

SOCIAL INTEREST:
A PARADIGM FOR MENTAL HEALTH EDUCATION

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Today there are more endeavors on the part of professional services for the treatment and prevention of emotional problems than ever before. Such endeavors are essentially elaborate and highly specialized processes of re-education. If it were only a matter of dissemination of factual information regarding the nature and etiology of the various forms of mental illness, mental health education should not pose great difficulty. But the information is not so factual and the entire problem not so simple. Thus, such education has become available only to a fraction of the population, and, where available, can generally not be effectively applied.

The consensus of the recent National Assembly on Mental Health Education was "that efforts to prevent mental illness . . . by education for better mental health, were largely a matter of faith" (3, p. 22). "There is not enough *clarity on goals*, little agreement on *principles underlying these programs*, and a void of knowledge about the *effectiveness of the techniques in use*" (3, p. 50).

Such discouraging statements concerning this urgent problem are too important to be ignored. They signify the great need for a palatable and practical model of education in preventive psychiatry.

This paper attempts to make practical suggestions for improvement of the situation. If education today, in general, aims to take into account the person's total experiences and needs, this responsibility must rest especially within the teaching of mental hygiene. Therefore, courses in mental health should abandon their emphasis on traditional academic and intellectual disciplines, and, instead, emphasize the personal and emotional, because their subject matter is essentially linked with the individual's personal feelings and emotions.

LIMITATIONS OF THE PSYCHOANALYTIC APPROACH

To the extent that mental health courses have stressed the understanding of man's emotional problems there has been a strong emphasis on psychoanalytic principles, and this approach leaves much to be desired as we shall see.

1. The psychoanalytic orientation has emphasized past causative and deterministic factors as explanatory devices of the person's present difficulty. This helps the individual to rationalize or intellectualize his problem and to attribute it to factors other than himself. He now finds it even easier to formulate an excuse, which he uses as a defense against a constructive future-oriented realistic goal, frequently as a deterrent from a more responsible and positive outlook on life. The repressed self is assigned the greatest burden of responsibility for one's behavior, not the conscious self.

2. The psychoanalytic approach by-passes or minimizes the more conscious aspects of personality — factors that an individual can put to use, modify, plan, manipulate, guide, and deal with more effectively. It has not yet been fully realized that to bring the presumably unconscious material into consciousness constitutes a rather limited aim for the prevention of mental illness. To a large extent mental health teaching seems ineffective because the potentiality of applying ego psychology is overlooked. Too much time is spent in penetration and analysis of personality, with little thought on the whole organism, on the positive and integrating elements, and on the goal-directedness of behavior.

3. Whatever the value of the stages of psychosexual development may be, in therapy the individual often becomes frightened and discouraged with himself in spite of the normal amount of reassurances. He thinks and analyzes himself not always in an objective and constructive manner, he becomes more "need-conscious," and he is not quite sure why certain early experiences should have such an influence on his present behavior. Out of a wide range of possibilities he selects only a few unfortunate experiences from the past, and these often prove more anxiety-provoking than helpful.

The upshot is that this additional anxiety may require its own special individual attention. The individual's curiosity about himself has become stifled, resistances tend to become stronger rather than to abate, and there is no significant change towards self-acceptance. He remains virtually static as to what to do next, regardless of whether or not he "understands himself."

THE ACTUALIZATION OF SOCIAL INTEREST

The mental health sciences have hitherto been unable to contribute a universally palatable formula that can also be adaptable, simple, and

meaningful to everyone in our democratic social system. The concept of social interest would seem to be the key to such an approach to mental health education. It becomes effective when combined with a fuller appreciation of the teleological and phenomenological factors involved in human behavior.

1. The inner aspects of the personality are often shaped and geared to outer goals that have social relevance of which the individual may be totally unaware. These goals are formed according to his perception of himself and the world. His behavior changes when such goals become conscious and understood by him. Said in another way, the individual is made aware of the meaning of his behavior in relation of his outer goals, rather than being made familiar with "repressed" material. He can set his own objectives and consider them independent of repressed forces or "drives." The person can thus feel equipped to manage many of his problems without doubts that there may be aspects of himself over which he has little control.

2. Behavior anomalies are essentially characterized by an inability to deal with social reality, a lack of communal cooperation, and unpreparedness for social living. The issue becomes clear as one responds to the fundamental questions: "How much do others gain from my behavior?" "Do my actions enhance others?" By nature man is a social being, and it is social feeling that has to be cultivated. Religion has already made such an attempt.

In a more systematic fashion Adler (1, 2) proposed *Gemeinschaftsgefuehl* as the measure of normality. This term, not quite adequately translated as social feeling or social interest, implies belongingness, cooperation, and responsibility towards society. It represents the socially integrated strivings towards adjustment to reality, which enhance cohesion and stability between the individual and his environment. There is much evidence that good adjustment depends upon and varies with the amount of social interest. Psychosis, for example, the severest of the mental illnesses, presents a picture of minimal social interest. Although at first seemingly superficial, the treatment, especially of the milder behavior disorders, for developing social interest, can have wider applicability than so-called "deeper" treatments. Such treatment is essentially a teaching for social living which can be applied early in life as a preventive measure.

3. Social interest is undoubtedly a simple concept, but it is simple ideas that people understand most effectively. If mental health edu-

cation is to concern all people of all levels, it should not require technical terms. Its purpose, unlike specialization in a particular academic field, is to impart a lucid perspective for finding the meaning of life for man and his society. When the mental health sciences have transformed social interest into an emotional and cognitive reality, their chief aim will have been attained.

4. It can well be assumed that there is a need for the individual to feel significant. This need can be positive or negative from the viewpoint of society. The positive form does not imply wanting to be important in the ordinary sense, but rather an individual's attitude of co-feeling—how others value him, what he means to them. It is only when his actions are benign and propitious to others that he becomes significant to them. Likewise, a feeling of fitting into the social maze enhances one's sense of personal worthiness insofar as others are enriched and benefited by one's actions. Behavior disorders can be looked upon as the striving for antisocial significance and private rather than socially oriented goals. Such disorders are manifestations of a faulty outlook on life and of erroneous self-concepts.

The aim of education for mental health will be achieved when it is bound up with social interest — training people to fulfill their need for significance while thinking of others in their interpersonal relationships. "Social interest," according to Adler, "is the true and inevitable compensation for all the natural weaknesses of individual human beings" (2, p. 154), including feelings of inferiority that everyone seems to experience.

SUMMARY

The promotion and maintenance of mental health through education has not been sufficiently effective. Emphasis on psychoanalytic principles was shown to be largely responsible for this failure. Social interest was proposed as a more meaningful and realistic concept for the effective prevention of behavior disorders.

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