

VALUES VERSUS SICKNESS IN THE MENTAL HEALTH FIELD

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According to Mowrer (3), psychology is caught on the horns of a dilemma. It can regard deviant behavior either as sickness or as sin, with the implication that undesirable behavior implies a morally confused way of life. Mowrer suggests that the illness postulate has lured psychology under the penumbra of a too traditional medical point of view. He argues, "We have tried the sickness horn of this dilemma and impaled ourselves upon it," and he suggests that "as between the concept of sin . . . and that of sickness, sin is indeed the lesser of two evils" (3).

The mental health field has traditionally been divided between two opposing ways of looking at man. On the one hand there are Freudian and organic approaches. While they have differed on most things, they have both fashioned man within a physio-medical model. On the other hand, however, there is what can be termed an existential-humanistic point of view. Its break with the physio-medical viewpoint is on exactly the same grounds as Adler's break with Freud. Assuming that man develops in a social matrix, this point of view stresses the human need for existential-humanistic concern.

Of the two horns of the dilemma, the mental health field has most traditionally chosen the sickness pole. Psychiatry has been concerned with disease entities borrowed from general medical practice. Abnormal behavior has been seen in terms of symptoms, which have tended to include any atypical characteristic. Since mental health is seen as being the absence of such symptoms, therapy consists in the removal of atypical characteristics. Within a directive-organic framework, the symptom itself is treated. Psychoanalysis on the other hand uses a depth approach to remove that aggravating agent in the personality which originally caused the symptom to appear. Having borrowed from both the medical physiology and the theoretical physics of his day, Freud was able to accommodate the psychoneurosis to a medical model by positing repressed id impulses as psychological bacterial agents. Psychoanalytic therapy therefore aims at the removal of such evil agents from the personality.

In recent years there seems to have been an increasing swing to the Adlerian point of view that mental health should be considered in the social context. Thus, a construct of man has developed which

assumes that proper mental hygiene lies in the relationship of man to himself, to a significant other, or to transcendent Being. It differs from the physio-medical point of view in two important respects. It seeks for positive mental health which is more than the absence of psychopathology. And, it rejects attempts at explaining adjustment solely in terms of naturalistic laws and processes.

Since the traditional physio-medical model no longer seems to be sufficient, it is necessary to find new concepts and terms which can supplement the more traditional description of symptoms and diseases. It is proposed in this paper that the term value be used within the existential-humanistic viewpoint to oppose the word sickness as it is used in a physio-medical point of view.

When mental health is described in terms of values (2) it is seen not as the absence of mental illness but as the presence of effective value choices. Therapy then is to be considered as helping a client make those choices of values which will result in existential-humanistic growth, and the therapist must focus attention upon value-decisions which must be made by the client.

CASES OF CHANGE IN VALUES

Evidence for the statement that necessary choices of values within psychotherapy require the therapist to move from a physio-medical to an existential-humanistic viewpoint is found by surveying problems in the current practice of psychotherapy. Standal and Corsini (5) asked some four hundred different psychotherapists of diverse theoretical viewpoints to contribute a "critical incident" of "theoretical, procedural or ethical interest." From such a cross-sectional and apparently representative view we have chosen four cases to illustrate the critical nature of value change in therapy.

1. In the case of Tom (5, pp. 1-28), a 25-year old prisoner with 13 years in a correctional institution, eleven sessions of psychotherapy ended in apparent failure. But four months after the termination of therapy, Tom suddenly felt "clean, pure, good, and wonderful." The therapist, the patient, and several of the discussants likened the occurrence to a conversion experience, somewhat like Saul's on the Damascus road. Whether or not the change in Tom has spiritual overtones, it seems also necessary to make sense of what happened psychologically. While the details of the case are not given, it seems difficult to place the case upon the physio-medical construct of man. The incident makes much more sense when it is considered as in-

volving a radical change in values. In this case a change in values occurred without any direct relationship to what the therapist did.

2-3. Standal and Corsini also present two cases where action by the therapist directly induced reform in the client's behavior.

In one case, the drunken, sexual affairs of a nurse threatened to ruin her professional career (5, pp. 246-255). In the second year of unsuccessful treatment, the therapist lost her temper, called the client an "alcoholic nymphomaniac," and threatened to have her institutionalized. The nurse thereupon improved radically.

In the second case, a young female musician was sexually promiscuous even with the husbands of her closest friends (5, pp. 29-37). Increased insight occurred after the therapist played an authoritarian role, saying "I forbid you to sleep with another man."

While the consultants on these two cases agreed there was a connection between the actions of therapist and client, they were unable to agree as to what happened. We would seek explanations in terms of change in values.

4. This is the problem of a young coed going home to spend Christmas with her mother (5, pp. 202-216). The mother had made the student so fearful of men that she had never had a date. On the eve of going home she became obsessed with cutting the mother's throat. Psychotherapy helped release the hostility which the girl had to her mother. As a result there was a very sudden breakdown in the relationship between mother and daughter, but the obsession disappeared.

The consultants saw the issue as involving the wisdom of releasing repressed hostility when it is close to the surface. While this issue is relevant in this case, it seems appropriate also to ask if the client was not at least partly aware of an internal conflict as to whether one ought to express one's feelings at the expense of the welfare of someone else. We can even visualize the girl as being caught between one value system which dictated to her that she must go the second mile with her domineering mother, and a conflicting one which gave her the right to leave her father and her mother that she might take to herself a husband. While few would argue with the choice of values made by the therapist in this case, he reminds us that it can be potentially dangerous to help destroy a client's system of values no matter how defective it may be, if the therapist does not help the client find an alternative set of values which he can wholeheartedly trust.

PERSONAL AND SOCIAL CONSEQUENCES OF VALUES

The preceding case histories have been chosen to illustrate the point that current "critical incidents" in psychotherapy are not handled adequately by the traditional physio-medical model of man. Instead they better prove the relevance of a newer way of looking at man, which, for lack of a more suitable word is termed an existential-humanistic model. In these cases, there has been an abrupt change in goals. Suddenly and quite dramatically, the client has changed direction, and has all at once been impelled by a completely different set of motives.

Such changes can of course be simply described as getting well. But following the existential-humanistic model, they are seen not as a natural curative process but as a choice in values which has caused one way of life to be substituted for another. Social interest has been awakened. The client has learned that a change in values can lead to consequences which are more instrumental to what he experiences as important satisfactions.

Changes in values must be regarded as typical, lawfully determined learning experiences. But what Standal and Corsini's critical incidents teach us is that the consequences of the learning that takes place when our values change, are more far-reaching in terms of total behavior patterns than are other learning experiences. The learning of new values is qualitatively if not quantitatively different because values with their emotional overtones make for those "gut" experiences which provide the rewards for other types of new learning. The individual's value orientation thus supplies the schema or organization principle which determines his hierarchy of needs. Like the attitude, the value provides the learned readiness to respond to new situations in whatever way offers the greatest satisfaction.

Emotionally toned as they are, values are intensely personal. Nevertheless they make for behavior which has social consequences. This is why people need psychotherapy: When people with differing values come into social contact, conflict results. Such conflict is particularly difficult for an individual whose values are seriously out of harmony with those of his culture since he becomes caught between public opinion and his own personal needs.

That such problems do reach psychotherapy, seems clear from the cases which have been cited. In the cases of the young criminal, the alcoholic nurse, and the promiscuous musician, the choice of values that had to be made was clear-cut: The psychotherapist was bound

by the APA code of ethics (1) which states that psychology must put social welfare foremost. Even the maverick who does not agree with the social mores which the therapist reinforced, would agree, however, that some solution to the conflict over values was reached. In the case of conflict between the coed and her mother, the therapist's choice of values was somewhat more arbitrary. However, in such cases the therapist can do a real service for the client by helping him to give up one value system which had brought unhappiness, so that he might try other values which might prove more satisfying.

ADVANTAGES OF VALUES FOR THE PRACTICE OF PSYCHOTHERAPY

If the currents of our time are taking psychology away from the physio-medical concern with symptoms and diseases to an existential-humanistic concern with values, we can list four advantages to choosing the existential-humanistic horn of the dilemma.

1. Recognition that the individual ultimately needs help and not diagnosis. The justification of disease-entity types of thinking is that one must know what is wrong so that what is diseased may be removed. But the notion that undesired behavior is like a cancer which can be removed by the sharp strokes of the scalpel of punishment flies in the face of all that we know about behavior modification. According to learning theory, punishment can cause further fixation in a tense and rigid organism. The task of psychotherapy becomes the addition of new behavior through reward and not the subtraction of old behaviors through punishment. Such new behavior will take place when the client learns that new values will better meet his needs and will be more rewarding than old ones. New values then provide the motivation for changing one's behavior.

2. Close relationship with current emphasis on positive mental health and guidance for all. As a manifestation of abnormality, a neurosis or a psychosis can by definition afflict only a few. However, all people have values, which they are constantly using to ascend to higher levels of experience. Since in Western culture the good life is generally seen as constantly seeking for the better life, the need to improve one's values is seen as being a goal for every individual. A concern for the enhancement of personality through better systems of values can in addition prevent the breakdown in values which accompanies severe emotional upsets, causing one set of values to be in violent conflict with another.

3. Reaching the person who is in the most obvious need of help.

The list of the psychotherapeutically unsavory would have to begin with the psychopath, who is currently rejected precisely because his difficulties are seen as residing in the area of values. Also currently rejected are many schizoid personalities who engage in aimless and desperate wanderings, being unable to find a value system to which they can anchor themselves. Finally, those people could be reached who see that they need help but who are unwilling to stigmatize themselves with a psychiatric label which implies that they are among only a few who are abnormal.

4. Cutting the Gordian knot in the tangled relationships between psychology and psychiatry. Since words like neurosis and psychosis are medical terms, psychiatry can justifiably question the way those outside the medical tradition use medical terms. Society in fact carefully safeguards the accepted medical viewpoint through medical practices acts. Values, however, are outside this medical tradition. Since the psychologist has made an especially careful study of the human situation, he is, as Smith (4) points out, much better equipped than most people to form opinions in the realm of values. In an open society such as our own it is advantageous both to the psychologist and to the public to speak out in a context in which society selects the good life from the best of many available.

SUMMARY

The trend toward a social orientation in the mental health field, and increasing awareness of the critical nature of value choices in psychotherapy cases, indicate that we must move away from the physio-medical view of man to the alternative which we have called the existential-humanistic view. In this way the approach to mental health, instead of merely eliminating the negative implied in the term sickness, can emphasize positive value choices, which it must do if the good life is to be attained. Thus psychotherapeutic help will no longer lie within the medical tradition. It will become more available to those who need it the most and to all who are seeking a better life.

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