MENTAL HEALTH AND PSYCHOTHERAPY

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J. Masserman, at the recent National Congress of the A.M.A. on Mental Illness and Health held in Chicago, made this statement:

> "... research may for a time be devoted to a more comprehensive and contingent definition of 'Mental Health' or 'Mental Illness.' The very term 'health,' for example, is derived from the Saxon root 'hal' meaning 'hale' (healthy), 'hail' (friendly), and 'whole' or 'holy'--and we now mix all these meanings inextricably in our concept of health." (1)

We have a paper by R. R. Grinker which does much to clarify the problem. In the chapter surveying what has been written on mental health, he states:

> "A thorough review of what has been written on the subject of 'normality' or 'mental health' is almost impossible. Certainly no one person could understand or assimilate the concepts, observations, and experiments contributed by many scientific disciplines from genetics to anthropology, encompassing as well the philosophical aspects of values. Furthermore, the concern with 'health' is not recent; it has extended far back into history." (2)

He then reviews pertinent publications from the psychiatric, psychologic, and psychoanalytic viewpoints, and reports on the literature concerned with "the family and mental health." This lucid and condensed report is seven pages long. I will not attempt to condense it further, but I should like to take a look at the problem of the relationships between psychotherapy and mental health in the light of this paper.

The author puts it succinctly: "... he (the psychotherapist) can not define that health to which he hopes to return his patients." He then proceeds to report on a painstakingly detailed and exact study of a group of mentally "healthy" men, students at George Williams College in Illinois. The College attracts young men from every area of the United States and Canada who are interested in physical education, group work or community recreation. Most of them have been strongly influenced by the YMCA movement, with which the College is closely identified, its basic goal being "to provide professional education for Christian leadership." The students are characterized thus:

> "Within the general population of the United States this group is relatively silent. Its members are goal-directed, anxious only in striving to do their jobs well in which they will have moved up from their fathers' positions, but with little ambition for upward social or economic mobility. By the nature of their aspirations to do well, to do good, and to be liked, they plan to carry on their lives quietly in simple comfort, marry

and raise their families, and retire on small pensions plus social security. The psychiatrist does not often see this population of homoclites and, should he chance to come in contact with them, he will be as surprised as I was." (3)

These special characteristics develop against

"... a cultural and family background conducive to growth and change without difficulties that precipitate crises or overt conflict. During easy stages of progression from home, church, YMCA, high school, and college, the value systems of their environment remained constant."

"... Whatever changes took place in the worlds of our subjects were gradual and could be absorbed without too much strain." (4)

There is heavy emphasis on the importance of strong identification with the father and father figures.

To describe a similar group studied at Chicago University, the term "muscular Christians" was coined. (5) L. Murphy further clarifies the personality pattern of these "homoclites":

"It is an unusually stable group in terms of job and residence. One might consider many of them 'core American' families, stable, nonmobile, nonsuburban, nonambitious even. They do not look for more interesting or challenging work or higher salaries."

"... These families talk to their neighbors and they and their neighbors alike talk to God. For some of them God is major support in time of trouble and constant object of faith." (6)

The authors contrast the personality patterns of the "homoclites" with those of creative scientists or artists, and with people of high intellectual endowment. They conclude that their studies reveal one "kind of health and normality" and suggest the need for further research to determine other kinds, not as states, but "processes occurring within a large field."

As practicing psychotherapists, we cannot wait until these studies are completed. Every patient who comes to the therapist for help lays upon him a responsibility: to "help" that patient, which means to try to influence him, turn him in the direction of mental health and "normalcy." Usually the therapist will not ask himself what kind of mental health may be appropriate for a particular patient. Specialists in the behavioral sciences, in clinical practice or in theoretical research, develop their concepts of mental health much as people in general do: in accordance with their own life style, their ego ideal, their introjected parental images, or their rebellion against these images.

Here the professional is no different from his patient. It is to be hoped, however, that the psychotherapist will be able to perceive the limitations of his own mental health concept and will understand that his patient's concept of a positive "state of well-being" may be different from his own.

Psychotherapy attempts to change perceptions, attitudes and behavior through confession, anxiety and the offer of new alternatives. Similar techniques are used in brainwashing, but there is an im-

portant difference: freedom of choice, in good psychotherapy, should be the patient's inviolable right. The therapist may not use his patient's confusion and insecurity to direct or guide him toward the therapeutic goal of mental health without making it clear that even within our society choices are necessary and possible. The patient himself should develop the ability to decide which values he wants to live by and what kind of life he chooses within the somewhat ambiguous, but still definable, limits of healthy behavior.

> "Thus, it is one thing to break a person down under intolerable stress and quite another to use this stress positively, not only to modify perceptions, but to permit a greater susceptibility for the examination of new alternatives, skills, and opportunities..." (7)

The therapist who wants to afford his patient such a positive treatment experience is faced with a difficult task. He must, first, clarify his own ideas as to his therapeutic goal. For the tacit assumption that we know what mental health and illness are and have reached agreement on their definition of these concepts, the therapist must substitute an awareness that the problem is complex and everyone looks at it from a different angle.

The second step is even more complicated and time-consuming. To learn to know the patient well enough to be able to grasp what kind of mental health he desires, what kind of life would be THE GOOD LIFE for him, is a difficult task indeed.

The information the therapist should obtain may be classified as follows:

1) The patient's educational and cultural background
2) His intellectual endowments and his creative potentials
3) His life style
4) Diagnostic and prognostic factors of his present malfunctioning
5) His present external life situation

On the basis of this knowledge the therapist will try to judge whether the patient has his own workable reality-oriented concept of a "good life" and a consistent value system. If he has, the therapist's task will be comparatively simple: to help the patient to overcome the anxieties or other obstacles which stand in his way, to test and use his own values with confidence. But in most cases the patient's notions as to what kind of person he wants to be and what kind of life he wants to lead, will be confused and contradictory and his ideals unattainable. Then it becomes the therapist's responsibility to clarify these issues in cooperation with the patient, discussing them step by step as they come up during psychotherapy. According to the patient's pathology, his working through of values and life goals, conscious and unconscious, will be either a responsibility shared equally or will rest more on the therapist's shoulders. For instance, the therapist may have to think in terms of a minimal goal of mental health which may include factors such as adjustment, ability to achieve need satisfaction and mastery of the environment, resistance to disintegration, ability to perceive reality, attainment of equilibrium and stability, conformity to social standards, and

tolerance of anxiety and frustration.

Some therapists are reluctant to help patients who are "not interesting," who, because of the nature of their sickness or other factors--age, lack of financial and intellectual resources or education, unfavorable familial circumstances--will, even after successful therapy, be able to lead only limited, narrow lives. I wonder how some of our intellectual analysts might react, if one of Grinker's "homoclites" needed psychotherapy. Would the therapist try, perhaps unconsciously, to make the patient over into a creature in the therapist's own image? Would the therapist attempt to "broaden his patient's horizon," to influence him in directions that lead away from his previous state of mental health? By focusing therapy on the value of independence, e.g., "the homoclite" may be made dissatisfied with his previous adjustment, so that he develops contempt for his past self, his parents or his wife. Some marriages may break up as a consequence of analysis, not because a neurotic relationship must inevitably come to an end, but because earlier values and mental health concepts have lost their meaning for the "cured" patient, however well they fitted into the framework of his social group and however well they were shared by husband and wife before treatment.

No one should be more deeply concerned about misuse of power than the psychotherapist. Even an honest attempt to help and influence by psychological means may border on "brainwashing" where concepts of mental health and values are imposed upon the patient, especially if this influence is exerted by the therapist unconsciously.

If we consider the students of George William College representative of a certain kind of mental health, with emphasis on stability, conformity, sense of duty and belongingness to a rather small, traditional community, what other kinds of mental health have been described in the pertinent literature which can serve us as practicing psychotherapists? Maslow studied and described the mental health of the "self-actualizing man." These "higher evolved personalities" are philosophical and creative; their cognition is problem centered rather than ego centered; they live within a system of stable values, in which "contemplative understanding" of reality and esthetic values are of the highest importance. (8)

Grinker's homoclites and Maslow's self-actualizers are prototypes of people with very different values. And there are factors other than values which complicate our definition of "mental health." Personality types, the extravert versus the introvert, e.g., may have different styles of coping, different problem-solving methods and defense mechanisms, though both types keep within the framework of mental health. Another example: people differ in their desire for the novel, their need to explore versus their longing for stability and continuity.

Again we wish to focus on the role of the psychotherapist who consciously or unconsciously prefers one or another kind of mental health. He may admire or envy the self-actualizer; may feel contempt or respect for the homoclite; may relate better or identify

with either the extravert or introvert, and may try to "reconstruct" the patient's personality to achieve an illusory ideal of "mental health." Under these circumstances, therapy will become confusing, may even actually restrict the patient's freedom of thought. Another unfortunate possibility is a therapy which is interminable because its goals are unrealistic.

The therapist's flexibility toward himself and others is of the utmost importance. His task is to help another person to find his identity, his values, his way of relating and coping; this means that the therapist must constantly shift his attention from self-examination to focus on emphatic understanding of the patient and to integrate these two sets of concepts into a living whole, an awareness of the transaction between them.

This paper has empahsized that human beings are different and that great difficulties consequently arise when we try to formulate a generally valid concept of mental health. Will it be possible to synthesize all these various "mental health" into one comprehensive description? Adler has taught us that social feeling is the measure of normality, the decisive character trait in mental health. The usefulness of this concept lies in its all-inclusiveness, but if therapeutic tasks and goals are to be made clear, the many meanings implied must be further defined. In so far as social feeling (Gemeinschaftsgefühl) means belongingness, cooperativeness and responsibility, it seems such a basic factor in human living that we are puzzled to find important publications on mental health in which this factor is either not mentioned at all or is assigned a rather unimportant place. Jahoda, e.g., lists six major criteria: 1) attitudes toward self, 2) degree of growth and self-actualization, 3) integration, 4) autonomy and independence, 5) perception of reality, and 6) mastery of environment. (9) She and others think of self-realization or self-actualization as the highest goal in personality development. This seems to be an old dilemma in a new form: contribution to the common welfare versus self-interest, the striving to attain autonomy and to fulfill one's own potentialities. In his paper in "Critique of Self-Actualization," (10) Maslow discusses related problems, and he elaborates on them further in his new book Toward a Psychology of Being.(11)

The dilemma between self-actualization and autonomy on the one hand, and responsibility and cooperation on the other, is analogous to the problem of the individual's differentiation and integration within society. We can bridge this apparent dichotomy by further deepening our concept of social feeling. On a personal and intimate level, social feeling implies the ability to establish close, mutual, trusting, and lasting love relations. On a more general and Weltanschauung level, it can be understood as an aspiration to a life of usefulness, significance, and meaningfulness. Self-actualizing autonomy and growth is impossible without love, and the very nature of these terms implies meaningfulness as a life goal. Only if the therapist himself is guided by social feeling in this wider sense, he will be able to transcend individual varieties and opposing mental health values and attitudes in his patients, and he will be more

aware, more tolerant, and understanding of the differences in his patients. The idea that mental health is not a state but a process and a direction can help the therapist recognize with humility that he may harm his patients in this process, and recognize with hope and encouragement that he may do good, if he directs and proceeds in tune with the patient's "healthy" directiveness.

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