EMPATHY, SENSE OF COHERENCE AND RESILIENCE: BRIDGING PERSONAL, PUBLIC AND GLOBAL MENTAL HEALTH AND CONCEPTUAL SYNTHESIS

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SUMMARY

Different ways of thinking about policy-making for public and global mental health are constantly emerging. Turning patients into consumers and mental health into commodity may open the door for dystopic future of mental health care. Research has indicated that practicing love, kindness, and compassion for ourselves and others builds our confidence and sense of coherence, helps us create meaningful, caring relationships, increases individual and community resilience and well-being, promotes human rights, physical and mental health. Public and global mental health promotion may be predicated on the theory of salutogenesis and three key inter-related terms: empathy, coherence and resilience. The WHO Mental Health Action Plan 2013-2020 is based on the vision of a world in which mental health is valued, promoted and protected, and has four objectives: to improve leadership and governance, health and social care, promotion and prevention, and information and research. Practicing public and global actions that promote and educate empathy, coherence and resilience may significantly help achieving equality for mental health in the 21st century and improving public and global mental health.

Key words: public mental health - global mental health - empathic civilization - sense of coherence - resilience

INTRODUCTION

“This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one; the being a force of nature instead of a feverish, selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy. I am of the opinion that my life belongs to the whole community, and as long as I live it is my privilege to do for it whatever I can”

George Bernard Shaw: A Splendid Torch

Globalization and turning humankind into one free global society put unprecedented influence on our mental health, morality and behavior so that we need a new story about mental health promotion if we want to escape a state of shock and disorientation. Choice between compassion, empathy, coherence and altruism, partnership from one side and egoism, selfishness, narcissism, rude competition on the other side has become now more than ever before a fundamental question, not only for public and global mental health but also for the very survival of our civilization (Jakovljevic & Tomic 2016). According to Harari (2018) the global elites in the 20th century formulated three grand stories: the fascist story, the communist story, and the liberal story that pretended to explain the whole past and to predict the future of the whole world. While the fascist and the communist story collapsed in the last century, many liberal today fear that Brexit and the rise of Donald Trump for the president of the most powerful country in the world “portend the end of human civilization (Harari 2018). The question is here: the clash of civilizations and end of the world or the creation of a compassionate society and empathic civilization or end of homo sapiens and homo deus civilization? The right question is how to practice ideology of cosmopolitism, universalism, and empathic civilization and promote global mental health and well-being “in the world of the free market and commodification where individualistic, calculating, selfish and self-interested homo economicus strives to become homo deus and where governments pursue national economic policies that are to the detriment of the global interest” (Ricard 2015, Harari 2016). The answer could be in an enlighten education for a cosmopolitan compassionate society, empathic civilization and cooperation and partnership in a caring economy within our digital and infotech world.

Today we can talk about public and global mental health as an umbrella concept with many different theories and models (see Kalra et al. 2012, Morton & Lurie 2013) but unfortunately mental health promotion seems to be in danger of stagnation (see Saxena & Belkin 2017). The general aim of the Global Mental Health field is to promote positive mental health all over the world and mental health promotion refers to making efforts to improve the well-being of individuals, communities and the world. “The Mental Health Action Plan 2013-2012 (WHO 2013), based on the vision of a world in which mental health is valued, promoted and protected, has four objectives: to improve leadership and governance,
health and social care, promotion and prevention, and information and research” (Saxena & Belkin 2017). Public and global mental health promotion may be predicated on the theory of salutogenesis and three key inter-related terms: empathy, coherence and resilience. According to Global Declaration on Achieving Equality for Mental Health in the 21st Century “good mental health and wellbeing contributes positively to a person’s capacity to learn, work, grow, relate to the other people and environments, adapt to change, and cope with the normal stresses of life (The Global Ministerial Mental Health Summit 2018). Practicing public and global actions that promote and educate empathy, coherence and resilience may significantly help achieving equality for mental health in the 21st century. It may seem all too utopian, but brave people can read UTOPIA as Universal Understanding, Transforming, Open-mindedness, Piece Inducing Activities. May we agree here with Oscar Wilde that “a map of the world that does not include Utopia is not worth even glancing at, for it leaves out the one country at which Humanity is always landing. And when Humanity lands there, it looks out, and, seeing a better country, sets sail. Progress is the realization of Utopias”?

EMPATHY AND PROMOTION OF PUBLIC AND MENTAL HEALTH

From the global mental health perspective we have to recognize very fundamental fact that empathy and coherence are fundamental for establishing and maintaining all of our most significant relationships based on respect, trust, understanding, non-judging and forgiving, partnership and friendship (Krznaric 2015, Jakovljevic & Tomic 2016). Empathy can be defined as the reaction to the observed experiences of others which includes the ability to feel the emotions of others and understanding it from their perspective. Emotional empathy refers to the perceived emotional experience of others, cognitive empathy represents imagining, identifying and understanding their feeling and perspectives from an objective standpoint (Furnham & Sjokvist 2017) and behavioral empathy involves prompting motivation to help them. It is an important part of emotional intelligence and resilience because by putting himself in other’s situation one can learn resilience without even being in and going through the stressful situation (Vinayak & Judge 2018). Love, empathy, compassion and altruism are the essence of humanism and human condition. Empathy is social glue, invisible force that holds humans, society and civilization together which is very important for survival. Empathy for difference and openness to diversity and accepting it is fundamental for public and global mental health. To empathize means to civilize and humanize, to civilize and humanize means to empathize (Krznaric 2014). The observation that most prosperous societies of today developed in large part due to their inclusive economic and social policies (Acemoglu & Robinson 2012) implies that empathy pays off in the long run. With empathizing we see and feel and accept each other’s humanity. Empathy leads to healthy, creative, flourishing and well-functioning families, communities, nations, societies and civilizations. Human beings are biologically wired to need connection, attachment, recognition, validation and belonging. Empathy is what enables us to extend our social affiliations and connect with other people in larger social, political, economic and religious units, blocks and cultures. Civilization represents an attempt to confine the aggressive and revengeful part of human nature. Compassion, caring, pro-social and pro-humanistic behavior are fundamental for well-being, peace, mental health and our capacity to foster creative relationships with each other and the world we live in. People with mental well-being are generous, wise and compassionate, they relate to others using the skills of emotional literacy and accept and manage conflict without manipulation and coercion. Mental health literacy is an issue of huge importance. Public and global mental health are the products based on human rights, love, gratitude, reverence, empathy and compassion. Education for love, empathy and compassion are pillars and foundation of the global mental health. Choice between clash of civilizations or dialogue among them leading to the empathic global civilization of love is the most fundamental issue from the public and global mental health perspective (see Jakovljevic 2016). The promotion of a dialogue among civilizations and creation of an empathic humanistic cooperative political culture may contribute to the development of global civilization of love and peace. Love, kindness, gentleness, and compassion are like basic food for our minds, they are intrinsically related to our well-being. Good news from the latest neuroscience research is that empathy and compassion as the noblest result of empathy (Ferruci 2007), and optimism can be taught, learned and cultivated. Envision a future in which economics, education, medicine, psychiatry, religion and even politics are infused with more empathy and compassion transform our world. Empathy and compassion is an esprit de corps of the humanistic civilization of love and the creation of global cosmopolitan society governed by law and order as well as the pillars of the promotion of global mental health. Global empathic civilization seems to be a key to the very survival of humankind and life on our planet.

SENSE OF COHERENCE AND PROMOTION OF PUBLIC AND GLOBAL MENTAL HEALTH

Coherence is a relatively new multidimensional psychobiological concept, essential for understanding of salutogenesis and pathogenesis as well as for public and global mental health. According to the theory of systems, the genome operates within the context of cell, the cell within the context of the body, the body within the context of the self, the self within the concept of family and society, the society within the concept of the
Resilience and coherence are closely connected and overlapping psychobiological concepts which both refer to a capacity, a process and an outcome, e.g. state of resilience or a state of coherence. In literature it is possible to identify three waves of resilience inquiry (Nygren et al. 2005). In the first wave resilience was depicted as a trait, in the second wave as a process, and in the third wave as “identification of motivational forces” (Nygren et al. 2005). Sense of coherence is viewed by some authors as the essence of salutogenic theory as a part of resilience (Olson et al. 2006). Commonly defined as a collection of protective and salutogenic factors and processes that modulate the relationship between a stressful event, adversity or disease, and positive outcomes, resilience may be also understood as an ability for achieving and/or maintaining a state of coherence. Here it is very important to have in mind that wellness and illness, ease and disease, can be viewed as a continuum and that stress and life difficulties are integral parts of human existence, both in health and disease states. Resilience enables individuals and communities not only to survive and adapt to challenges and adversities but also to be better off and to grow and thrive (post-traumatic growth) in addition to overcoming a specific adversity. Resilience is a very complex process ranging from surviving to thriving which includes positive transformation and personal growth, an indivisible part of mental health and health in general, well-being and quality of life as well as recovery and treatment outcome. It is very important to note that some resilience factors contribute to the development of other resilience factors, and, in consistency with a cascade model, together they contribute to personal and community well-being and public mental health.

In psychology, resilience refers to the ability to bounce back from a negative experience (stress, adversity, trauma, threats, tragic) with competent and adaptive functioning (Soutwick & Charney 2013). Psychological resilience is related to the sense of self and consists of several key components: self-awareness, self-esteem,
self-motivation, self-efficacy, self-actualization and self-affirmation and it consists of intrapersonal (how an individual relates to their own thoughts, feelings and behaviors) and interpersonal (how an individual relates to others) dimension. Spiritual resilience represents a cluster of positive beliefs, values, and habits of mind that can be learned, cultivated and reinforced through positive transcendental practice. It is associated with positive evaluations of one’s self, a sense of spiritual growth and love, and beliefs in purposeful and meaningful life. Transcendentality, vitality, meaningfulness and connectedness are essential elements of spiritual resilience which can be understood in either secular or religious terms. Spiritual resilience is predicated on 1. a mission-discovery process, sense of meaning, personal integrity and purpose, 2. inspirations, values and the fuel to be good, do good and serve others, 3. a deep enjoyment of life and respect for life. According to hybrid model (Shin et al. 2009) resilience is related to 1. the one’s positive attitude toward restoration (optimistic thinking, having faith in getting better), 2. the power to reconstruct (ability to re-integrate overcoming difficulty, confidence to overcome difficulties) and control one’s adversary or disease (coping skills, ability to control relapse prevention and illness, practicing health plan well), and 3. positive mutual interaction with supportive resource (support from medical experts, from family members, friends and other people).

Each individual is unique, responsive and responsible person and within every person there is a force that drives them to strive to self-realization, self-understanding, self-transcendence, and a sense of coherence and control over their own life. Good news is that resilience can be enhanced through learning and training. Resilience training can result in augmented neuroplasticity and balance of neural circuits that modulate reward and motivation, emotion regulation, cognitive reappraisal and executive function, novelty seeking, harm avoidance and fear response, self-directedness, cooperativeness and adaptive social behavior, and self-transcendence. A fundamental component of the success of any community is their ability/capacity to collectively build resilience in the face of constant and unpredictable change and adversity. There is no firmly determined (one fits all size) way to react optimally to any given challenge or adversary, but rather an optimal way of responding to specific circumstances. Spiritual and community/social resilience can be enhanced within communities, both informally (practicing empathy and compassion in every day’s life) and formally (religious teaching resilience skills, broadening definitions of “family” and friend on everyone in community, society and civilization).

Research shows correlation between mental health and resilience which can protect people against mental disorders (Ghanei Gheshlagh et al. 2017). From the public mental health point community resilience is crucial to disaster preparedness, response, and recovery. According to the USA National Health Security Strategic to disaster preparedness, response, and recovery.

CONCLUSION

Public and global mental health represents a field of increasing interest in recent years. Different ways of thinking about policy-making for public and global mental health are constantly emerging. Research has indicated that practicing love, kindness, and compassion for ourselves and others builds our confidence, help us create meaningful, caring relationships, increases individual and community resilience and well-being, promotes human rights, physical and mental health. Public and global mental health is predicated on human rights, love, gratitude, reverence, empathy and compassion. Turning patients into consumers and mental health into commodity may open the door for dystopic future of mental health care. We must ask ourselves whether we want to preserve our core tenets of humanism, liberty, justice, equity and democracy. It is evident that our world needs more empathy and coherence to increase resilience for promotion of personal, social and global mental health. Personal mental health is based on personal resilience, public mental health on compassionate society and community resilience, and global mental health on global resilience and empathic civilization. Enhancing empathy, coherence and resilience is strongly related to “the improvement of mental health promotion, prevention and service provision, and challenging stigma and discrimination to achieve equality for mental health” as suggests Global declaration on achieving equality for mental health in the 21st century. Education for resilience, love, empathy and compassion are pillars and foundation of the public and global mental health and empathic civilization.

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References

8. Global Ministerial Mental Health Summit 2018: Global Declaration on Achieving Equality for Mental Health in the 21st Century

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