the law, may be an intentional traffic offence. Similarly, everyone has some trait or behaviour which is characteristic to psychic disturbances.
4) Problems of informers; e.g. a disturbed working community may put the loyalty of one of its members under close scrutiny and by this supports its own disturbed state.
5) Problem of declaring oneself disturbed; e.g. as a defense for an aggressive or destructive act it is often expected that the doer professes he was in a mentally disturbed state, or a terrorist defending his act that it aimed at some greater welfare.
6) Problems of pseudo criminality; e.g. a disturbed and criminal genius sometimes succeeds in covering up his crimes and also his own feelings of guilt.
7) Problems of martyrdom; e.g. during a court trial someone may own up in a situation where it is difficult to determine whether there is in question a crime or a psychic disturbance arising from the feeling of guilt.

In the definitions formulated above psychic disturbance is both the main concept as well as subdivision of it. This matches the picture quite well e.g. in schizophrenia, where almost without exception we find DEVIANT BEHAVIOUR like lack of skill of living and wrongdoing, DISTURBANCES IN PSYCHIC WELLBEING as in misery and shame or PSYCHIC DISTURBANCES like delusive timidity or seclusion.

One notable feature is that the definition of this (near holy) trinity encompasses both individual and community levels, and this irrespective of the times. **It is equally appropriate for the times of witch-hunting and for the age of computers.**

Another essential point is, that the definitions for the psychic disturbances do not contain the words *health* or *illness.* Determining the perimeters in psychic illnesses forms a chapter of its own.

What is meant by illness?

Distinguishing illness from the phenomena that resemble it is important not only for theories but also in practical preemptive mental health work for the following reasons:
* Research and consequently also assessments of progress in mental health work demand precise definitions of concepts.
* In questions of funding for preemptive mental health work the parameters for defining concepts of illness often prove to be contentious.
* The exact definition of an illness is important for the sake of lawmaking in society.
* In judicial decisions accurate definitions for the concept of illness are consequential.
* In preemptive mental health work the qualified person of public health service is nowhere always the most crucial realizer. The division of labor depends of definitions of illness.

Analyzing the concept of illness goes as follows:

I Defining illness irrespective of estimations or values

Appraisal of the points of view of efficiency and statistics in defining psychic disturbance is directed towards the inner core of an organism, which is associated with survival or procreation (Boorse 1976). E.g. loss of the will to live is an illness.

II Defining illness in respect of estimations and values

Appraisal of the points of view of efficiency and statistics in defining psychic disturbance is directed towards harmful action that contains the need to nurse and to repair. (Reznek 1987). For example delusions that seem strange to the majority and obstruct work are part of the illness.

III Social definition of illness

By defining psychic disturbance according to cultural point of view we establish how and on

which occasion the values are to be used in determining the illness (Fulford 1989). E.g. wrecking one´s own house for no conceivable reason is associated with illness.

* * *

Each of these manners of definition involves similar dilemmas as was found in defining psychic disturbances. E.g. Schizophrenia is in accordance with some remarkable views chiefly a way of life or one form of creativity (Ojanen & Sariola 1996). In the same way the menopause can be seen as an illness that is life destroying, demeaning to the values of a woman and socially disgracing. Generally speaking, it is doubtful if there exists any definitions that are free from objections. Further the concept disablement forms an important extra nuance. For example when really the war orphan is disable who needs special support.

More significant illness definition problems are met in practical mental health work in connection with alcoholism, personality disorders and homosexuality as a suffering. Forms of homosexuality have official codes F66.01, F66.11, F66.21 in ICD-classification and in spite of it homosexuality is officially not an illness. Of these alcoholism will be dealt with in detail, particularly from the point of view of preventive aspects.

Alcoholism as social illness

Alcoholism is not an illness in the same way as e.g. viral diseases, because it involves certain game or play whose actors can, in addition to the **drunkard**, best be described and classified as follows:

CONTACT PERSON: Bartender, waiter, drinking pal, bootlegger etc. who has a special understanding for the drinker,

LIBERATOR: Nurse, rehabilitator, encourager, helper etc., someone who is interested in you as a whole person and can be of assistance.

OUTSIDER: Scrounger, boozehound, bibber, good fellow etc., who just happens to be Present during the drinking bout as an onlooker or as a conversation maker. Same time one can get a reputation as a tolerant man, good storyteller or any other human contact benefits.

PERSECUTOR: Employer, police, bailiff, creditor, temperance preacher etc., who moralizes, censures, accuses or coerces the drinker.

Alcoholism is manifested in the interaction between the above mentioned role personae and the ALCOHOLIST himself which can best be analyzed as follows:

The actual *drinking occasions* take place with the CONTACT PERSON. Sometimes one drinks “in honour of“, sometimes it is “one for my sorrows“ etc. This includes also the phenomenon called *dry drinking,* which means colorful bragging about different aspects of one´s own drinking bouts. To the contact person one can *easily tell about one´s desire to escape.*

One of the playacts with the LIBERATOR is trying to *hoodwink the nurse*. For example during the cure when one´s self-esteem is improving the impression is given, that also the use of alcohol is under control, though in fact the very fact of getting congratulations for the abstinence from the nurse causes continuation of the binge. *Even the liberator may manifest alcoholistic interacting.* For example the spouse does not always see the discontinuation of the episodes of drunkenness in the family as a blessing, though may be voicing heartrending wishes to see the end of them. Another form of interplay with the liberator is to *bemoan being afflicted with some handicap*. This is purported to send the following message to the surroundings: “Because I am sick, what more can be expected from me“.

Playing the game with the OUTSIDER is often *trying to arouse feeling of compassion.* The outsider on his behalf may easily join the merry-go-round by suddenly *changing his role into that of the persecutor*. It may be the case that e.g. at the place of work, somebody´s being habitually late or having a bad day of hangover has been tolerated for years, but suddenly a straw broke the camel´s back. Playacting with an outsider is often manifested in secretiveness. Drinking goes on just to cover up some problem or one´s own disturbance from the outsider.

In the case of PERSECUTOR at least *vicious circles* are born. A husband drinks because his wife is inclined to be profligate, and the wife is unfaithful because the husband drinks. Another typical situation is giving *empty promises* about the use of alcohol. For example the saying "never anymore" becomes a sign for commencement of a new binge. Third way is trying *to please the persecutors.* This is in some insidious way soliciting for a beat-up, clearly there is a wish to be a victim of persecution and thus gain a certain right to ameliorate anxiety with drinking.

Definition for psychically incapacitated

Psychical incapacitation is an important sub-division of psychic disturbance as defined from the point of view of efficiency. A noteworthy fact in this definition is that it evaluates also working skills, while the diseased or disabled person may be psychically wholly capable of working. In that eventuality definition goes on as follows:

The objective will be to evaluate the relation between demands of the job and the available requisite potentialities and working skills.

The available requisite potentialities is then organized as follows: personal, medical healthy, cognitive and emotional.

In the concept of incapacity for work is besides important the process- or stage model, which means, that the person has adapted to his sickness or injury in different way – for example being still fully in reaction stage. Also the incapacity for work to former or coming occupation belongs to examinations of process model.

The stages of working ability is defined as follows: fully able to work, able to work with restrictions and total unable to work. Further the shortages of working ability organizes time limit and permanent.

When you define the working ability of the individual examinee, you examines the psychic preconditions of working ability, which you organize as follows:

* Cognitive (thinking and knowledge) efficiency, its possible impairment and the ability of take in all new things.
* Chances of functioning well within the human relations of the working place tolerance and stress-bearing capacity.
* Personality and life history in that wideness and detailedness as it is advisable in working ability.
* General level of disturbance. In that case is not essential the medical diagnosis but you can use medical terms.
* Motivation for the work.
* Secondary benefit, simulations in examinations etc. in and purport of the experienced symptoms as a psychic support.

In forming deductions it should be borne in mind that in some particular areas of work the absence of just one specific precondition may incapacitate, whilst sometimes lesser potentialities in one aspect can be compensated with better resources in some other (so called model of phase).

The above-mentioned main points may be utilized also in making a prognosis for psychic

working capability. On making these inferences it should be noted, that knowledge about the supportive circumstantial factors affecting the worker and information about treatments have a crucial effect on the prognosis.

The stipulations generally observed in determining working capability and specifically psychic working capability are dependent on the general standards of society on the following main points:
* Functional requirements of the society: E.g. certain circumstances fixed quantum of soldiers is needed, and this affects thoroughness of the selection.
* Specific norms of the society. For example for the position of one who is responsible for human lives certain predetermined professional qualifications are required. And when it happens that individuals are bundled up and the question of survival of multitudes arises, politics are apt to enter into the determinations. In such an eventuality agreement on the specifications for the qualifications of the worker, i.e. politician, becomes a very complicated issue.
* Society´s principles of equity; e.g. amplitude of the retirement funds affects justifications for getting pensioned off.

Psychic working capability can be particularized into several sub-spheres. Of these we next focus on intelligence.

Analysis of intelligence and talent

American Howard Gardner has reached the conclusion, that there is no universal intelligence, but seven different categories of it, existing independently of each other (Gardner 1985). These are as follows:
1) Intrapersonal intelligence: the ability to understand oneself.
2) Interpersonal intelligence: the ability to understand others.
3) Logical-mathematical intelligence: the ability to solve problems using logic and calculations.
4) Linguistic intelligence: the ability to comprehend verbal messages and to produce them.
5) Spatial intelligence: the ability to grasp spatial concepts.
6) Musical intelligence: the ability to perceive music and melodies and appreciate them.
7) Bodily-kinesthetic intelligence: the ability to move one's body.

Later Gardner added to his catalog still the ability to understand nature, however of it the unanimity between the communities of science are smaller. Especially the differences of definitions between wisdom, talent and intelligence are remarkable objects of reasoning and debate.

Also there are much material of it, that the decisions made by in common sense and unanimity have proved a catastrophe. So this influences to definition of intelligence too.

Definition for mental violence in working life

If one worker repeatedly causes to another worker at least one of following disturbances:
A The isolation in communication needed for working and the grounds are dubious.
B The perturbed physical safety in working.
C The disturbances in working place, performing doing the work, tools, salary or career development.
D Affront belonging to sexual integrity, disablement or other human values, and the target person cannot defend,

so it is *mental violence in working life*.

The exact definition of inability of defend is very difficult because:

- The disturbances described before can arose accidentally.
- The disagreement in itself is oppressive but does not absolutely contain mental violence.
- The working situations and their changes can themselves be oppressive yet without mental violence.

This **main definition** is elucidated via following forms of realizations:
1) You *discriminate* by not listening, by putting some resolution to proceed without prearranged signature, by obstructing the communication apparent or out of sight, sneering or face expressions etc.
2) You *make the picture of work bigoted* so that in case of disagreement you use questionable method "this belongs not to you" or omitted to tell the essential, circuitous-speaking is used, saddled with tasks which need but a little professional skill or something other that kind.
3) You *calumniate* by distorting, by speaking groundlessly, by "ousting out" or by other such kind of ways.
4) You *bully* by word of mouth or in writing, by banging doors or some other kind.
5) You *appropriate less work* by eliminating questionably the appropriations of funds. You diminish the possibilities of success in work by burdening with too many tasks or such.
6) You misuse *your authority*, disturb sexually, disturbs the identity or religious liberty, procrastinate with wrong grounds or such.
7) You *make questionable the psychic working condition*, mental health or respect for the law with meagre grounds.

The definition of **bullying in workplace requiring action** demands still following focusing:
* The harassment continues over half a year so that on an average one time in a week there is manifested some experience in question.
* In defining you need to take a notice the present of being such a victim, in which experiencing shame and the fear of it becoming worse is present. Also such difficult defining's as paranoia, mania, stigmatizing the scapegoat and political manhunt belong to this category.
* In law the bullying in workplace is interference, which demands evidencing. However the collecting of evidence is to the person more often than not overwhelming because of fatigue or timidity of the workmates. Somehow this must be taken notice of.

The **structural and organizational mental violence** are causal factors. They do not belong to the definition of mental violence. Also you need to take in account that many organizations have so called rights of public power in forms of critisisment and keeping discipline.

Definitions for mental health work and its subcategories

Following analyses are born of observations done during years of practical, participating work and by examining scientific studies:

ANALYSIS OF MENTAL HEALTH WORK AND MAIN POINTS OF CONTENTS IN DIFFERENT FUNCTIONAL GENRES

	INDIVIDUAL LEVEL	GROUP LEVEL	COMMUNITY LEVEL
INTER-ROGA-TING AND GUIDING FUNC-TION	- Individual investigations - Writing testimonies - Making personal writings - Individual guidance - Answering to patients' complaints	- Family investigations - Work place atmosphere investigations - Work seminars - Functional investigations - Group work guidance	- Evaluation work - Organizing mental health work in merged municipalities - Dealing with functional ideologies - Investigations of mental health work atmosphere
REME-DIAL AND RE-HABILI-TATING FUNCTION	- Treatment and rehabilitation of an individual - Writing referrals	- Group therapy - Family therapy - Work group meetings during treatments - Consultations - Nursing staff work	- Treatment threshold appraisals - Division of duties between different organizations respon-sible for treatment
PRE-EMPTIVE AND PREVENTIVE FUNCTION	- Observation of preventive view in individual therapy - Giving timely help - Individual crisis management	- Dealing in different groups with facts and phenomena affecting mental health - Plans for preemptive and preventive work	- Influencing organi-zations to promote mental health - Lobbying with law-makers to promote mental health

The term *psychiatry* is not mentioned in this analysis. *Psychiatry as a doctrine, however, is included as a non-specific sub-division of mental health work,* mostly in individual and group level treatment and rehabilitation programs and also in interrogative functions of individual treatments.

From this analysis preemptive and preventive work may be particularized as follows:

ANALYSIS OF PREEMPTIVE AND PREVENTIVE MENTAL HEALTH WORK

S T R A T E G I E S

R E A L I Z E R S	Prerequisite functions	Actual functions: Individual level — Promoting healthy disturbances	Actual functions: Individual level — Reducing causes of growth	Actual functions: Group and community level — Promoting healthy disturbances	Actual functions: Group and community level — Reducing causes of
Organi-zed	Creating new posts etc.	TARGET: life span of individual (7x4-field)		TARGET: life span of group and community (7x4-field)	
Non-orga-nized	Supporting voluntary work etc.	TARGET: life span of individual (7x4-field)		TARGET: some part of life span (that is 7x4-field)	

This structure has been developed as continuum for the "target-strategy-realiser" triangle developed in the eighties in Finland within the training sponsored by the National Board of Health (Leiman et al. 1982). Here the interaction focused on certain life span becomes more easily clarifiable than previously and can be adjusted to practical work.

In addition the strategies are divided into supporting healthy growth, for example teaching to cope with some handicap, and lessening of causal factors, in other words, alleviating mental health disadvantages. Here we may note also, that many preventive steps function even without knowledge of causal factors. For example safety belt is of great help in traffic accident, even though the cause of the accident is unknown. Clearly defined boundaries in child rearing help in many crisis situations.

Similarly implementers of the work have been categorized into organized, i.e. persons whose work is based on some discipline or profession, and non-organized, who in practice form majority of the workers. It is a fact that in most communities there are almost instinctively formed arrangements to prevent emergence of disturbances, and these are not always recognized aware as such.

III Essential points in the processes affecting psychic wellbeing, psychic disturbances and deviant behaviour: the 7 x 4 - field

The question of what affects mental health necessitates definitions, analyses and boundaries. For example if a strong feeling of shame is defined as mental health disturbance, it is afterwards inappropriate to argue, that the feeling of shame is the cause for mental health disturbance called "manifestation of shame". Similarly if *ab initio* it is defined that mental health manifests itself in

human relations, it is rather difficult later to posit that human relations are the cause of mental health disturbances. The cause will remain equally obscure to define as in determining the cause of traffic accident, if at first it is determined that the car runs on the road and then contended that the road is to blame for the accident, whereas a certain phenomenon in human relations, let us say scapegoat phenomenon, can easily be determined as a causal factor.

In addition to the former, in examining the processes of disturbances it is desirable to have a conceptual figuration facility for the fact, that an existing disturbance has an effect on future disturbances. Violence - begets - violence phenomenon is one example of this.

Inevitably, in analyzing these concepts some kind of taxonomy is being formed. Furthermore, every mental health worker, rather without exception, - as has been proved in practice- has at the background of his way of thinking more or less fixed framework of concepts, through which he perceives the reality.

The taxonomy presented here is born in the course of several years as a result of thousands of observative investigations and also through conversations held with practical workers.

First in the field there are four main spheres of life within which mental health transmutes, but these are not causal categories. A short description of these CORNERSTONES OF MENTAL HEALTH, already referred to in the preliminary definitions, goes as follows:

A) HUMAN RELATIONS: Social development, friendships, camaraderie, acquaintances, comparisons of oneself to others etc.
B) PHYSICAL EXERCISE / BODILY FUNCTIONS: Motor development, actions primarily involving muscular development, movement, body stay-fit and relaxation programs, physiological functions etc.
C) RATIONAL FUNCTIONS: Cognitive development, actions primarily concerning daily livelihood, deliberations, planning, studying, housing, transport arrangements etc.
D) FUNCTIONS PERTAINING TO OUTLOOK ON LIFE: Emotional, ethical and aesthetic development, functions primarily concerning religion, arts, values, ideologies or such; following the call of God.

When mental health jeopardizing or promoting factors intrude on these areas, the following division into seven classifications of the central points of the processes may be fashioned:
1. LONELINESSES: Phenomena specifically encompassing subjectively experienced isolation. When it is detrimental to mental health it is alienation, anomy (in sociological meaning), separation angst etc. When it is beneficial to mental health it is experiences of being in peace, creative intervals, occasions to clear one´s thoughts etc.
2. MODELS: Occasions specifically embracing a prospect to learn from models. There may be healthy or unhealthy models for action, and the models may be either preventing or proliferating states of disturbance.
3. STRESSES: Occasions containing primarily all of the following features: 1) Something unpleasant has happened. 2) Unpleasantness is known to continue unless certain action is taken. 3) The above mentioned certain action proves to pose some difficulties. (This definition is applicable to quite a few theories on stress). It is also proven that in stress in addition to its mental health debilitating effect there is also a facet that promotes mental health, for example the tempering effect after overcoming difficulties or *the challenge* posed by stress.
4. EXPERIENCING PUNISHMENT / DISAPPOINTMENT : Situations in which certain behaviour causes unpleasantness, adversities etc. Punishments have in addition to being a strain on mental health also an effect of edifying and clarifying boundaries that is salutary to mental health.
5. LOSSES: Occasions involving losses meaningful to the experiencer. Even losses may have advantages beneficial to mental health, for example on occasions when one has to choose between lesser evils, as may happen in cases of custody of children. It is also a fact that quite a few persons

have emphasized when relating their experiences that only after suffering their loss, something new and exiting could happen in their lives.

6. AVOIDANCE / ESCAPE POSSIBILITIES: Here there is a possibility to utilize ways of adjustment that are detrimental to mental health to avoid anxiety in a manner which in the long run adds to it. e.g. cover-up, belligerence, misuse of stimulants etc. On the other hand here is freedom, chance of release from everyday humdrum, and a possibility for a regression in the service of the ego.

7. CHANGES: Changes in circumstances not involving losses or disappointments, but which nevertheless are fresh and momentous to the experiencer. Here a jeopardy to mental health lies mainly in the fact that one cannot always acquiesce to new experiences.

Crosstabulating categories of effectors to cornerstones of mental health we get the following 7 x 4-field relating to mental health work:

CORNERSTONES OF MENTAL HEALTH

EFFECTORS	A Human relations	B Bodily functions/ physical exercise & movement	C Rational functions	D Functions pertaining to view of life
1. Loneliness's				
2. Models				
3. Stresses				
4. Punishments				
5. Losses				
6. Avoidances				
7. Changes				

In the field main classes of effectors on horizontal lines meet the cornerstones of mental health on vertical columns. This forms a theoretical model for understanding the cause-effect rationale and a structure for preventive mental health work. More particularized description is as follows. The underlined numbers before some subtitles means that the point tells from the threshold of departure to care.

I LONELINESSES

Situations primarily involving subjectively experienced isolation, alienation, anomy, separation angst etc.

A. *Loneliness in human relations.* Interpersonal loneliness: in social development, friendships, camaraderie, acquaintances, in comparisons of oneself to others etc.

1. Spouse or life partner being or not being a part of one´s circumstances.
2. Widowhood, where the experience of loss is not most crucial.
3. Absence or presence of a loved person.
4. Number of roommates, e.g. single living.
5. Presence or absence of child within adult living circumstances
6. Loneliness relating to neighborhood, e.g. indifference of surroundings, homesickness etc.
7. Number of friends, mates and acquaintances.
8. Positive tokens of distinction coming from outside of home, e.g. letters of thanks, marks of honour, awards etc.
9. Loneliness because of deformity or dissimilarity in one's look.

<u>10</u>. Available channels of information regarding prospects of treatment in the social milieu of the person seeking therapy.

B. *Loneliness in mobility / physical exercise / bodily functions*. Loneliness which is part of motor coordination development and maintenance of body fitness or relaxation, distances to cultural activities etc.

1. Distances appropriate from the point of view of mobility to banks, post office, bureaus, libraries etc.
2. Suitable distances to locations of hobbies.
3. Suitable distances to friends, mates or acquaintances.
4. Opportunities to participate in physical exercise.
5. Opportunities to participate in neighborly help activities.
6. Caring for animals as a hobby depending on feasibilities and distances.
7. Motor patterns of mother-child relations e.g. motor melody.
8. Sauna-bath, keeping oneself clean etc. from the point of view of being alone.
9. Loneliness relating to coping with physical sickness or injury.
10. Physical distances relating to availability of therapy.

C. *Loneliness in rational functioning*. Loneliness experienced in cognitive development, in actions primarily pertaining to daily livelihood, social coping, reflections, planning, studying etc.

1. Work involving isolation from other people.
2. Work involving making of solitary decisions.
3. Work involving separation from near ones.
4. Isolation because of paucity of work.
5. Professional loneliness, unfamiliar language etc.
6. Tedium of the games.
7. Situations associated with looking after common affairs.
8. Loneliness pertaining to getting support for upbringing.
9. Discriminating or uniting features of quality of housing.
10. Practical support or lack of such support given by environment for the therapy.

D. *Loneliness in functioning pertaining to outlook in life.* Loneliness experienced in emotional, ethical and aesthetic development, in actions relating to religion, art, values, ideologies etc.; cosmic, mystical, irrational etc. loneliness.

1. Being solitary due to one´s ideology, ideals, beliefs or philosophy of life.
2. The experience of completeness, so called flow-experience, asubjectivity or such.
3. Phenomena of envy.
4. Problems of human rights in view of loneliness.
5. Being subjected to compulsory treatment.
6. Masturbation.
7. Estrangement, anomie (as a sociological concept), lack of norms, etc.
8. Phenomena relating to lack of confidence.
9. Experiencing's of false unity.
10. Questions of appreciation relating to phenomena of mental disturbances, for example despair or hope.

II MODELS

Situations primarily encompassing opportunity to learn from models.

A. *Human relationship models.* Models fashioned by the society, acquaintances, mates, friends, relatives and near ones.

1. Models provided by severe or frightening diseases.

2. Models provided by diverse paroxysms.
3. Models provided by incessant pain or anguish.
4. Models involving failure of control or trying to maintain it.
5. Models formed by peer rejection.
6. Models deriving from self-destructive behaviour.
7. Bribery, corruption etc. from the point of view of model learning.
8. So called unwritten laws of human behaviour, e.g. models of efficiency standards.
9. Models relating to sexual behaviour.
10. Perceptibility of disturbed behaviour or its common occurrence or consistency in the surroundings of the person seeking help.

B. *Models / physical exercise & bodily functions.* Models involving motor development, maintenance of body fitness, relaxation etc.

1. Models derived from physical exercise-minded environment.
2. Models given by morning routines
3. Eating habits from the point of view of models.
4. Vitamins in nutrition.
5. The cleaning of body and the hygiene in view of models.
6. Models given by surrounding people about how to handle bodily functions.
7. Prevailing views about connection between physical exercise, psychic wellbeing and mental health.
8. Models received about relaxation.
9. Cultural models of physical exercise and health, e.g. gymnastic exercises during intervals and loitering in the streets.
10. The congenital models in bodily functions, epigenetics and other such.

C. *Models of rational functioning:* in work, in organizations, reasoning, studying, enlightenments etc.

1. Models from the media.
2. Mental health models through work.
3. Behaviour models derived from quality of work, e.g. model for forever-busy style or "customer is always right"-approach.
4. Models from reasoning and studying.
5. Behaviour belonging to identity.
6. Phenomena pertaining to willpower.
7. The dominant diagnostic.
8. The organizing models in health care and treatment of the disease.
9. The so called arational viewpoint, in which you cannot understand everything and end up proceeding via paradox.
10. Culture bound presumption and information about mind becoming disturbed or aberrant.

D. *Models pertaining to view of life* Models derived from religion, ideologies, vicinity of nature or arts.

1. Cultural religious customs.
2. The so called customs of country.
3. Customs at home regarding common hobbies.
4. Models on how to relate to values and questions of faith.
5. The beliefs pertaining to different cares.
6. Models derived from moral duplicity.
7. Models for dealing with feelings of guilt.

8. Behaviour pertaining to favorite places.
9. Models derived from maintenance of honor and reputation.
10. The utilization of intuition.

III ACTUAL STRESS SITUATIONS

Situations primarily involving *all* the following factors:

* Something unpleasant has happened.
* Unpleasantness is known to continue, unless certain action is taken.
* Certain action mentioned above poses some difficulties.

A. *Stress in human relations*: in social interaction, family situations, emotional communications, etc. in which loneliness or questions of values are not the crucial unpleasant factors.

1. Stress of getting the message through, generally speaking.
2. Stress of expressing emotions.
3. Stress of numbers of people.
4. Controversies about sharing responsibility.
5. Stress of having to select company.
6. Being under pressure, contentious circumstances, mode of bonding or mystification etc.
7. Double-bonding expression, circumventive talk, responding tangentially etc.
8. Generation-gap conflicts.
9. Disturbance in the homeostasis of the family, familial distortions, confusions in the roles within the family, chaotic family situation etc.
10. Stress of gravidity and parturition situations.

B. *Stress of mobility / physical exercise / bodily functions:* in motor coordination, keep-fit exercises, relaxation exercises etc.

1. Restrictors in chances of exercise possibilities and movement in the immediate circle.
2. Plight of finding an untroubled place for walks.
3. Stress relating to movement in the house.
4. Vacation stress, problems about scheduling of leisure.
5. Hazardous exercise.
6. Hereditary stress.
7. Encumbering factors of blood consistency, state of physical condition, inflammations etc.
8. Organic malfunctions in motor coordination.
9. Conflicting attitudes relating to organic stress.
10. Stress of brain dominance, brain tumors etc.

C. *Stress of rational functioning*. Functioning primarily involving cognitive development, daily livelihood, housing, reflections, studying etc. from the point of view of stress.

1. Stress caused by suitability of working times.
2. Stress about cessation of work.
3. Physical stress, e.g. noise, disagreeable odor and cold.
4. Stress of rationalization and organization, unsuitable activity level, overload of information etc.
5. Stress relating to labor union action.
6. Difficulty in acquiring a home or threat of losing it.
7. Annoying structural features of housing or environment.
8. Economic predicaments.
9. Stress of getting involved in lawsuits.
10. Contending interpretations regarding nature of self-observed symptoms, e.g. whether the pain is physical or psychic.

D. *Stress of functioning pertaining to view of life.* Problematics from the point of view of religion, arts, emotional aspects of security, values, ideologies etc.

1. Stress of keeping a secret.
2. Problem of order of precedence and appreciation of actions, e.g. whether to dedicate oneself to home or job, inactivating effects of increased services and equality problems.
3. The problems of self-esteem.
4. Situations of helplessness in helping.
5. Stress of getting into different risk groups.
6. Disputes between different world views and religious movements.
7. Competition around standards of living.
8. Poor prognoses that seem to fulfil themselves, perpetual degradation of those who have met with setbacks, the batting of beaten etc.
9. The paucity of empowering images.
10. Environmental failing in tolerance towards visible and identifiable disturbed behaviour.

IV PUNISHMENT / DISAPPOINTMENT EXPERIENCES

Occasions when certain behaviour has caused something unpleasant to the experiencer.

A. *Punishment experiences and failures in human relations*: in friendships, comradeships, family situations, social development etc.

1. Violence- begets- violence phenomena or some other such.
2. Reproaches of neighbors or other near surroundings.
3. Being a target of gossip mongering.
4. Punishments via unnoticeability.
5. The scapegoat phenomena.
6. Being target of intimidation.
7. Birth of an unwanted child in view of human relations.
8. Experiencing societal punishment for sexual behaviour.
9. Experiencing societal punishment for dressing, hair care plus other such.
10. Experiencing environmental punishments for availing of mental health therapy.

B. *Punishment- / disappointment experiencing in physical exercise / bodily functions:* in body-fitness, relaxation or actions relating to muscle development.

1. Physical punishments.
2. Experiences of physical violence.
3. Occasions when one is physically sensitized to experience punishment.
4. Failures in breast-feeding.
5. Failures of keep-fit programs.
6. Experiencing poor success with physical exercise equipment's etc.
7. Experiencing's of failure in competitive situations in physical exercise contests.
8. The harassment of pedestrians, intimidation with violence etc.
9. The effects of capital punishments.
10. The frustrations in waiting lists for care.

C. *Experiencing punishments / disappointments in rational functioning* primarily involving daily living, housing, reflections etc.

1. Persons who cause experiencing's of punishment at the place of work.
2. Admonishments about quality of work, judgments etc.

3. Reprimands and failures encountered in upbringing.
4. Rebukes and disappointments encountered in daily work.
5. Unsuccessful plans, petitions, proposals etc.
6. Excessive or exorbitant punishments.
7. The effects of collective penalties.
8. Ignoring's or forcing into solitude etc. as a method of punishment.
9. The difficulty to focus into the penalties.
10. Experiencing's of punishment after exposure to disturbances is revealed.

D. *Punishment / disappointment experiencing in functioning pertaining to outlook on life*: in religion, dealing with values and ideologies, in ethical development etc.
1. Gloomy and depressing news from the world.
2. Remaining in obligation, reactance phenomena etc.
3. Occasions of unforgiveness.
4. Experiencing's of punishment due to being branded heretic, belonging to minority etc.
5. Experiencing's of shame after emotional outbursts, e.g. feeling of shame after having bared one´s deepest emotions.
6. Agony of conscience as a punitive factor.
7. Vicious circle of embitterment.
8. Consequences of poor sense of humor.
9. Poorly appreciated spirit of enterprise.
10. Demeaning behaviour of those who encounter deviation and states of disturbance.

V LOSSES

Occasions involving losses momentous to the experiencer.

A. *Losses in human relationships*: in social development, in chances to function with other people, self expression etc.
1. Loss or a serious illness of a near one.
2. Parentification phenomenon in children.
3. Loss of human relationship aspect in organic disease.
4. Surgical operation, miscarriage, abortion, unsuccessful cure etc. from the point of view of human relationship.
5. Losses relating to sexuality without loss in bodily functions.
6. Losses relating to communication possibilities without losses of functions in sense organs.
7. Losses relating to appreciation, honor etc.
8. Being betrayed.
9. Personally experiencing problem of childlessness.
10. Being a parent of child, whom is taken into custody.

B. *Losses / physical exercise and bodily functions:* Losses related to ability to move about on your own, keep- fit exercises, motor coordination, relaxation exercises etc.
1. Unavoidable curtailing of time allotted for taking care of body fitness.
2. Organic obstacles for mobility.
3. Unavoidable reduction of exercise received through pets.
4. Mobility reductions due to age.
5. Lessening of home facilities for fitness care or reduction of possibilities for outdoor exercise.
6. Losses in sensory functions.
7. Losses related to teeth.
8. Circumcisions, losses focused to sex organs etc.

9. Blood pressure medications and sexuality.
10. Connections of inflammations to psychic disturbance.

C. *Losses / rational functioning*: Losses relating primarily to daily living, housing, reflections etc.
1. Outdated training.
2. States following fines, losing one´s driving license etc.
3. Loss of job or long-time objective.
4. Loss of home.
5. Accidents, natural catastrophes etc.
6. Rational side of losses involving organic diseases.
7. Organizing crisis help.
8. Increase of income disparity.
9. The problematic of wasted time.
10. Reduction in income, status inconsistency etc.

D. *Losses / functioning pertaining to outlook on life:* Action primarily concerning religion, arts, emotional aspects of security, vicinity of nature, values, ideologies etc.
1. Sentiments of loss concerning politicization.
2. Losses due to secularization of religion.
3. Decline in the dignity of labor.
4. Losses concerning diminishing respect for elders, ex-servicemen plus other such.
5. Decreasing appreciation of families with children.
6. Losses concerning nearness of nature.
7. Losses of pet animals from emotional point of view.
8. Losses felt because of deteriorating quality in the use of language.
9. Losses of identity.
10. The phenomenon of statistic numbing when facing people having experienced losses.

VI AVOIDANCE OR ESCAPE POSSIBILITIES

Possibilities to avoid anxiety in a way which in the long run adds to it, for example cover-up, belligerence, escape into intoxicants etc., detrimental defensiveness or coping.

A. *Avoidance possibilities in human relations:* In social development, friendships, comradeships, acquaintances, in comparisons of one self to others, self expression etc.
1. Possibilities to avoid being center of attention.
2. Getting the worst disservice e.g. in the form of drinking pals.
3. Possibilities to frighten those nearby.
4. Possibilities to pretend indifference, e.g. toughening the so called personality armour.
5. Phenomenon of cohabitation, frequent divorcing etc.
6. Established practice of avoidance games in the family, e.g. mode of banishment.
7. Phenomena of lying.
8. Possibilities to avoid those guilty of drunkenness.
9. The handlings of restraining orders.
10. Extent of disorder caused by symptoms pointing to disturbance in the social field of the experiencer.

B. *Avoidance possibilities in physical exercise:* in the use of physical energy, keep-fit exercises etc.
1. Avoidance possibilities afforded by disparity in family members´ mobility's and bodily variations.

2. Possibilities of misuse of bodily power.
3. Temptations not to use muscular power.
4. Temptations for overeating or avoiding eating.
5. Temptations for speeding in traffic.
6. Muscular exertions required by pet animals, gardening etc. from the point of view of avoidance.
7. Possibilities to avoid situations of dining and its timing.
8. Inclination to have surgery and the unconscious inclination to self-mutilation.
9. Connections between the distortions in advertising and body images.
10. Avoidance of using safety equipment's.

C. *Avoidance possibilities in rational functioning*: in work, planning, traffic etc.
1. Possibilities of avoiding work without unpleasant consequences.
2. Possibility of escape-into-work reactions.
3. Possibilities of misuse of power, discrimination, consistency effect etc.
4. The influence of composition in the inhabited area.
5. Chemical or with instrument happening alleviation of anguish from the point of view of avoidance.
6. Avoidance of traffic, for example low risk of drunken driving getting detected.
7. Possibilities of circumventing limitations, covering up own mistakes from others etc.
8. Possibilities for avoidance reactions relating to malpractices, side effects in connection with treatments etc.
9. The problem of information overload and removing attention in media communication.
10. The phenomenon of good enemy in mental health work.

D. *Avoidance possibilities relating to outlook on life:* Functioning from the point of view of avoidance primarily relating to religion, values, ideologies, arts, emotional development etc.
1. Narcotic effect of television watching.
2. Narcotic effect of using computers.
3. Possibilities to avoid pondering about so called basic questions of life.
4. Avoiding questions of responsibility.
5. Possibilities of avoiding dealing with questions of values, remembrances and emotions connected with grief work.
6. Tattoo as a way of adaptation.
7. Followings of so called coming out of closet in homosexuality, transsexuality, pedophilia etc.
8. Possibilities to distort in make up or such.
9. Effects of nudism culture.
10. Possibilities of indulging in excessive daydreaming, artistry, autism etc.

VII EXPERIENCING CHANGES WITHOUT UNPLEASANTNESS

Changes in circumstances which do not involve losses or failures, but nevertheless are for the experiencer new and momentous.

A. *Changes in human relations*: in friendships, comradeships, acquaintances, neighbors, ownerships.
1. Change of one´s circle of friends.
2. Getting married, getting engaged or such.
3. Changes in possibilities of sexual behaviour (not involving losses or disappointments).
4. Change in the size of the family.
5. Variations in the human relationship games.
6. Change of habitation from the point of view of human relations.

7. Change of type of dwelling in regard to mode of ownership etc.
8. Change of close neighbors.
9. Birth order of the siblings.
10. Scientific communities' approvals that telepathy is true.

B. *Changes / physical exercise & bodily functions*. Changes experienced in motor coordination development, muscle development, stay-fit exercises, relaxation etc.
1. Changed mode of using muscles in daily living, adapting to a mouth of light etc.
2. Beginning of physiotherapy, pedicure and such.
3. Changes in going to work, using own car etc.
4. Changes in distances to places of service, closure of shops.
5. Changes in meal times and leisure hours.
6. Changes in ways to utilize leisure with reference to movement.
7. Chrono biological phenomena of the body, development of body image.
8. Problematics in growth of length.
9. Specific periods of sensitiveness of bodily functions.
10. Alterations to body through surgical operations.

C. *Changes / rational functioning*. Changes without clear negativity primarily involving work, livelihood, reflections, planning, information processing, studying etc.
1. Changes of profession.
2. Changes of employment.
3. New fields of work, new tools or working methods.
4. Change in one´s financial circumstances (not for the worse).
5. Conclusion of an important assignment.
6. Momentous positive change in circumstances, e.g. promotion .
7. Substantial transfer of property (without failure).
8. Change of daily source of information.
9. Structural change of dwelling.
10. Change of information technology which is in use.

D. *Changes in functioning pertaining to view of life:* primarily in religion, arts, values, ideologies etc.
1. Changes in ethical values.
2. Changes in experience of orgasm.
3. Changes in sexual norms.
4. Changes in customs and habits.
5. Changes in fashions.
6. New ideologies appearing in the life field, effects of future on the present situation.
7. Changes in traditions.
8. Effects in changes in publicity images as in reality television programs.
9. Effects of changes in lifestyle, e.g. future shock.
10. Experiencing strong and new art experiences.