AXIOLOGICAL ANTHROPOLOGY
AND
THE PROMOTION OF MENTAL HEALTH

Maria Vassiliadou

FOREWORD by Nick Bostrom

Text editor: Richard Baron

Educational Trust for Health Improvement
through Cognitive Strategies

London
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E.T.H.I.C.S

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FOREWORD

Mental ill health is wide-spread: it is estimated that one in four Europeans will suffer its effects during their lifetime, most commonly anxiety and depression. There are more cases of suicide in the European populace than deaths from car accidents or murder, with a conservative estimation of the economic cost of mental illness put at typically 3% to 4% of gross national product. By the year 2020, depression, currently afflicting 4.5% of the general population, is set to become the second most common cause of disability in the developed world.

In a more positive sense, mental health is the foundation for effective human functioning at both the individual and community levels. The WHO (2001, p. 1) defines mental health as ‘a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work, productively and fruitfully, and is able to make a contribution to his or her community’. Development of mental health skills is therefore a precondition for beneficial cooperation between members of
a society, and between societies themselves. As such, mental health promotion is a broad but vital area of education.

If we interpret 'mental health' not only as the absence of psychological disease, but in its widest sense -as the full development and deployment of our human potential- then positive mental health can be seen as the art of human flourishing. Scholars of philosophy, as well as from various wisdom and spiritual traditions, have long been concerned with the study of normative concepts such as human well-being and wisdom, practical rationality and meaningful life. To better understand the ideals of human flourishing, and to develop more effective means to enable more people to achieve true human flourishing, is a grand and noble challenge indeed; and meeting it in the 21st century will require a revitalized collaboration between the biological sciences and the humanities.

**Nick Bostrom**

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INTRODUCTION

Humans possess by nature the ability to adapt to endlessly changing environmental conditions. Adaptation is related to specific mechanisms which continually inform organisms of the needs that have to be met at each moment. Specific receptors inform each organism of its own capabilities and of the degree to which these capabilities allow it to fulfil its specific needs. Correct reception and conceptualization of available information seems to perform a leading role in the adaptation process and, further, in survival as well as in improving quality of life. However, neither the information that organisms receive through their own organic receptors, nor the information provided by the environment, is always accurate. Moreover, social environments often offer models of behaviour that do not benefit, and may even threaten, survival and quality of life. In such cases individuals may strive for the achievement of imaginary needs, or they may fight to escape from imaginary enemies.
Aiming at the construction of an axiological discriminatory system which would allow the definition of what would benefit adaptation and quality of life, a therapeutic and a mental health promotion models have been designed on the basis of the Axiological Anthropological model.

The Axiological therapeutic model is sharing techniques which are used by the Cognitive model, thus called Axiological Cognitive model, and is based on the premise that humans’ will can regulate the way that various objects, situations or events are perceived, to the benefit of survival and of quality of life.

The Axiological Mental Health Promotion model provided a systematic study of methods, which can be used as a source for the promotion of adaptive thinking models, idiosyncratic personality qualities and skills. However, it considers that enrichment of the educational strategies that Mental Health Promotion scientists are using for the promotion of adaptive conceptualization mechanisms, with material deriving from the intellectual civilization that humans have developed through the centuries (WHO, 2003; WHO, 2007), may become an important means for improving the quality of both individual and social life.
The Axiological Anthropological model limits itself to the facilitation of unimpeded correction of distortions in the process of conceptualization by individuals themselves, aiming to promote abilities of repair and maintenance considered as of a similar nature with abilities that make human cities to become robust entities merited to recover from difficulties or even catastrophes (Thrift, 2005).

“Mental Health Promotion is not solely the domain of ministries of health. It requires the involvement of a wide range of sectors, actors, and stakeholders. Human rights encompass civil, cultural, economic, political, and social dimensions and thus provide an intersectoral framework to consider mental health across the wide range of mental health determinants”

World Health Organization (WHO, 2004a, p. 23)
PART ONE
IDENTIFICATION OF THE FRAMEWORK
CHAPTER I

AXIOLOGICAL ANTHROPOLOGY: SCIENTIFIC ORIGINS AND EVIDENCE

1. A brief history
2. Scientific origins
3. Assumptions and evidence
1. A brief history

Axiological Anthropology is a scientific system which aims at the promotion of mental and physical health (Vassiliadou, 1998) through the study of “what makes people healthy” (Kickbusch, 2003, p. 386). As such, it focuses on the development of evidence-based material for the promotion of adaptive and the prevention of maladaptive determinants that affect mental and hence physical health.

The term “axiological” derives from the Greek epithet “axiologikos” which refers to the competence of evaluating things and putting them in a hierarchy. “Axiologikos” is a compound word made up of the words “axia” (value) + “lego”/“logos” (discourse), thus it means discourse about values. The noun “anthropology” stems from the Greek term “anthropologia” which is also a compound word made up of the words “anthropos” (human) + “lego”/“logos” (discourse), and which refers to scientific disciplines that deal with various manifestations of human nature.

Herein, the term “anthropology” is used to refer to the study of bio-psycho-social origins of the human behaviour, rather
than merely to physical, psychological or social functionalities of specific cultures or societies.

So, the term “axiological anthropology”, refers to an anthropological system which, through the collection and co-evaluation of relevant material deriving from various scientific fields, integrates knowledge from various disciplines in order to promote mental health. As such, it constitutes an important means for the design of appropriate material for the implementation of Mental Health Promotion educational programmes and campaigns.

The rendering of data in the form of educational material for use in Mental Health Promotion educational programmes is one of the primary aims of Axiological Anthropology, in order for the goals of Mental Health Promotion, as have been defined by the World Health Organization (WHO, 2004a), to be achieved.

Axiological Anthropology was initially introduced as a systematic study of conceptualization processes as well as of resources for the development of human potential towards the achievement of a balanced psychosomatic functionality (Vassiliadou, 1998).
A vital question for research was whether any particular models of adaptive evaluation and conceptualization of various stimuli, events and their consequences could be defined in order to be used both to challenge maladaptive ways of perceiving life’s events and difficulties, ways which have been found to characterize clinically distressed individuals, and in the design of more effective mental health promotion interventions.

Axiological Anthropology initiated a new approach to mental health promotion in 2002, when a system of specific positive skills and strategies was introduced into academic practice, aiming to reinforce the effectiveness of Mental Health Promotion methods (Vassiliadou et al, 2004). The leading hypothesis was that improving potentialities, virtues, and positive skills that humans possess by nature, would effectively promote a more adaptive way of conceptualization (Vassiliadou, 1990), which would promote and protect the mental health of healthy individuals, and which might improve the mental health of patients (Vassiliadou et al, 2004). The applicability of Axiological Anthropology has started to be tested, with encouraging outcomes (Marks and

Other questions, which had to be answered initially, had mostly to do with the nature of humans’ conceptualization of various environmental stimuli, since not only cognitive but, further, emotional elements were supposed to be involved in the conceptualization process (Clark and Beck, 1999, p. 85; Padesky, 2004) and therefore in bio–psycho–behavioural reactions.

In order to facilitate the achievement of the principal aims of Mental Health Promotion, Axiological Anthropology suggested the orientation of educational programmes towards the development of specific skills and strategies which were proven to characterize non-distressed individuals. In addition, it suggested that the design of educational programmes should address variables which have been found to characterize archetypally healthy behaviours of historical role models (APH-Adolescence, 2003).

Aiming at the protection of the human personality in its biological, moral and social dimensions, the Axiological model suggested material and methods for the training of
health professionals and key community agents in Mental Health Promotion issues, with reference to the need for the biological, psychological, social and ethical management of patients as less healthy persons rather than as victims of illness (Vassiliadou, 2004).
2. Scientific origins

The theoretical assumptions of Axiological Anthropology are based on an evidential base of data derived primely from the fields of Mental Health Promotion and of Cognitive Psychology, as well from the fields of Positive Psychology. Axiological Anthropology offers a systematic theoretical model, on the basis of which important aspects of human behaviour are interpreted. What is innovative is the positive approach of human reasoning, on the basis of integrated knowledge coming from the above mentioned scientific fields, so as to facilitate the design both of material for training in the development of positive mental health skills and personality traits, and of new therapeutic strategies and techniques.

Within the therapeutic approach that is suggested by the Axiological system, patients are viewed as possessing a range of positive, adaptive and healthy characteristics which may help them to regain health, to prevent a worsening of their disorder, or to cope with the chronicity or the severity of their disease and improve their quality of life. Educational
material, as suggested by the Axiological model mainly addresses the following:
A. Strategies for the development of an adaptive and balanced sense of identity
B. Strategies for the achievement of continually improving self-esteem
C. Strategies for the development of coping techniques, of social skills and of creativity

Such strategies and knowledge can be delivered within Mental Health Promotion programmes addressed to health professionals, to non-health professionals who are more or less directly involved with mental health, and to the general public (Vassiliadou, 2004).
3. Assumptions and evidence

Relevant assumptions of the Axiological model are as follows:

1. It benefits humans to be aware of their thinking processes
2. It benefits humans to be aware of the distortions they may have introduced in the process of conceptualization
3. It benefits humans to be aware that they possess by nature the abilities required to change their judgments
4. It benefits humans to be aware of the fact that their will is autonomous by nature, and that it is able to deal with conflicts as well able to adopt more adaptive ways of conceptualizing things or events.

It is important to note that the Axiological model, in addition to the above assumptions which are similar to corresponding assumptions of the Cognitive model, suggests that it is beneficial for individuals to be aware of the fact that “the will is father to the thought” (English proverb).

Theoretical research into the definition of stages of physiological (adaptive) and pathological (maladaptive) conceptualization processes revealed the important role of humans’ will in the formation of the primary ways of
perceiving a stimulus as pleasing or displeasing, and further, the role of the organism’s ways of reacting (Vassiliadou, 1998). In the same study the role of humans’ will in the control of the correctness of those primary evaluations was emphasized, since it was shown that they play a vital role not only at the start but throughout the process of stimulus evaluation and conceptualization.

In order to allow timely and effective challenges to maladaptive attitudes of patients to be made by health professionals without prior practice in psychotherapy, as well in order for those positive factors to be promoted in Mental Health Promotion programmes, an attempt to further define the positive and negative factors related to mental health was made through the use of the Dysfunctional Preconceptions Questionnaire (Vassiliadou and Goldberg, 2006).

In the light of the claim of the cognitive model that negative cognitions characterize the negative cognitive triad (Beck, 1991, p. 128) in depressed individuals, the Dysfunctional Preconceptions Questionnaire (DPQ) was developed in order to test the hypothesis of Axiological Anthropology that specific adaptive or maladaptive preconceptions are related
to the origination of respectively positive or negative conceptualizations of stimuli or events, and therefore to analogous emotional reactions.

The DPQ was not intended to be used as a diagnostic tool, although it appeared to have good discriminatory power, but rather to provide information about the three areas in which depressive thoughts may occur and which may be challenged in therapy. The design of the DPQ also aimed to test the hypothesis that adaptive or maladaptive meta-conceptual control of the will is related to the origination of respectively positive or negative emotional reactions.

Another reason for the scale’s development was that it might allow closer definition of the preconceptions that are primarily related to each specific area of the negative cognitive triad, in order to allow an intervention to be designed which would be oriented towards challenging the affected area and changing the preconceptions related to it, leading to a more adaptive solution, since each dysfunctional preconception is considered to reflect a negative simulacrum of a corresponding positive thought-matrix.

The results of that research showed that the DPQ related to other measures of psychopathology, and provided
information that can be used to structure a treatment plan. It may be especially suitable for those who do not wish to have drugs prescribed, and for those who are resistant to drugs. The DPQ was developed on the basis of a study of the literature and clinical experience and was designed to screen for specific preconceptions which were supposed to relate to a pessimistic conceptualization of life circumstances that is usually found in distressed individuals. This resulted in three provisional scales of eight items each, corresponding to three areas of depressive thoughts: related to the self, the world and the future.

In particular, the screening extent of the questionnaire was considered to cover the field of dysfunctional thought-matrices or preconceptions regarding humans’ coping abilities, consisted of three main domains:

1. Preconceptions representing the underestimation of humans’ capacity for self-sufficiency, self-reliance or self-support. These preconceptions were considered to relate to the negative estimation of the self which is supported by the Cognitive model.

2. Preconceptions representing the underestimation of humans’ abilities to deal with ingratitue or injustice. These
were considered to relate to the negative estimation of the world which is supported by the Cognitive model.

3. Preconceptions representing the underestimation of humans’ abilities creatively to overcome frustrations or disasters. These were considered to relate to the negative estimation of the future which is supported by the Cognitive model.

The statement of each item was divided into two parts which were phenomenologically in contradiction to each other, in a “yes but no” dilemma style. The latter part appeared to be able to undermine the positive significance of the former.

An initiative in the design of the scale was that each item was followed by two questions, the first asking whether the item was considered by the respondent as more or less beneficial and the second whether the item was perceived as likely to generate more or less pleasant feelings. When an item is rated as being non-beneficial or as causing displeasure, the therapist needs to challenge the assumptions made by the patient.

More specifically:

1. The first category of preconceptions was designed both to reveal the several forms of “avoidance of maturation” in
terms of the perceived-interests-forecasting part of the hermeneutic thought-matrices or preconceptions, and to reflect the corresponding “feelings of helplessness” in terms of the emotional-reactions-forecasting part of the preconceptions.

2. The second category of preconceptions was designed both to reveal the “avoidance of sociability” in terms of the perceived-interests-forecasting part of the hermeneutic thought-matrices or preconceptions, and to reflect the corresponding “feelings of lovelessness” in terms of the emotional-reactions-forecasting part of the preconceptions.

3. The third category of preconceptions was designed both to reveal the “avoidance of creativity” in terms of the perceived-interests-forecasting part of the hermeneutic thought-matrices or preconceptions, and to reflect the corresponding “feelings of hopelessness” in terms of the emotional-reactions-forecasting part of the preconceptions.

The definition of the three “humans’ coping abilities” parameters was derived from clinical observations, made on the analogy of the “Differential Coping Hypothesis” (Clark and Beck, 1999, p.378-380).
Material on specific skills and strategies provided by Axiological Anthropology has been implemented since 2002 in mental health promotion programmes in Europe, and this material has been an important resource in the accumulation of evidence-based data on the development or acquisition of mental health skills and strategies (Vassiliadou et al, 2004). The evaluation of the effectiveness of the “European Mental Health Promotion Programmes” will soon be published (Tomaras et al). The “Epictetus” programme, which derives from a branch of Axiological Anthropology, the Axiological Promotion of Health (APH, 2003), has already been and is currently being implemented in Greece and the UK. This programme is based on Axiological Mental Health Promotion principles, which are discussed in detail in a study of educational mental health strategies (Vassiliadou, 2005).
CHAPTER II

AXIOLOGICAL ANTHROPOLOGY AND THE
COGNITIVE MODEL

1. The Cognitive model: advantages
2. The Cognitive model: theoretical portrayals
3. The Axiological Cognitive model: a productive integration
1. The Cognitive model: advantages

The Cognitive therapeutic model offered evidence to support the hypothesis that in psychopathological states there is an increased activation of maladaptive cognitions, which play a crucial role in rendering inactive the modes that promote adaptation (DeRubeis, and Crits-Christoph, 1998; Hollon and Beck, 2003).

This model emerged during the last couple of decades, not only as a specific psychotherapeutic intervention but also as a useful tool for dealing with psychiatric as well as medical problems. It can also be used in order to help overcome everyday problems of life, since the cognitive approach can both be taught and be tested easily, (Beck, 1991, pp 317-318) and has many evidence-based psychiatric and medical clinical applications (Enright, 1997). Its very nature provides a friendly language both to patients and doctors and as such it can be very appealing to clinicians of various orientations. It can, additionally be conceptualized as a type of problem-solving (Hawton and Kirk, 2000).

The Cognitive model offers both a conceptual theoretical model and research findings which demonstrate the
effectiveness of cognitive therapeutic techniques which are derived from its theoretical background (Clark and Beck, 1999).

Techniques which are offered by the Cognitive model can help physicians to increase the impact of therapy by setting their medical approaches within a framework and, at the same time, minimise the total cost of therapy (Jarrett et al, 2001).

It is very important that research has supported the hypothesis of Cognitive theorists that patients who show a reduction in negative thoughts evidence corresponding reductions in depressed moods (Clark and Beck, 1999, p. 158).

The Cognitive model has made a significant contribution to the treatment of depression, as documented in reviews of outcome studies (Dobson, 1989; Hollon and Beck, 1994), and thus the therapeutic model that was suggested by cognitive scientists has been recognized as an established, empirically validated treatment (DeRubeis and Crits-Christoph, 1998), applicable to the full range of emotional problems (Clark and Beck, 1999, p.77).
It can be argued that applications of the Cognitive theoretical assumptions would be useful in the design of Mental Health Promotion programmes, since this model assumes a dimensional perspective on emotional experiences with affective disorders representing an exaggerated and persistent form of normal emotional functioning, recognizing a close connection between personality, emotion, and psychological disorders (Clark and Beck, 1999, p.77).
2. The Cognitive model: theoretical portrayals

Cognitive therapists concentrate their efforts on helping patients to recognize the thoughts they have when they evaluate their life events or daily problems. When these thoughts are considered as maladaptive and causally related to the patients’ problems, the patients are helped to change them, since the key to effective treatment involves a strengthening of constructive modes of thinking in order to maintain a shift from a negative to a positive valence (Clark and Beck, 1999, p.91).

Cognitive therapists help patients, within a collaborative relation, to recognize and challenge maladaptive hermeneutic cognitions that may be related to the presence of their problems. To do this, they use various strategies to teach individuals how to engage in more functional reflective modes of thinking, in accordance with the way in which the Cognitive model accounts for the observed continuity between pre-morbid personality, an individual’s cognitive structures and the development of depression (Beck, 1983).
Therapeutic challenges to maladaptive cognitions have been proven to relieve patients from current symptoms. As has also been shown, the re-activation of modes that help humans to cope with life events and daily problems produce a kind of immunity from similar future problems by re-activating and establishing modes that help an individual to adapt to challenging circumstances (Beck, 1996).

Cognitive theory was derived from clinical observation, so it is a clinical rather than a scientific theory (Teasdale and Barnard, 1993, p.7). During its development, the Cognitive model obtained a more complicated character, since a number of hypothesized cognitive structures were gradually added. Therefore, contemporary cognitive techniques usually focus on challenging of a wide range of maladaptive cognitive structures such as schemata, modes, and personality characteristics (Clark and Beck, 1999, p. 101).

However, the main purpose of the theory is considered to be the guidance of clinicians in understanding and treating patients, rather than to provide a detailed exposition articulated in precise theoretical terms (Clark and Beck, 1999, pp 70-73).
3. The Axiological Cognitive model: a productive integration

The Cognitive model does not strictly distinguish human behaviour into normal and pathological categories, since it considers that various psychological problems are linked to adaptive behaviour, consisting in exaggerated forms of normal responses to stimuli (Beck, 1991, p.318-319). Indeed, it is very important that theorists account for the appearance of positive thoughts or biases in healthy individuals (Alloy and Abramson, 1979). In addition, the Cognitive model offers important information on the cognitive biases or distortions of received information which may occur in the everyday reactions of humans (Clark and Beck, 1999, p.370).

The Axiological model considers that the continuity among less or more normal, or better among less or more adaptive and beneficial behaviours, which has been evidenced by the Cognitive model (Flett, et al, 1997), can benefit the design of materials and methods which are aimed at the fulfilment of particular Mental Health Promotion requirements.
In other words, it is considered that exploiting the evidence-based knowledge derived from studies of the Cognitive model with regard to the process of adaptation, and incorporating therapeutically important knowledge deriving from the area of the humanities, the Axiological Cognitive model can provide information on Mental Health Promotion issues, related to the way that non-suffering individuals perceive and respond to reality.

As has been supported by Cognitive theoretical model, particular thoughts or biases are related to what the Cognitive model defined as the cognitive triad (self, world, future) (Beck, 1991, p. 128; pp 107-131). There is evidence today that specific negative thoughts regarding the self, the world around the self, and the future of the individual dominate the way that reality is perceived by individuals suffering from a variety of mental problems, while positive thoughts are considered as correspondingly dominating the way that healthier individuals perceive their selves, the world around them and their future (Clark and Beck, 1999).

Aiming to contribute to the promotion of a more integrative approach to coping with the maladaptive cognitions targeted by the Cognitive model, and aiming at the further
development of approaches for challenging maladaptive conceptualization structures, Axiological Anthropology had introduced the Axiological Cognitive model, which suggests that positive skills and virtues are essential for the promotion of mental health as well for the prevention of the development or recurrence of mental disorders. The Axiological Cognitive model also suggested that mental health professionals should also be adequate educators so as to be able to train patients in the development of positive skills, in order to achieve the best possible outcomes from their therapeutic interventions.

The specific strategies that are proposed by the Axiological Cognitive model are mainly based on the evidence provided by the Cognitive model regarding the negative aspects of mental health and on the evidence provided by Positive Psychology regarding the positive aspects of mental health. Axiological cognitive strategies have been considered as mainly based on the following knowledge:

A. What is known about the negative cognitive function of humans who suffer from a variety of mental problems
B. What is known about the positive development of “healthy” human personalities
C. Knowledge regarding the structure of interventions and evidence from the appliance of specific Mental Health Promotion programmes (WHO, 2004 a; WHO, 2004 b)

Finally, the Axiological Cognitive model emphasized the need of specific rules and principles in order to protect individuals from potentially dangerous experimentation when the replacement of maladaptive beliefs and attitudes is attempted (Khadj et al, 2004). Indeed, because negative experimentations have been considered to be related to recurrent problems (Padesky, 2004), the Axiological Cognitive model suggested that dangerous experimentation could be prevented with the help of humanistic qualities, which may help individuals to acquire more positive ways of interpreting reality, so as to be able to put their needs in a hierarchy and plan adaptively the achievement of their personal and professional objectives and aims.
PART TWO
THEORETICAL PRINCIPLES
CHAPTER III

THE AXIOLOGICAL PROCESS OF CONCEPTUALIZATION

1. Conception and cognition
2. The virtual conceptualization process
3. Conceptualization in real-life conditions
1. Conception and cognition

In order to facilitate the study of the multi-complex classification of structures which the Cognitive model considers to be related to psychopathology, the Axiological model initially introduced a simple categorization of structures which appear to operate within the conceptualization process, as follows:
A. Precognitions: the pre-rational evaluation, which takes place in very early developmental stages and is concerned with what is primarily felt as pleasant or unpleasant
B. Cognitions: the rational-emotional evaluation of what is desirable and what is avoidable
C. Metacognitions: The post-rational evaluation of what is beneficial and what is harmful

The notion of conception was later introduced by the Axiological model in order to emphasize the double nature, cognitive and emotional, of hermeneutic properties of the mind. In addition to the evidence-supported relation of negative cognitions to psychopathological states (Clark and Beck, 1999, p. 400), the Axiological model suggested that maladaptive conceptualizations, of a double cognitive and
emotional nature, may be related to the emotional reactions of humans to different stimuli (Table I). Preliminary evidence has supported the above hypothesis (Vassiliadou and Goldberg, 2006).

In consequence, the above categorization of precognitions, cognitions, and metacognitions was altered to:

A. Preconceptions
B. Conceptions
C. Metaconceptions

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<td>less or more pleasing or</td>
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<td>displeasing, or neutral</td>
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<th>Conceptions</th>
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<td>avoidable, or neutral</td>
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<th>Metaconceptions</th>
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<td>Definition of what is less or</td>
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<td>more beneficial or harmful, or</td>
</tr>
<tr>
<td>neutral</td>
</tr>
</tbody>
</table>

Table I

The classification of conceptualization structures which is suggested by the Axiological model can facilitate hermeneutic approaches to the nature of maladaptive reactions of the organism, such as impulsivity, since it reveals the ordinary stimuli-reaction relation in each
developmental stage (Vassiliadou, 1998), bringing to light at the same time the particular characteristics and the products of that relation (Table II).

<table>
<thead>
<tr>
<th>Preconceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic activities which mainly characterize the earliest stages of development, such as early childhood, and determine the organism’s reactions on the basis of what is perceived as pleasant or unpleasant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conceptions</th>
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</thead>
<tbody>
<tr>
<td>Impulsive actions which mainly characterize pre-mature stages of development, such as childhood or adolescence, coinciding with the organism’s reactions on the basis of what is conceptualized as desirable or avoidable.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Metaconceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable investigations which mainly characterize more mature stages of development, such as late adolescence and adulthood, and which control the organism’s reactions on the basis of what is defined as beneficial or harmful.</td>
</tr>
</tbody>
</table>

*Table II*

The use of the classification which is suggested by the Axiological model may also facilitate the design of strategies for the promotion of an adaptive conceptualization process. Adaptive conceptualization is necessary for the promotion of positive personality properties, and as such it is an important prerequisite in order for the primary aims of Mental Health Promotion to be achieved.
2. The virtual conceptualization process

In virtual conditions, the primary evaluation of stimuli, which begins in the very early stages of life, is facilitated by the activation of pre-conceptual constructions which enrich stimuli with a sense of either pleasant or unpleasant feelings. Such primary, almost automatic conceptualization constructions, or preconceptions, are considered to reflect the effects of environmental motivation on the particular genetic background of each individual.

The current evaluation of the conditions of reality is considered to be based mainly on the activation of conceptualization elements which lead to the characterization of events either as desirable or as undesirable. As such, they are considered to regulate the particular psycho-emotional and physical reactions of individuals (Vassiliadou, 1998).

Conceptions are considered to be influenced by the producers of the primary conceptualization, namely by the preconceptions, and can be regulated with the activation, involvement and contribution of more mature conceptualization mechanisms.
The determination of whether an object, action or event would be beneficial or harmful for the organism is facilitated by the ability of the human mind to predict possible consequences (Joseph, 1996, p.181). Ideally, this meta-evaluation mechanism determines initially what should be perceived as beneficial or harmful (Joseph, 1996, p. 182), and on the basis of what is defined as beneficial or harmful, determines what should be perceived as desirable or undesirable.

With respect to what had been defined as beneficial or harmful, it can, similarly, determine what should be perceived as pleasant or unpleasant. Thus, in ideal conditions, after the maturation of the mind’s abilities, all stages of conceptualization can be regulated by the meta-conceptualization control, to the benefit of the organism (Vassiliadou, 1998).
3. Conceptualization in real-life conditions

In real-life conditions the conceptualization process is often affected by distortions at either or both of the levels of the reception and the elaboration of information. Interventions by the will may play a vital role in challenging distortions in the conceptualization process (Vassiliadou, 1998). The classification of conceptualization structures into preconceptions, conceptions and metaconceptions, which is proposed by the Axiological model, facilitates interpretation of the distortions that often prevent adaptive conceptualization. In order to facilitate a more comprehensive discussion of possible distortions within the three categories of conceptualization structures, a description of the functions of the proposed categories in real-life conditions is provided below.

Preconceptions
Research in the field of the Cognitive model has indicated that stimuli can be automatically and preconsciously evaluated as good or bad, and that a subsequent depressed
mood is related to this prior automatic evaluation (Clark and Beck 1999, pp 102-103).
Likewise, the Axiological model suggests that the evaluation of information in the early stages of human life is almost automatic, since it occurs before activation of the control mechanisms of the mind.
The preconceptions, which the Axiological model proposes, relate to this pre-rational perception of what is primarily felt as pleasant or unpleasant (Joseph, 1996, p.178). A “pleasure seeking” diathesis is considered to dominate the first years of life, leading the organism to act in order to maintain survival, for example to find food or water, and as such it is essential.
This “pleasure seeking” tendency, which during the first years of life and before the full development of mental capacities is useful to humans because they need to feed themselves and to grow, corresponds to a tendency to relish material goods (Vassiliadou, 1998).
The tendency to relish material goods may be transformed into an unconscious, almost compulsive tendency of the organism to seek the stimulation of the areas in the brain that give rise to pleasant emotions and to avoid the
stimulation of other areas that give rise to unpleasant emotions such as abandonment, fear or pain. Frequent stimulation of such areas creates a kind of addiction in the organism, which feels the need to achieve more and more frequent stimulation (Kahle et al, 1986, p. 308; Joseph, 1996, p. 196), sometimes at the expense of other functions of the organism that are necessary for survival. Therefore, while the pre-rational or pre-conceptual sense of stimuli as pleasant or unpleasant is a useful function of the organism, the uncontrolled, distorted, and therefore dysfunctional “pleasure seeking” diathesis can make the organism addicted to the quest for pleasure. Research has shown that such dysfunctional diatheses or preconceptions are related to depression (Vassiliadou and Goldberg, 2006).

Conceptions
The Axiological model considers conceptions, namely the conceptualization structures which are responsible for discrimination between desirable and avoidable stimuli, objects, or conditions to be of a double nature, cognitive and emotional.
In real-life conditions, abilities to discriminate accurately between the things that are desirable and those which are undesirable can often be distorted. This usually happens in cases where discrimination between the desirable and the undesirable is made without the mediation of rational control mechanisms, but instead is based on what had been earlier considered to be pleasant or unpleasant (Lazarus, 1999, p. 161; Padesky, 2004).

An object can therefore be considered as desirable merely because it has been evaluated as pleasant, even if it is harmful and may even threaten survival. On the other hand, objects which may be beneficial to the organism may be considered to be undesirable. This is a possible explanation of the fact that objects or conditions which are perceived as undesirable by certain individuals may be regarded as desirable by others (Lazarus, 1999, pp 88-90).

For example, the sight of a dog would cause fear in somebody who considered, in a simplistic way, that dogs were dangerous and harmful. His/her bio-behavioural reactions would include efforts to avoid, or to fight the object of fear, in this case the dog, in order to prevent any possible danger or harm. Psychologically, the individual
would feel unprotected, helpless and probably distressed, if he/she had to be with dogs. On the other hand if somebody, even a child, conceptualized dogs as toys or lovable objects or friends, he would react differently.

Because the very nature of conceptions is, by definition, both cognitive and emotional, they are considered to regulate particular psycho-emotional and physical reactions of individuals. As such they can be considered to be closely related to the development of anxiety and emotional disorders (Clark, 2000; Fennell, 2000).

Metaconceptions

The Axiological model considers metaconceptions to be mature conceptualization structures (Wells, 2000, p. 96), which are responsible for discrimination between what is beneficial and what is harmful to the organism.

The activation of metaconceptions takes place in more mature stages of development. Their function is helpful to humans not only in the discrimination of stimuli, but further in the evaluation of conceptions and preconceptions, or of individual motives and desires, as well of the individual’s decisions and actions. Humans possess by nature an
inclination to improve themselves. Psycho-emotional maturity is essential, in order for adaptive decisions and effective attempts at self-improvement to be made (Peterson and Seligman, 2004, p. 502).

A prerequisite in order for maturity to be attained is the adaptive activation of the brain’s mechanisms of prediction that enable individuals to prevent distortions in conceptualization and to maintain control over the mostly automatic or impulsive activation of preconceptions and conceptions.

When the maturation of brain’s structure and functionality is completed, humans should be able to decide what would be pleasant or unpleasant (preconceptions), or what is desirable or undesirable (conceptions), in accordance with what is determined to be beneficial or harmful (metaconceptions).

In real-life conditions this is almost impossible to achieve, for a number of reasons. The reasons are mainly related to the fact that organisms become addicted to “pleasure seeking” behaviour, so pleasure becomes a leading factor in determining how an object or condition will be conceptualized (Vassiliadou, 1998).
Other important reasons are mainly related to maturity deficiencies, or to deficiencies in various levels of the function of the will, since humans often avoid evaluating the adaptability of their will or questioning whether it functions to their advantage. Also, people often avoid realization and acceptance of the fact that their will and meta-conceptual control may not be perfect. They think that they are able to maintain control but their abilities accurately to predict consequences are often only superficial. A vicious circle begins, since metaconceptions are, in fact, deactivated while preconceptions may dominate the conceptualization process. Because metaconceptions may not only be influenced but are capable, by definition, of affecting centrifugally the functions of all other conceptualization structures to which they are related, they can constitute an important therapeutic target.
CHAPTER IV

ACQUIRED PSYCHO-DEFICIENCY SYNDROME
(APDS)

1. APDS: definition
2. APDS and the Axiological Cognitive model
3. APDS and Mental Health Promotion
1. APDS: definition

Acquired Psycho-Deficiency Syndrome (APDS) is considered to be a set of bio – psycho – social symptoms which are related to deficiencies in the protective effects of psychological immunity factors (Vassiliadou, 1991). Within this framework, physical or mental disorders related to an acquired decrease in the protective effects of such factors are considered to constitute symptoms of APDS.

Protective psychological factors are considered to be related to the bio-psycho-social potentials of humans for the promotion of their mental and physical health, as well of their social performance (Peterson and Seligman, 2004, p.371).

Such psychological factors, in terms of Axiological Anthropology, are the independent will, abilities to self-repair, abilities to promote and protect the homeostatic functions of the organism, abilities to identify realistic needs, abilities to evaluate available means in order for the needs to be met, abilities to cope with difficulties and life events, etc.

Symptoms of APDS are considered to be related to dysfunctionalities in one, two, or all three spheres of the
organism’s performance, namely the bodily, the mental and the social spheres.

Since the Axiological model of etiopathology is a syndrome-oriented and not merely a symptom- or a disease-oriented model, every dysfunction related to deficiencies in psychological performance is considered to be an expression of homeostatic dysfunctionality of the organism in one, two or three of the above spheres, or else as a manifestation of APDS.

APDS is considered to be acquired because the psychological deficiencies which are targeted for therapy are mostly ones that humans acquire during development.

For example, when the inclinations which humans possess by nature towards the self-control and self-repair of their conceptualization processes are suppressed by environmental factors or traumatic events and become to some degree deactivated (Ryle and Kerr, 2002 pp 203-204), individuals may acquire a weakness in discriminating between what is beneficial and what is harmful. As a result, the disorganization of discrimination mechanisms, or distorted discrimination, would further deactivate protective
psychological mechanisms and vice versa. Thus a vicious
circle would be established.

Axiological Anthropology suggests that maladaptive
development of idiosyncratic characteristics, inclinations, or
even talents may be related to the disorganization of
psychological protective factors such as the above, and
therefore to the development of mental disorders.

For example, if an individual believes he/she is weak and
unprotected, it is possible that he/she will, directly or
indirectly, seek help and support from others. Some other/s
may help to carry out some of his/her duties. Then the
“weak” one rests assured and does not try to develop his/her
real abilities.

Instead, he/she feels that this weakness releases him/her
from many pains and acquiesces in the weakness, even if
he/she suffers or if it hinders the quality of his/her life. Such
inability or refusal of individuals to repair their perceptions
of weakness and helplessness, along with the
underestimation of their own abilities for self-support, is
likely to affect their social and probably physical
performance, and they will suffer whenever there is even a
slight deficiency of supporting sources.
The results of deficiencies in recognition of the long-term beneficial conceptualization are obvious in this example. Care must be taken, however, when deficiencies in abilities for self-repair are symptoms of mental or physical disorders, or when mental or physical diseases have already developed, even if they are suspected to have developed as consequences of a weak will, or of a deficient ability for self-repair. In such cases, attempts for an effective and timely cure of the disorders which are already established must be prioritized.

Contemporary medical science has examined extensively the inter-connected functions of neural, immune and endocrine systems. A wide range of studies has supported the statement of WHO that “there is no health without mental health” (WHO, 2004a, p.10; Evans et al, 2005; Rutledge et al, 2006; Azevedo, 2008). Axiological Anthropology makes its assumptions with regard to APDS in line with this view, also having regard to the statement deriving from the era of ancient Greek philosophy that “ΝΟΥΣ ΥΓΙΗΣ ΕΝ ΣΩΜΑΤΙ ΥΓΙΕΙ”, which means “A healthy mind in a healthy body”.

Finally, additional evidence for the importance of the promotion of protective psychological immunity factors,
such as the ones the deficiencies of which are considered to be related to APDS, is derived from most of the outcomes of international research of the last decades within the area of Mental Health Promotion (Wallerstein, 1992; Peterson and De Avila, 1995; Pennebaker and Keough, 1999; Penninx et al, 2000; Perez et al, 2001; Peterson and Steen, 2002; Peterson and Chang, 2003; Herrman and Jané-Llopis, 2005; Vassiliadou and Goldberg 2006).
2. APDS and the Axiological Cognitive model

Cognitive theory defines personality as a relatively stable organization of cognitive, affective, behavioural, motivational, and physiological schemas (Beck, Freeman, and Associates, 1990, pp 32-33). Cognitive theorists also suggest that a distinction must be made between adaptive and maladaptive beliefs that can lead to increased vulnerability of the personality of certain individuals to depression (Clark and Beck, 1999, p. 95) and have referred to idiosyncratic personality elements that, if not developed adaptively, may increase susceptibility to the development of mental disorders. The idiosyncratic personality elements which are mentioned by cognitive theory are not perceived to be by their nature pathological but, as suggested, they may become pathogenic if they are not managed appropriately during development.

Since maladaptive development of idiosyncratic personality properties is considered by the Axiological model to be related to deficiencies in conceptualization mechanisms, it is considered that the process of development also has an important role in the establishment of APDS. In order to
make the role of the maladaptive process of evolution of idiosyncratic personality elements more evident, an example that was provided by the Cognitive model is mentioned below. It relates to the elements of sociotropy and autonomy (Beck, 1983).

The Cognitive model emphasizes that sociotropy and autonomy themselves are not predisposing contributors to depression unless, under certain circumstances, the orientation of their very nature as well of their internal vocation were disoriented during development. Nevertheless sociotropy and autonomy, as idiosyncratic dimensions of personality, are considered to be evident, to a certain degree, in anyone (Clark and Beck, 1999, p. 263). Therefore, it is suggested that one must distinguish between the maladaptive and adaptive aspects of sociotropy and autonomy (Bieling and Alden, 1998).

According to the Cognitive model, sociotropic individuals are more likely to become depressed after an event that is perceived as involving a threatened or actual loss of social acceptance or personal attractiveness, while autonomous individuals will be more susceptible to depression after an
event perceived as a loss or threatened loss of independence, control, or accomplishment.

Finally, depressed sociotropic individuals tend to show a more anxious, reactive and emotive type of depressive experience, while depressed autonomous individuals usually exhibit more endogenous depressive symptoms (Clark and Beck, 1999, p. 418).

The Axiological model also considers that the distortion of idiosyncratic inclinations that humans usually possess by nature, such as inclinations for self-improvement, is causally related to APDS.

A range of adaptive inclinations which may be distorted within the developmental process have been considered and tested by the Cognitive model. An example of distorted inclinations is mentioned below. It relates to the natural “growth seeking” inclination of humans and its distorted simulacrum, that is the “validation seeking” intention.

It has been supported (Dykman, 1998), that depression-resistant individuals are “growth seeking” since their strivings are focused on self-development, on self-repair, and on reaching their highest potentials. On the other hand, depression-prone individuals exhibit “validation seeking”
attitudes and behaviour, characterized by strivings to prove their basic worth, competence, and talents.

Deficiencies in psychological immunity factors, considered by the Axiological model as causally related to the development of APDS, have been also suspected by the Cognitive model to be related to vulnerabilities to the development of mental disorders. For example, according to the “differential coping hypothesis” of the Cognitive model (Clark and Beck, 1999, pp 378-383), pre-depressive individuals are less able to cope with life difficulties that are congruent with their vulnerability schemas and personality suborganization (Clark and Beck, 1999, p. 397).

It seems that failing/losing personality elements are considered to be related to deficiencies of natural coping abilities. In terms of Axiological Anthropology, deficiencies which are related to, or are outcomes of, distorted conceptualization and therefore of distorted coping abilities, as supported by the Cognitive model, are referred as acquired and are supposed to be elements of the vicious circle of APDS.

Finally, deficiencies in social skills and abilities seem often to be related to maladaptive development of idiosyncratic
personality elements. Distortions in conceptualization processes, such as the adoption of malfunctioning models of social behaviour, the devaluation of natural human abilities to manage relations’ difficulties and consequent dystonia in emotional investments, may lead to a vicious circle of mutual transference between a decrease in social abilities and the development of maladaptive attitudes related to psychopathology.

The precise presentation of information that an individual wishes to exchange is conditioned by his/her abilities to control his/her own impulsivity along with an acknowledgement that the notion and the properties of sincerity differ totally from those of impulsivity.

The Cognitive model supports that deficiencies in social skills are often related to decreased abilities of individuals to obtain social support (Clark and Beck, 1999, pp 128-129). It is obvious from the above that the question of what is the first maladaptive step towards the establishment of the vicious circle of distorted conceptualization, maladaptive development of idiosyncratic personality properties, deficiencies in the action of protective psycho-immunity factors such as the ones mentioned above, new distortions in
conceptualizations and so on, is very difficult to answer definitively.

However, it is worth mentioning that after the full development of rationality, most humans are able to decide whether they will adopt unrealistic expectations such as that of a life without dangers, or maladaptive convictions such as a belief that life events can be avoided, or whether they will overrate dangers, risks and their consequences, and most importantly whether will underestimate their natural abilities to manage dangers, events and risks.

Thus it may be assumed that a kind of freedom or autonomy, in making decisions of such great importance for the preservation of protective psychological immunity factors, is naturally enjoyed by almost all humans.
3. APDS and Mental Health Promotion

Mental Health Promotion scientists target the development of positive skills and strategies in order to promote and protect mental and therefore physical health. The Axiological model suggests that the promotion of psycho-prophylactic factors would benefit the promotion of mental and physical health to the greatest possible degree. Therefore, the development of APDS is considered by the Axiological model to be preventable. Prevention requires safeguarding the independence of the will, maintenance of abilities for self-awareness and self-repair, and the adaptive development of idiosyncratic personality properties. According to the Cognitive model, depression is characterized by the exclusion of positive self-referent thinking (Clark and Beck, 1999, p.69). Thus, strategies which can be used for the promotion of adaptive self-awareness and of self-esteem (Tudor, 1999, p.63) are considered to be of great importance for the prevention of the various manifestations of APDS. Analogously, strategies for the promotion of self-development and autonomy, as well for the promotion of
sociability, of adaptability and of creativity (Vassiliadou, 2005), are considered by the Axiological model to be prerequisites for the prevention of the APDS. An independent will which possesses, or develops, or acquires the ability of self-repair through the use of adaptive meta-conceptual mechanisms, may be considered to be the top priority in order to allow the effective prevention of the APDS’s manifestations, both mental and physical.
PART THREE
PRACTICAL IMPLEMENTATION
CHAPTER V

THE AXIOLOGICAL THERAPEUTIC MODEL

1. Theoretical identity
2. Therapeutic principles
3. The therapeutic relationship
1. Theoretical identity

Axiological Anthropology provides a theoretical framework, namely the Axiological Cognitive model, on the basis of which aspects of conceptualization, both adaptive and maladaptive (Vassiliadou, 1998), are examined. Like the Cognitive model, the Axiological Cognitive model focuses on current problems for which patients are seeking help, and it aims at revealing possible distortions in the process of conceptualization of patients. In addition, it targets the unmasking of distortions at the meta-conceptual level. Such distortions are considered to damage self-repair abilities and the independence of patients’ will. They have also been shown to predominate in maladaptive conceptualizations, on the basis of which distressed individuals perceive reality (Vassiliadou and Goldberg, 2006).

The term “negative” and the term “positive” have been used by cognitive theorists and clinicians in order to define categories of cognitive structures found to be related, respectively to pathological or to healthier mental health stages.
The qualities which characterize the conceptualization structures, namely the preconceptions, conceptions and metaconceptions which the Axiological Cognitive model has introduced for the study of the conceptualization process, are suggested to be the qualities of being less or more adaptive, less or more maladaptive, and neutral. Generally, the terms “positive” and “negative”, when used to characterize conceptualization structures, are considered by the Axiological Cognitive model to presuppose the use of assumptions which are not considered as relevant to essential principles of Axiological Anthropology. While, for example, self-criticism is considered as negative by the Cognitive model (Clark and Beck, 1999, p. 347), Axiological Anthropology suggests that there are cases where it may be considered as adaptive, for example when it promotes a meta-conceptualization process or motivates conceptualization towards creative shifts from maladaptive into more adaptive levels (Marks et al, 2004). The criterion which is usually used by the Cognitive model in order to regard self-criticism as negative is that, as it has been shown, it is often related to the existence of a mental disorder. However, it seems that the assumption that
“humans must never criticize themselves” underlies the definitive characterization of self-criticism as negative. The latter assumption is not supported by the Axiological Cognitive model, since not only self-criticism but also guilt are considered as potentially fruitful, if individuals manage to use them creatively in achieving of necessary changes (Vassiliadou, 2005).

Similarly, self-esteem is not considered by the Axiological Cognitive model to be self-evidently positive. A decision to improve oneself is considered to be an adaptive meta-conception, and as such, to be a precondition for the prevention of unpleasant emotions of frustration or unproductive guilt that might arise from mistakes or failures. In the process of developing an adaptive self-estimation, creative self-criticism is considered to be possibly necessary if it facilitates the making of decisions which help to develop adaptive personality properties and abilities to control and diminish weaknesses. In other words, self-criticism must coincide with a decision to control and diminish weaknesses, in order to be considered as adaptive.

The creative management of guilt should include a precise determination of the nature of a mistake, along with a meta-
conceptual evaluation of the cost-benefit ratio of the possible consequences if similar mistaken actions were executed. If acting in similar conditions were to be necessary, a cautious and gradual exposure would be suggested. The determination and recording of progress and of benefits, which would derive from a decision to improve oneself, would be expected to lengthen the duration and strengthen the robustness of attempts, so that the probability of success would be increased significantly.

Guilt is sometimes closely related to the failure of a more or less conscious intention of individuals to become or to be seen as perfect. Both perfectionism and unproductive or inflexible guilt which usually prevents self-improvement are considered to be maladaptive by the Axiological Cognitive model, since they constitute crucial handicaps which prevent the achievement of an adaptive self-esteem.

Finally, the Axiological Cognitive model suggests that nothing can be considered as either self-evidently positive or adaptive, unless it allows constant improvement. It therefore suggests that therapists should train patients in strategies for the promotion of their positive personality properties, of an adaptive self-esteem, and most importantly, of strategies for
the liberation of their will from addictions, which would prevent the operation of adaptive self-repairing functions. In addition, it suggests that further research should be addressed to the study of criteria which would allow for a more detailed definition of adaptive preconceptions, conceptions and meta-conceptions.
2. Therapeutic principles

The Axiological Cognitive model is based on the following premises:
1. The human will, when liberated from addiction-promoting tendencies such as that of making decisions as to what is beneficial on the basis of what is pleasant, can obtain the ability to self-repair, can become wiser and, can therefore become adaptive
2. An adaptive will can make an individual loveable, able to exchange positive emotions and support
3. An adaptive will can turn difficulties into exercises, so that individuals can cope with life events, and at the same time obtain a kind of immunity to future problems
4. An adaptive will can predict or discover blessings in disguise, so as to be able to plan for the future, putting needs in a hierarchy

There is evidence today that maladaptive cognitions are closely related to the development of a number of mental disorders. This evidence came from studies in the field of Cognitive Psychology (Harrington et al, 1998; Timonen and Liukkonen, 2008), so the Cognitive model starts with the
premise that it is the ways that events are perceived and not the events themselves that modify emotional reactions. The Axiological model adds the premise that “the will is father to the thought”, meaning that the will influences and alters conceptualization.

A healthy will is an internal inclination towards the achievement of a continually higher quality of life, an inclination which influences the construction of individual intentions as wishes, preferences, goals etc. The protection and promotion of a healthy will constitutes one of the highest goals of Axiological Anthropology.

The Axiological model rejects attempts to relegate the “will” to a mechanistically simplistic biosocial level, or to raise it up to a level of deterministic metaphysics, because both are equally extreme and unproductive. Today it is generally accepted that an autonomous will towards survival and well-being determines to a significant degree the sorts of responses that organisms make to biological, psychological, environmental and social stimuli (Joseph, 1996, pp 260-261).

The Axiological model perceives the will as the tendency of organisms to seek pleasure rather than just fend off pain. In
humans, particularly, the will is perceived as including their tendency and capacity to observe their will - though often indirectly - and repair it themselves. As has been supported, this self-repairing will, in order to be effective and beneficial, presumes “a navigation of feeling…engaged to a productive, forward sense of life, a politics of hope” (Thrift, 2004, p. 68)

Axiological Anthropology introduces the notion of APDS in order to define physical and mental problems which are related, directly or indirectly, to an ill will, or else to a decrease in natural abilities to promote adaptability and protect health and quality of life.

In order for symptoms related to the APDS to be located and relieved, the use of a questionnaire, the DPQ (Vassiliadou and Goldberg, 2006) is suggested by the Axiological model. The DPQ had been designed to screen for specific preconceptions related to a maladaptive conceptualization of life circumstances which is usually found in distressed individuals. As suggested by the Axiological Cognitive model, therapists can also define, on the basis of the responses of patients, the metaconceptions that are used as thought-matrices, influencing the way that each patient
evaluates his or her “self” and his or her relations to others (“world”), and how each patient thinks about his or her “future".
Therefore, the DPQ is intended to be used by health professionals, with or without experience in psychotherapy, as a tool for the time-effective therapeutic challenging of maladaptive conceptualizations of patients, as well for the patients’ training in Mental Health Promotion issues.
3. The therapeutic relationship

The Axiological Cognitive model is oriented to the construction of a link between therapeutic interventions and the training of patients in the promotion of positive mental health skills. As such, it suggests that therapists should acquire the skill necessary to become trainers to the patients. This latter does not mean that they will develop a paternalistic relation towards patients but, on the contrary, that they will respect patients’ desires, preferences and beliefs (Beck, 1991, p.317; Flecknoe and Sanders, 2004). Evaluation of the credibility and accuracy of the conceptualization process or, in terms of the Cognitive model, the “rationalistic” evaluation which patients attempt, presumes the existence of criteria on the basis of which patients can with the help of therapists evaluate and challenge their conceptualization processes (Papakostas, 1994, p. 237). It can, therefore, be suggested that a system of criteria, principles and values which the doctor and the patient agree to use, could importantly facilitate the interpretation in a commonly understandable language, and
Therefore the more precise evaluation, of the patient’s conceptualization process.

Because it is not easy for therapists either to ignore their own belief systems during therapy or to construct different criteria for different patients, while at the same time showing the required respect for the beliefs of patients, the Axiological model suggests that one should use the most precise definition possible of a system of criteria, probably one based on principles derived from the field of humanities so that it will not conflict with basic social, cultural or religious beliefs of patients.

Given that in current societies therapists have to deal with patients from various socio-cultural environments, it is also suggested by the Axiological model that researchers should decide on and collect commonly accepted data and should only use precise scientific methodology and criteria, so as to prevent involvement with social, cultural, or religious conflicts.
CHAPTER VI

THE AXIOLOGICAL MENTAL HEALTH PROMOTION MODEL

1. Aims and methods
2. The educational arena
   3. Ethical issues
1. Aims and methods

Axiological Anthropology suggests the use of the classic bio-psycho-social medical model (Engel, 1977), as a tool for further analysis of the elements with which Mental Health Promotion deals. Thus, it considers that how humans conceptualize reality is determined by an integral combination of biological, psychological and social factors. Today, many efforts of the international scientific community focus on the definition of genes related to the pathogenesis of mental disorders, and on the location of genes which may have a protective role in mental health, so that ways to prevent the pathogenic and promote the protective genes could be designed.

With regard to psychological factors which are related either to the pathogenesis or to the protection of mental health, the Axiological model suggests that responses of organisms to various stimuli or events, which occur before or without the mediation of hermeneutic mechanisms, in an almost automatic way, should be considered to be causally related to prior conceptualizations of the specific qualities of the stimuli or the events, for example pleasing or displeasing
(preconceptions), desirable or undesirable (conceptions), beneficial or harmful (metaconceptions).

An example of an almost automatic response is an increase in the heart rate in the view of a perceived “enemy”, for example when an individual suffering from arachnophobia sees a spider. It is also considered that many of the evaluations which are made in early life often determine the later responses of the organism, often without the mediation of a conscious re-evaluation.

Responses which depend on primary, often primitive evaluations and which are made repeatedly without any conscious re-evaluation are considered to be addictive psychological reactions.

On the other hand, in cases when conscious re-evaluations are made before the respective reactions, responses are considered to be autonomous. Nonetheless, responses to stimuli are considered to be autonomous if they are not influenced by maladaptive previous conceptualizations.

In conclusion, in order for a response of the organism to environmental stimuli to be considered as autonomous, frequent re-examinations of previous conceptualizations,
which were made on the basis of simplistic evaluations, are required.

Various stimuli can be pre-consciously evaluated as good or bad, on the basis of models of thought that are developed in particular societies. Reactions occur in an impulsively automatic way, and subsequent new maladaptive evaluations are usually related to this prior model response (Clark and Beck 1999, pp 102-103).

Therefore, as far as social factors are concerned, the Axiological model suggests that it is important for Mental Health Promotion professionals to address problems deriving from the endless exchange of distorted conceptualizations which may be related to the construction as well as the recycling of various maladaptive models, since individual conceptualizations are not only affected by, but also affect social models (Bowie, 2003, pp 121-122), so that they are to a significant degree responsible for the kinds of models which become influential in societies.

In terms of Axiological Anthropology, achievement of a satisfying quality of life is closely related to constant self-evaluation and self-development, which are usually influenced by social models. Social models which facilitate
the gradual development of personality properties along with
the establishment of gradually higher goals seem to be of
great importance for improvement of the quality of life.
A careful selection of aims on the basis of realistic data, or
aims which would not disorient individuals’ innate
inclination towards constant improvement and self-
integration, seems to be extremely important for the benefit
both of individuals and of societies. (Vassiliadou, 1998;
Tudor and Worrall, 1994)
The Axiological model suggests the use of explicit
instructions, in order to protect patients from the potentially
dangerous experimentation which they might undertake
under the influence of maladaptive social models. Thus it
suggests the most precise possible evaluation of available
models, examining whether they possess the ability to
inspire the replacement of maladaptive beliefs and attitudes
by humanistic qualities and virtues, so that they will help
individuals to overcome difficulties and cope effectively
with life events, as well to achieve their personal and
professional objectives.


2. The educational arena

The ability of humans in the early stages of life to adjust to constantly varying environmental conditions is related to special mechanisms that enable the recognition of needs which are essential for survival, such as feeding, resting, etc (Joseph, 1996, p. 178).

The recognition and definition of needs in early life are rather primitive since they rely on the categorization of all kinds of stimuli as pleasing or displeasing, and therefore as desirable or undesirable. In later stages, adaptation requires the further development of abilities to allow a more precise definition of what is needed for a desired quality of life, something which differs between individuals, and the creation of appropriate conditions under which each one’s desired quality of life can be realized and experienced (Stein and Levine, 1999).

The achievement of balanced and harmonious satisfaction of the requirements which relate to survival and those which relate to quality of life requires the activation of more mature mechanisms. In other words, in order for an appropriate quality of life to be achieved, individuals need further to
develop their conscious meta-conceptual evaluative mechanisms.

In this way a productive combination of both survival and quality of life mechanisms can be activated, allowing the requirements which relate to survival and those which relate to quality of life to be met.

Finally, appropriate changes in behaviour are required for the adaptation to be promoted effectively (Ekman, 1999). The fact that humans are able to change their behaviour for their benefit (Lewis, 1999) is a consequence of mechanisms which are mainly based on:

- The ability constantly to collect information about environmental conditions
- The ability constantly to collect information about current needs and about the status of abilities to meet them

The collection of information needs to be carried out properly in order for an adaptive conceptualization of information to be achieved (Ellis and Moore, 1999). Consequently, Mental Health Promotion strategies, which by definition target the development of adaptive abilities or
skills, must be based on material which relates to the adaptive conceptualization of available information. Axiological Anthropology targets the promotion of adaptive and the prevention of maladaptive conceptualizations that affect various aspects of human life, such as personal, social or professional, and the quality of life per se. In terms of Mental Health Promotion, it is concerned with the promotion of abilities such as those of reasonable independence, of creativity and of sociability. To do this, it suggests the use of knowledge deriving from the humanities (Vassiliadou, 2005).

Humanities are considered to be an important source of relevant knowledge, useful for the development of adaptive conceptual constructions. It seems that anthropological knowledge deriving from the humanities was put to one side and gradually ignored for centuries, mainly for the following reasons:

- The “good life” on earth was considered by various religious systems as inconsistent with the “good life” in heaven.
- Knowledge that had as its main focus a good quality of individual and social life, was distorted over the
centuries and was occasionally used in order to support socio-political regimes, which instead of promoting human rights, destroyed them.

- Many researchers reacting to the destructive use of those anthropological elements took opposing views and either completely dismissed anthropological knowledge derived from the humanities, or interpreted various elements out of context, not evaluating but distorting them, thus weakening them further.

Exercising knowledge deriving from the humanities, and testing it against evidence wherever possible, are important parts of the Axiological Mental Health Promotion model. In order for hypothesized components of adaptive coping with important life dilemmas to be further defined, problem-solving and decision-making techniques have already been taken from the humanities and have been partially tested (Vassiliadou and Goldberg, 2006).

With a view to the further identification and scientific evaluation of knowledge from the humanities, in order for it to be incorporated in contemporary Mental Health Promotion educational programmes, the Axiological model
suggests the orientation of research towards the evaluation of assumptions such as the following:

1. Some people may suffer without reasonable cause while others develop capacities to maintain satisfied even when facing objectively difficult conditions.

2. Mental health and quality of life do not necessarily depend on external conditions and life events, material possessions or physical health.

3. Mental health and quality of life depend on being open to new knowledge and stimulation.

4. Mental health and quality of life depend on the adaptive evaluation of true needs related to the different conditions in life.

5. Mental health and quality of life depend on the adaptive evaluation of abilities for the fulfilment of specific needs and objectives.

6. Mental health and quality of life depend on the promotion of adaptive conceptualization styles.
7. Mental health and quality of life depend on the promotion of adaptive attitudes, skills, and strategies. Humans’ reactions are considered by the Cognitive model mainly to correspond to how one perceives life circumstances and events, rather than to the facts themselves (Beck, 1991, p. 218). It can therefore be supported that individuals, who look for the most beneficial way to adapt should as well as maintaining their adaptive bio-psycho-emotional and social abilities, improve the way they perceive life problems and promote both the independence of their will and its meta-conceptualization abilities to self-repair. Thus, the use of educational material based on principles of both the Axiological and the Cognitive models may importantly facilitate the development of creative coping mechanisms.

It follows that education should help individuals to evaluate and judge their reactions creatively in order for gradually more effective forms of reaction to be designed. Moreover, the drawing of individuals’ attention to their previous reactions towards similar problems, in order for their effectiveness to be evaluated frequently, will help
individuals to achieve a kind of mental immunity towards future problems.

The constant improvement of specific virtues and advantages, which each individual possesses by nature so that their primitive nature is changed into a more mature and flexible form (Peterson and Seligman, 2004, p. 382), can further facilitate the adaptive conceptualization of conditions under which a particular problem arises. In this way, individuals can make the necessary changes to these conditions, and may also be enabled to locate and recognize the “concealed benefit” that might arise from problems or difficulties.

The requirement for constant improvement, which is one of the main areas of interest of Axiological Anthropology, can be shown both to be essential for creative coping with life events, and to provide adaptive model strategies for the creative combination of so called “problem–focused coping” and “emotion–focused coping” (Lazarus, 1999, p. 123).

Such model strategies mainly focus on the productive management of each life difficulty per se, on a realistic estimation of events’ consequences and on a creative response to cases of failure. Accordingly, as supported by
the cognitive model, constructive thinking modes can promote productive and healthy activities aimed at increasing the vital resources of individuals (Beck, 1996). According to the Cognitive model, an adaptive coping style can actually reduce susceptibility to depression in vulnerable individuals (Reynolds and Gilbert, 1991), and adaptive coping responses may reduce susceptibility to the development of depression in vulnerable individuals (Clark and Beck, 1999, p.380).

It can therefore be supported that a creative evaluation of possible consequences of life problems and events, which would prevent errors of over-generalization, might facilitate, through a realistic assessment of the cost-benefit ratio of possible consequences, the constitution of adaptive decision making, which is particularly useful when there have previously been repeated failures.

Likewise, recognizing possible errors and improving the strategies which are usually applied (Lewis and Granič, 1999), as well as promoting natural abilities and talents, such as creativity, adaptability, and tolerance, may lead to further benefits, mainly of a moral nature. Furthermore, it is necessary to exercise natural capacities in difficult
circumstances so as to make one stronger and more mature. This might enable individuals to deal with life problems effectively, to be virtuous, to be able to understand and forgive, to improve their quality of life and to share it with others.

Deliberate problem-solving strategies that humans may use to deal with life difficulties are referred to by the Cognitive model as “coping style” (Clark and Beck, 1999, p. 379). Because most individuals do not develop a mental disorder when faced with life events (Coyne and Whiffen, 1995), one of the main tasks of the Cognitive therapeutic model is to help patients to make adaptive responses to situations (Clark and Beck, 1999, p.98).

Similarly, the axiological model suggests the constant development of adaptive personality properties since, as has been supported, personality suborganization determines individual’s ability to cope with particular environmental stresses (Clark and Beck, 1999, p. 94).

The overestimation or underestimation of the consequences of events may increase susceptibility to the development of a mental disorder. Thus, creative evaluation of the consequences of difficulties, as for example, of feelings of
devaluation after criticism by an important other (Levenson, 1981), would help individuals to create, develop or promote the skills required in order both to improve themselves, and to become more tolerant of criticism, especially if it is unjust.

As suggested by the Axiological model, the activation of adaptive forms of conceptualization is expected to contribute to an effective replacement of primary maladaptive conceptions by more mature adaptive ones. In line with the suggestions of Mental Health Promotion professionals (Tudor, 1999, p.63), the Axiological Mental Health Promotion model considers the development of identity, of adaptation, and of creativity to be issues of specific interest. Aiming at the development of these properties in adults as well as in adolescents, multicomponent programmes had been designed within the framework of the Axiological Promotion of Health (APH, 2003; APH-Adolescence, 2003), and have started to be implemented in Europe (Vassiliadou, 2004).
3. Ethical issues

Since Mental Health Promotion, by definition, includes the protection of the human personality in its biological, social and moral dimensions (Barry and Jenkins, 2007, pp 15-17), it is argued that interventions to improve the life conditions of patients should include moral values (Spinetti et al. 2002). Similarly, Mental Health Promotion educational material which refers to the need for biological, psychological, social and ethical management of the human being as a person and not as a recipient of an illness (Ellis, 1977), can be included in the initial design of therapeutic interventions. The Axiological model suggests that this material would be extremely useful both for patients and for healthier individuals, in order to develop effective methods for the achievement of new, more adaptive experiences. Furthermore, development of methods for the enhancement of human capacities can benefit from the integration of perspectives from both the biological sciences and the humanities (Bostrom and Sandberg, 2008).

Aiming at the development of the most beneficial possible educational material on issues directly related to health
determinants and to the quality of life, Axiological Anthropology uses knowledge derived both from contemporary medical systems and from systems of values which humanity has developed over the centuries. The use in mental health promotion programmes of scientific knowledge, enriched with methods for the promotion of positive mental health skills and strategies which comes from the area of Positive Psychology and from the humanities, has already started in Europe (Vassiliadou et al, 2004; Vassiliadou et al, 2004).

Evidence-based educational material is being implemented with encouraging outcomes (Tomaras et al), while training is being addressed to health professionals and key community agents who are directly or indirectly involved with mental health, since they are expected to contribute to the destigmatization of patients, as well as to their rehabilitation, re-accommodation, and harmonious living within their social environments (WHO, 2004b). Beyond that, in order for “an ethic of cultivation” (Thrift, 2004, p. 72) to be attempted, the role of social sectors must be considered, if they are expected to help in engineering an ever progressing theoretical–practical knowledge, able to act in the crucial
space and time through building a “politics of affect” (Thrift, 2004, p. 69), so as to simultaneously influence in a positive way humans’ engagements with the world (Thrift, 2004, p. 75).

The Axiological model suggests consideration of the following paradigms in order for the effective integration of material coming from the humanities, appropriate for use by Mental Health Promotion professionals, to be further developed:

A. Axiological autonomy

The ethical interpretation of the notion of autonomy seems to differ from the notion of freedom, since freedom appears mainly to concern independence from external oppressive factors.

Autonomy is usually defined as mainly to concern liberation from internal psycho-emotional oppressive factors that may oblige one to abandon control of oneself and replace one’s own desires with the desires (“wants”) or obligations (“musts”) of whoever one considers, more or less consciously, to be an important other(s) (Levenson, 1981). However, autonomy and freedom can be used as
synonymous if they refer to liberation from all kinds of dependencies or addictions which might distort or supplant an individual’s will.

In terms of Axiological Anthropology, axiological autonomy is considered to be the constant effort towards the development and preservation, in the highest possible degree, of an adaptive, independent, creative and mature will which will enable individuals to improve themselves, their life conditions and the quality of life in their societies.

Before psycho-emotional maturity, individuals may find it difficult to realize that their specific beliefs, attitudes or behaviours may not promote their autonomy and that, on the contrary, they might threaten even survival. Thus, attempts towards the achievement of autonomy presuppose awareness of the difference between autonomic and heteronomic beliefs and behaviours, accurate evaluation of “loci of control” (Rotter, 1975; Rotter, 1990), and liberation from any maladaptive psycho-emotional addictions and dependencies.

It must, finally, be noted that the development of an independent will may require the presence of adaptive models, which would improve the will’s adaptive properties
and which would weaken and eliminate its maladaptive properties.

B. Axiological Will
Humans’ will possesses by nature the potentiality to self-improve (Joseph, 1996, pp 244-246). Psycho-emotional maturity facilitates the control of the will and, conversely, control of the will facilitates the maturation process. Axiological model considers the maturity of the will to be synonymous with a constant self-evaluation directed at improvement (Marks et al, 2004). Thus, the axiological will must stick to constant improvement and become virtuous, in order for to meet the corresponding criteria of the Axiological model. If it is afflicted by addictions and dependencies it cannot be considered as axiological, nor even as a will.

A conceptualization process which has not been evaluated with regard to its potential to improve adaptation and well-being, or else that has not been accurately and repeatedly controlled, may become harmful. Since humans have the ability to improve their beliefs and attitudes through a constantly improving will, they tend to learn from
experience so as to correct their mistakes and failures. Thus, it is suggested that the human mind’s ability to predict the consequences of proposed actions can contribute in the development of the axiological will. Sometimes a distorted simulacrum of the will de-activates the ability of the human brain to predict the outcomes of actions and behaviours, and functions without the help of that ability, which is one of the most important mechanisms of survival. De-activation of the will always follows from the de-activation of the brain’s ability to predict (Averill, 1999), and vice versa. For example, the brain’s ability to predict consequences leads on to be aware that smoking is harmful and that it may cause damage or even death. However, after the de-activation of the will, smokers turn a blind eye to that knowledge, acting like if there was no risk. Addiction to harmful pleasures may produce low resistance to a desire to enjoy something dangerous, resulting at a distorted conceptualization of momentary pleasures as unique, permanent and almost more important than survival. It can be difficult for individuals to find alternative sources of pleasure, particularly when the obsessive orientation of the will towards a specific source of pleasure is considered
to be socially acceptable, so that the disorientation of the will is considered not to be harmful or even to be beneficial, in an effort to conceal a more or less conscious tendency towards self-destruction (Vassiliadou, 1998).

C. Axiological Judgment

The collection and evaluation of the total range of data concerning a fact is essential for making unbiased judgments.

But in practice, the co-evaluation of all available data is only possible up to a certain degree.

For example, if there is a car accident, the judge, in order to decide which of the two drivers involved is more responsible, should ideally not only follow the whole event from the first to the last moment; he should also be aware of which driver is more likely to commit traffic offences, given each driver’s daily bio-psycho-social behaviour, whether each driver was in a mood which might be correlated with mistakes, the degree of the responsibility he/she had for any such maladaptive mood, and so on.

Moreover, if the judge wishes to find out who is really responsible for the accident, he should not only look into all
the factors related to the behaviour of the “guilty” but also all the factors related to this specific behaviour, that is:

- Factors dependent on his/her will
- Genetic and environmental factors related to how his/her will was formed
- The will of people from his/her environment and how this affected both his/her will and his/her personality in general
- Bio-psycho-social factors that determine the will of people in his/her family and social environment and that are connected with the person’s personality, and so on.

If a judge were to pursue this sort of investigation, he would find it impossible to judge objectively whose fault the accident was, since he would come across several guilty people one after another. These people in turn would have to be judged according to the terms above.

In addition, if one looks at the factors affecting the members of a community that are not due to one person’s will, but to the interrelated wills of all members of the community, the whole attempt to find the “guilty one” will prove to be absolutely unfeasible.
Such factors are often due either to interactions among different personal wills or to the element of “chance” that may bring specific people to specific conditions at a specific moment so that they can converse and interact in a specific manner. Thus, it is impossible to attribute responsibility exclusively either to personal factors or to social factors. Even if someone could gather all the data required, it would still not be feasible for him to make an impartial judgment, since ideal mental and emotional functioning would also be required for one to be able to make an unbiased judgment (Bechara et al, 2000).

As far as Axiological Anthropology is concerned, such perfection is unfeasible, since it would require a human brain able to contain the experience of all past and contemporary generations, the interactions between all of the above mentioned personal experiences and the sequences of natural events that affected them, such as natural hazards and threats from enemies. It can, therefore, be supported that awareness of the difficulties in making objective judgments, recognition of the impediments to the conceptualization of the particular properties of oneself and of others, and finally awareness of
the relativity of accuracy in evaluating available data and of the distortions which can arise before one arrives at meaningful conclusions, will promote the process of axiological judgment (Vassiliadou, 1998).

Furthermore, in order for a judgment to be considered as axiological, it has to be evaluated with regard to its flexibility in adapting to new conditions, so that its deactivation can be prevented and its potential for constant improvement can be secured.

D. Axiological Realism

Realism is considered by the Axiological model to be the adaptive reasonable conceptualization of reality. Realism does not conform to its name if cannot offer to individuals the chance to decide between a more or less optimistic and a more or less pessimistic evaluation of environmental or life conditions.

Axiological realism is considered to be creative, since it allows the formation of an adaptive evaluation measure, rather than simply an attitude of optimism or of pessimism. Such a creative evaluation measure is considered to be related to a decision to focus on and take into consideration
the long-term consequences of events rather than their short-term effects.

Awareness that one can decide whether to focus on the evaluation or prediction of the short-term or the long-term consequences of events, may facilitate the release of the individual from fears, which derive from deterministic underlying beliefs.

The evaluation of long-term consequences should be privileged (Baumeister and Vohs, 2003), since it allows one to uncover hidden benefits deriving from an event and, most importantly, because it allows one the time to create the conditions required to change disastrous consequences into more adaptive, realistic and beneficial ones.

The process of developing an independent and creative realism is considered by the Axiological model to be a pleasant game for adults. Paradigms of conditions suggested by the Axiological model in order for an adaptive realism to increase autonomy and creativity and vice versa, are as follows:

A.: Initially, individuals have to observe and be aware of the resources that each one possesses.
B: After mindful observation, each one has to locate archetypes, social models or individuals who can cope effectively.
C: Each one has to locate the specific properties that allow the resources of people who cope effectively to work beneficially.
D: Each one has to learn as much as possible about the processes through which the effective resources of others have been developed.
E. After each one has observed carefully how abilities to conceptualize and cope efficiently have been developed by others, and what would be the nature of beneficial conceptualization, each one has to try to make effective weapons from the ones that already possesses, using methods which have been observed to be used by others.
F: Each one has to re-evaluate frequently the effectiveness of his or her own resources.
G: Each one must continually attempt further to improve his or her own resources.
Finally, it will be very helpful for societies if individuals disclose details of the processes they have used to develop of
effective resources, so that others can also be helped to do so.

E. Axiological evaluation of models (archetypes)
In terms of Axiological Anthropology, the achievement of self-esteem is considered to be a constant process of self-evaluation by observing one’s own self-development (Vassiliadou, 1998), rather than a static situation where one admires oneself unconditionally. In other words, it could be argued that self-esteem is neither factual nor self-evident, but rather the outcome of a constant effort for self-improvement. Personality components, such as abilities, particular temperaments and desires, must therefore be evaluated with regard to the scope that they allow for self-improvement. Even when negative traits are detected, such as limitations, vulnerabilities and weaknesses, they may be beneficial if individuals start to attempt self-improvement (DiPaula and Campbell, 2002) by focusing on the improvable properties and abilities they possess by nature.

Axiological self-development requires the promotion of already existing abilities, as well the acquisition and
development of new abilities (Peterson and Seligman, 2004, p.167), and a creative and productive selection of aims.

The constant setting of gradually higher aims is an essential demand of the Axiological model, since it suggests that the development of abilities requires a constant setting of gradually higher aims and vice versa, so that a constant intention to develop oneself and attempt to do so is established.

The developmental process of self-evaluation is considered to presuppose a comparison between an individual’s positive personality characteristics and to some “ideally developed” properties, which are used as archetypes for individuals’ psycho-social behaviour. People usually compare their own personality characteristics to those which are taken as models by the socio-cultural conditions of the society where they live, or by the socio-cultural environments which influence them (Bowie, 2003, p. 57) through their own experience and education.

The comparison between an individual’s personal characteristics and some “ideal” ones, which are used as archetypes for the individual’s psycho-social behaviour, must always be made very carefully (Forgas, 1999).
The Axiological model suggests that assessments of models against which efforts for self-improvement are evaluated, should follow the principle of discernment (Vassiliadou, 2005) which can, by definition, promote the recognition of positive and the rejection of negative models.

In other words, for an adaptive conceptualization of the self to be achieved, an axiological evaluation of the models against which individuals will make axiological comparisons and therefore evaluations of their abilities or weaknesses is considered to be exceptionally useful.

In terms of Axiological Anthropology, the quality of a model personality should be evaluated with regard to the degree that adaptive traits, or virtues, take part in its construction. It should also be evaluated to see whether there is a balanced participation of all virtues, since overdevelopment of one against underdevelopment of others is considered to be detrimental.

Appropriate combinations of the capacities and skills of a model, which can really be advantageous and not merely display their superficial and therefore infertile manifestations is an essential requirement for a model to be considered as axiological.
The evaluation of models should also test their ability to promote social harmonization, for example by promoting communication skills and strategies. Axiological abilities are symbolically defined as a spring of virtues such as reasonable independence, creativity and sociability that enable individuals to achieve self-sufficiency, appreciation and emotional fulfilment respectively. Having developed those abilities that, as suggested by the Axiological model, constitute essential prerequisites for the achievement of harmonious communication, individuals can become empathetic and understanding.

In conclusion, one has to examine not only the surface characteristics of whatever each society promotes as models, but also such models’ fundamental strength and tolerance parameters vis a vis the challenge to fulfil individuals’ realistic needs by offering the individuals an adaptive and permanently effective conceptualization and behavioural archetype.
“The need for collaborative practice in Mental Health Promotion is firmly established by the socio-political and economic determinants of health. That is, influencing the determinants of health, such as enhancing social connectedness, ensuring freedom from discrimination and violence, and workplace and physical environmental change, will not be achieved by health sector action alone but rather through an intersectoral approach. The multidisciplinary approach involving research, policy, and practice in employment, education, justice, welfare, the arts, sports, and the built environment aims to improve mental health through increased participation and social connectedness”

World Health Organization (WHO, 2004a, p. 55)
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REFERENCES


Tomaras, V., et al (2008) Education in mental health promotion and its impact on the attendees’ attitudes and perceived mental health (*under publication*)


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