Visions of Sanity

Madness and sanity

How can we begin to understand the sanity/madness polarity and its closely related twin, mental health/mental illness? It is a subject that has confounded the mental health disciplines, although they haven’t advertised the fact. (It is ironic that the issue is foreshadowed by the subject area’s very name.) A simple approach, and one that therefore is usually followed, is to extend general medicine’s standard views about health and illness to the psychological realm. By and large, each of these pairs is seen as complementary, mutually exclusive and jointly exhaustive. Having more of one of them means having less of the other. You are healthy to the extent that you aren’t sick, sane to the extent that you aren’t mad, psychologically healthy to the extent that you aren’t mentally ill. If only things were that simple.

Recently, an unorthodox and singularly insightful monograph appeared that is devoted to exploring just these kinds of issue. Its title states the author’s basic premise, and suggests the problem: Normality Does Not Equal Mental Health: The Need to Look Elsewhere for Standards of Good Psychological Health. Here are the opening sentences of the first chapter:

Psychological normality has remained one of the last as well as one of the most central unexamined presuppositions of current psychiatry and clinical psychology. With few exceptions in the literature, psychological normality has served as an unquestioned standard of mental health while the same standard has been used to equate deviations from normality with mental illness.1

The psychologist-philosopher author Steven Bartlett has a great deal to say about this difficult and problematic subject area, but by and large

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his orientation and perspective differ considerably from the ones that I am unfolding. A major difference is that the two developmental landmarks that are the primary conceptual and experiential ingredients in my approach play no role in his. However, Bartlett’s book shows just how complicated the issues are. Their comprehensive exploration is far beyond the scope of the present work; what I will say about sanity will necessarily be sketchy, and reflect the limited nature of the goals that I am pursuing.

Within that developmentally illuminated conception of madness, what can be said about madness’ other, the state or condition we call sanity? As Bartlett’s opening comments imply, anyone hoping to find a promising start in the psychiatric literature will be disappointed. Virtually all mainstream journal articles and textbooks that I have examined that deal with the subject of mental health echo his point. Most begin by stating that the pathology/health dyad is complex, controversial, problematic, puzzling and that no clear answers are forthcoming. Numerous alternative conceptions have been offered, but none seems satisfactory. One book review of an early monograph on the subject, a textbook that was, and still is, considered to be authoritative, begins by saying that

Purchasers will probably be disappointed if they expect to find much that is of direct value to rehabilitation or that contributes in a substantive way to the founding of a new science of normality.

Because it is an appealingly simple solution, ‘mental health’ and normalcy are conflated – the basic belief that Bartlett calls into question. When examined more closely it becomes obvious that both concepts are nebulous. Is normalcy statistical, clinical or prognostic? Is, or should, the criterion be mental health be medical, sociocultural, political, economic, humanistic, psychodynamic, behavioral, ethical-moral or a combination of some or all of these? Is mental health absolute or relative? Is it, or should it be, the same all over the world, or does it/should it vary from culture to culture? Is it defined by the absence of debilitating symptoms or, alternatively, by the presence of sanctioned, admired abilities, prized ‘mental faculties’, lofty experiences, talents? How do the contemporary and specifically local views about ontology and epistemology affect one’s conception? Who is to set the criteria?

The confusion about this pair was already evident decades ago, and it continues unabated. Allen Frances, the chair of the taskforce that produced the version of psychiatry’s biblical *Diagnostic and Statistical Manual of Mental Disorders* that preceded the current new version, stated