salud mental

Mental health as the moral dimension of health. Bioethics and dialogue in psychiatry and the behavioral sciences

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Many classical works on "practical philosophy" or ethics could be read as treatises on psychology or psychiatry. They contain "patterns of psychological thought" based on conceptions about human nature that either describe or, most frequently, prescribe behavioral norms applicable to individuals and societies (Averill, 1976). Ethics is the linguistic justification of moral conduct.

No wonder French alienists in the nineteenth century spoke of "deviations" and proposed "moral treatments" for clinical pictures that today are part of nosologies based on empirical/statistical foundations (Foucault, 2003). Almost all philosophers have had something to say about proper behavior and ethics as part of their systems.

This observation suggests that mental health and morals (along with the linguistic justification of these, *ethics*) have always been intertwined (Alker, 1965). In medicine, although distinguishing between organic and mental (or psychological) ailments, it has always been recognized that human health is global well-being and not simply the absence of disease (WHO, 1994). The concepts of *disease*, *illness*, and *sickness* attest to the psycho- and socio-somatic substrate of human suffering (Lolas, 1995). However *mental health and bioethics* concepts were not current until the twentieth centuries.

As Bertolote (2008) points out, the expression "mental health" is polysemic and sometimes confusing. It is a pleonasm, an expression overcharged with meaning. It originally designed a dimension of well-being related to the previous expression "mental hygiene", retained in the French language as equivalent to mental health.

The expression mental hygiene was first used by William Sweetzer in 1843, emphasizing its importance in human life. J. B. Gray envisioned community-based mental hygiene operating through education, social culture, religion, and involvement in community life. In 1893, Isaac Ray, a founder of the American Psychiatric Association, defined mental hygiene as "the art of preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers concerning exercise, rest, food, clothing, and climate, the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, and the discipline of the intellect—all these come within the province of mental hygiene." (Rossi, 1962, p. 46).

Another important pioneer, Adolf Meyer, suggested that industrialization, urbanization, and civilization could be detrimental to human well-being and stressed that a preoccupation with mental states was essential for a productive life (Meyer, 1957). Civilization demanded adaptation and novel forms of regulation of social practices.

The establishment of the United Nations (UN) and World Health Organization (WHO) led to institutionalizing the notion of mental health; this created the impression that it was something akin to a discipline, difficult to define. Mental health is truly a *dimension* of general health. "There is no health without mental health" as the current expression underlines. The term mental, associated with health, refers to those aspects of human well-being and welfare not always observable in the body and includes feelings, sentiments, cognition, and the sense of fulfillment that permits anticipation of satisfactory existence (Galderisi et al., 2015).

From historical and conceptual points of view, the field of psychiatry has been the natural discourse for most analyses and recommendations. But it is not the only one. Psychiatry deals with pathological states and mental health refers also to the enjoyment of life and the prevention of illness.

In this collection of contributions, the relevance of the interface (or close association) between mental health and ethics is approached from different standpoints, ranging from the experiences associated with totalitarian regimes, the meaning or normality from biological and social perspectives, personal experiences like pain and distress, and recommendations on expansions and renovations of the field. It is clear from these texts that conceptualizations of mental health extend beyond the medical field. Its full appreciation demands the contribution of many disciplines.

The neologism *bioethics*, introduced during the twentieth century, adds to classical ethical reasoning the notion that interdisciplinary dialogue and procedural considerations must be considered when analyzing the interface between mental health and ethics (Lolas, 2001). The debate about the dilemmas posed by mental illness, organization of services, law, and regulations is discussed through accepted principles and implementation of value-laden assertions considering cultural diversity; the need to "translate" axiological perspectives from individual, institutional, political, and social contexts to adequate professional practices is essential (Lolas, 2002).

The papers comprising this special issue of the journal "*Salud Mental*" illustrate how different approaches to the interfaces between (bio)ethical thinking and mental health coalesce in discourses emphasizing the "moral determinants" of health and behavior. Careful conceptual analyses and applications are presented which stimulate discussion and further insights.

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