



The Journal of Pastoral Care

VOL XIV

WINTER, 1960

NO. 4

WHAT IS MENTAL HEALTH?

THE REV. THOMAS C. ODEN

*Associate Professor of Theology and Pastoral Care, The Graduate
Seminary, Phillips University, Enid, Oklahoma*

I

The problem is very simple to state: What has the main stream of the psychoanalytic tradition said about the nature of *health*? Are there norms for determining health as there are norms for determining sickness?

The word "health" comes from the Anglo-Saxon "hæleth," meaning hale, sound, or whole. It is significant that health may be defined in two different ways: (1) as a *state* of being hale or sound in body, mind, or soul, or (2) as merely the *absence of disease*. The first definition is a positive "freedom for" life, and possession of strength of mind or body, whereas the second is a negative "freedom from" illness, or that which would rob one of strength of mind or body. Synonyms of health are wholeness (with its connotation of "oneness" as distinguished from brokenness), vigor (with its connotation of the ability to act), hardiness (with its connotation of the capacity for enduring stress or suffering), and soundness (with its connotation of a firmness which is securely grounded in a solid structure).

It hardly needs to be observed that *psychoanalysis has been more concerned with sickness than with health*. In fact, it has often been so exclusively concerned with the pathological dimension of man's existence that it has entirely ignored the question of the nature of a healthy relationship to existence. What is the implicit *norm of health* which lies hidden under its pathological analytic? Few have tried to make it explicit. Since its



theory has been rooted in therapy, and since therapy *per definitionem* is concerned with sickness, the question of the nature of health has been almost systematically neglected. Health has been defined merely in the negative sense, as the absence of disease. The positive definition of health has been left to the status of vague inferences and indirect generalizations.

II

What norms of health, if any, underlie the Freudian analysis of personality? One suspects that Freud tried very hard, and perhaps very successfully, to avoid facing and answering this problem. His therapeutic concern had its back turned to this problem. He dealt with the allegedly greater problem of the anatomy of neurosis. Only rarely in his writings does he speak of the *telos* of his therapy. Are we forced, therefore, merely to speculate about what Freud thought? Or, more precariously, are we forced to try to create out of the bits and fragments and negations of Freudian theory some positive, constructive theory of health?

Another methodological alternative is open to us which may yield more valuable conclusions, and may more truly reflect Freud's view. Let us try to identify the hidden confession about the nature of man which underlies Freud's relentless inquiry into pathology. Is there an implicit confession of what man *ought to be*, or the nature of the good life, which silently undergirds his analysis of sickness? In asking this question, our attention is turned not to the periphery but to the heart of Freudian theory and therapy.

At the center of the Freudian analysis of personality lies the axiomatic observation (with no small amount of passionate faith behind it) that the repressed and unseen unconscious, which determines most of the conscious activity of the self, is moulded or "set" by the sexual relatedness of the infantile history of the self.¹ Does this axiom immediately confess anything about the nature of health? Quite so, for even on the simplest level of understanding of this observation, one must conclude that *one is a healthy self who inherits from the early history of his infant self a kind of sexual relatedness to significant persons which does not fixate him at some premature kind of relatedness.*² Likewise, the unhealthy grown-up person is one who was unable to move through the early stages of sexual (and therefore ontological) relatedness successfully. Thus, health is determined, limited, or made possible by the ability of the infantile self-structure to cope with the reality it knows, which is chiefly explainable in terms of erotic attraction and contact.

This is a start. But have we yet identified a Freudian norm of health? No, this is merely a relatively fixed limitation on health. What is the *health*

¹Sigmund Freud, *History of the Psychoanalytic Movement*, Part III, from *Basic Writings of Sigmund Freud*.

²Sigmund Freud, *Three Contributions to Theory of Sex*, Part II, "Sex Latency of Childhood," from *Basic Writings*.



which early sexual relatedness limits, determines, or makes possible? Infantile sexuality is a determinant of health, but what are the characteristics of the phenomenon "health" which infantile sexuality determines?

Freud thought it impossible to understand the self apart from its personal history.³ Prior to understanding the health of a self, one must posit both (a) the uniqueness of each self and (b) the special importance of past significant events in the unique history of the particular self. Before one can make out appropriate goals for a particular self, he must know this personal history. This makes it difficult to construct a Freudian doctrine of health and apply it in terms of widely variant personal histories.

It is undeniable, however, that Freudian therapy intends to enable the client to "adjust better" to the human situation, to "learn to deal more effectively with his environment," to "fulfill himself," to make him "happier." What are the fundamental values which underlie these valuational terms such as "adjust better," "happier"? Such a valuational criterion might rightly be termed the "hidden faith" of Freud which underlies his scientific quest. It is not impossible to identify this valuational criterion. Here is the heart of its *credo*: *He who can compromise his libidinal thrust with his given cultural environment in some way in which neurotic anxieties can be minimized and libidinal expression be maximized, such an individual is "healthy."*⁴ The goal of therapy is to enhance this compromise, or move the client closer toward this compromise.⁵ As becomes apparent in *Civilization and its Discontents*, however, this reconciliation is never perfect, because of the inherently antithetical make-ups of the culture and the self.⁶

III

For Alfred Adler, an early revisionist in the Freudian tradition, one approximates the state of "health" in that degree to which one is able to cultivate and maintain some certitude that one is really important in the scheme of things, without letting this feeling dominate his personality to the point of being out of line with reality, or the way other people view his importance.⁷ To fall on either side of this balance is sickness.

In his book, *The Neurotic Constitution*, Adler describes health as the movement "upward" from the feeling of "being beneath" to the feeling of "being above," unless this movement goes too far and becomes fantasy.⁸ Manifestations of the feeling of "being above" (masculinity) include joy, victory, knowledge, wealth, art, and self-esteem, whereas manifestations of the feeling of "being beneath" (femininity) include such feelings as

³Sigmund Freud, *The Development of the Sexual Function*, cf. Clara Thompson, *Outline of Psychoanalysis*, pp. 90ff.

⁴Sigmund Freud, *Civilization and Its Discontents*, pp. 26-29.

⁵*Ibid.*, p. 123.

⁶*Ibid.*, pp. 40f.

⁷Alfred Adler, *Problems of Neurosis*, p. 33.

⁸Alfred Adler, *The Neurotic Constitution*, p. 73.



uncertainty, discomfort, impotence, disorientation, want, and fear of death.⁹

Adler thought that the feeling of "being beneath" was written into the child-situation. The child grows up with feelings of inferiority. They drive him toward attempting to actualize feelings of "being above." The healthy person is he who actualizes these feelings, without allowing his estimation of himself to become fantastic.¹⁰ Adler's whole interpretation of neurosis, unlike Freud's, hinges on the notion that "guiding fictions" which normally help one in overcoming inferiority are accentuated and exaggerated by the sick person until they become distorted in terms of objective reality, and one's self-estimation does not coincide with the shared judgments of others.¹¹ Adler's fundamental departure from Freud was his view that sexual strivings were a category of superiority strivings,¹² whereas Freud thought the opposite.

IV

The first figure in the early psychoanalytic tradition to spell out fairly clearly *the goal of therapy* was *Otto Rank*, whose book, *Will Therapy*, Chapter 2, gives even an unfamiliar reader an introduction to his perspective. For Rank the crucial thing that occurs in therapy is not in the sphere of the intellect or the understanding, but in the sphere of the will. The accuracy of the therapist's diagnosis is much less important than what goes on in the interior will of the individual.

It is neither the infantile (Freud), nor the guiding purpose (Adler), nor the unconscious made conscious (Jung) that counts, but the therapeutic experience itself.¹³

Rank rejected Freud's biological determinism on the grounds that it ignored the possibility of individuation and self-determination, and that it neglected the fundamental *definiendum* of health, *viz.*, the will. He spoke of "our abolition of the fact of will"¹⁴ in modern scientific society. He regarded this as the central problem not only of psychoanalysis, but of life. He protested that conception of therapy which placed ultimate importance on the decisions of the therapist and kept the patient's own expressions of will in the background. He conceived of the goal of therapy as that of giving the patient a chance to make a positive expression of his will and a positive self-determination of his life-goal.

The goal of constructive therapy is not the overcoming of resistance, but the transformation of the negative will expression . . . into a positive and eventually creative expression.¹⁵

⁹*Ibid.*, pp. 51ff.

¹⁰*Ibid.*, p. 1.

¹¹*Ibid.*, pp. 29, 61.

¹²Alfred Adler, *Problems of Neurosis*, p. 29.

¹³Otto Rank, *Will Therapy*, p. 9.

¹⁴*Ibid.*, p. 24.

¹⁵*Ibid.*, p. 28.



Health is the acceptance of one's own freedom, and sickness is the flight from freedom and self-affirmation.¹⁶

Finally, therefore, everything depends on the attitude of the particular individual . . . primarily toward himself. In the last analysis therapy can only strive for a new attitude toward the self, a new valuation of it in relation to the past, and a new balancing in relation to and by means of, present reality.¹⁷

Rank's clearest statement of a norm of health is found in *The Trauma of Birth*, in which he understands neurosis to be an unconscious protest against the insecurity and threat of the post-uterine situation and a longing for the former untroubled situation of the mother's womb.¹⁸ Health is the willingness to be born, again and again, without incurring the burden of guilt in the process of being born. Guilt arises from one's being separated from the source of love. Health involves arising from dependencies to the affirmation of one's own will, and the willingness to live as a guilty man (guilty for breaking away from the mother figure) in the midst of the contradiction of freedom and guilt.¹⁹

V

In suggesting that the positing of neurosis implicitly involves the positing of a concept of normalcy,²⁰ Karen Horney has made some valuable contributions to a theory of health, among which are:

1. The element of cultural variation which qualifies any attempt at universalizing a norm of health. Unlike Freud and Jung, who also made cultural and anthropological studies, but did so from the *a priori* point of view of Western cultural norms (and thus did not perceive the normalcy-abnormalcy criteria from the "inside" of each particular culture), Horney saw in cultural relativism an important clue for both therapy and theory.²¹ She suggested that "normalcy" was objective only in the province of a particular culture, and that this objectivity was rooted in the particular subjective point of view of the culture. To presume that there is some non-historical, supra-cultural, universal definition of health (or neurosis) is to ignore the remarkable witness of cultural anthropology.²² It is for this reason that Dr. Horney has often been referred to as a "cultural analyst."

2. In spite of the absence of a supra-cultural norm, she nevertheless seems able to use the terms "normal" and "abnormal" as synonymous with healthy and neurotic. The chief features of the healthy personality are objectivity and flexibility. The healthy person is able to stand in the

¹⁶*Ibid.*, p. 272.

¹⁷*Ibid.*, p. 290.

¹⁸Otto Rank, *The Trauma of Birth, Passim*.

¹⁹*Ibid.*, p. 190.

²⁰Karen Horney, *The Neurotic Personality of Our Times*, pp. 178.

²¹*Ibid.*, Chap. 1.

²²Karen Horney, *New Ways in Psychoanalysis*, pp. 168-171.



objective situation and see it as it “really” is, and choose his mode of response in the light of this, without bringing to the situation prior neurotic patterns which interpret the situation. The abnormal person interprets the situation in the light of a predetermined perspective of anxiety and hostility, and whatever he sees in the outward situation is “fitted into” his pre-set understanding. He is more rigid in his action because he has to take this back-door approach to reality and cannot flexibly change as the objective situation changes.²³

3. Dr. Horney placed almost exclusive emphasis on the present situation of the patient, breaking radically with the classical Freudian theory, in her understanding of the therapist's role in helping the client move toward health. Earlier theorists had understood the infantile history as the great architect and absolute limiting factor to mental health, whereas Horney emphasized not the past history but the present self-understanding of the person.²⁴ She voiced more optimism concerning the human capacity to correct its past infantile distortions and gain release from sick patterns of behavior. Thus her theory of therapy contains an implicit assumption about the nature of mental health. It seeks to correct the Freudian pessimism regarding the ability of the self to rise above the absolute limiting factor of the infantile “set” of normalcy or abnormalcy.²⁵

VI

The root of our difficulty in attempting to establish reliable psychotherapeutic norms of health, according to Erich Fromm, is that we have unwittingly persisted in measuring individual health by a sick culture, presuming all the while that our society was “normal.”²⁶ That latter-day Western culture is unhealthy and disintegrated is demonstrable,²⁷ and to shape a personality in its image is disastrous. Thus Fromm asserts that much of the implicit *telos* of therapy has been ill-conceived and uncritical.²⁸

Fromm's view of health includes these factors:

1. To be able to deal with the existential contradictions which are given in and with human existence is a chief sign of the integrated self. No man can avoid being both finite and free, and yet his finiteness and his freedom strive against each other. It is impossible that he return to the determinism of animal existence.²⁹ The very human situation is defined by unalterable existential facts which pull the human spirit asunder: man wishes to escape the burden of his freedom and yet he is unfree to be anything except free. Unlike the beast, man knows what it means “to die,” and yet he cannot alter the fact of death or in any way avoid it.³⁰ The

²³Karen Horney, *The Neurotic Personality of Our Times*, pp. 181ff.

²⁴Karen Horney, *New Ways in Psychoanalysis*, pp. 146f.

²⁵*Ibid.*, Chaps. 1 and 2.

²⁶Erich Fromm, *The Sane Society*, p. 3.

²⁷*Ibid.*, pp. 12-21.

²⁸*Ibid.*, p. 6.

²⁹Erich Fromm, *Man for Himself*, p. 39.

³⁰*Ibid.*, pp. 41-42.



dichotomies of bondage/freedom, flesh/spirit, finite/infinite, irrationality/reason, perception/imagination confront him each moment of his existence. Whether he reflects adequately upon them or not, he deals with them, since this is what it means to be a man—to be placed in the midst of these existential dichotomies.³¹ Therefore, norms of health for the human situation are not to be sought in some theoretical periphery of man's existence, but at the very center of the human problem—freedom's struggle to be free, which *eo ipso* is a paradox. Health, according to Fromm, is a way of relating oneself to the world and to oneself in which one is able to deal productively with the existential dichotomies which inhere in the human situation. But "productively" is a value word. What lies behind it, according to Fromm?

2. *The productive character orientation.* The basic need of man, far transcending the instinctual needs of animal existence, is for a "frame of orientation and devotion," or a structured (though flexibility must be possible within this structure) view of life in which one can relate himself to himself and his world, and thereby deal meaningfully with the contradictions of existence. The process of acculturation intends to provide one with such a view, but often fails. During the process of acculturation, however, the individual may acquire one of several "character orientations": receptive, exploitative, hoarding, marketing or productive.³²

The productive character is he who accepts himself and his human situation, without excessive dependence upon or independence from others. He affirms his freedom and yet does so within limitations, and in doing so he is able to love. To love means to be "able to come into a creative union with someone or something outside himself under the condition of retaining the separateness and integrity of his own selfhood".³³ This union, paradoxically, strengthens his sense of individuation and self-determination.

3. Fromm also uses the process of individuation as a parable of the process of health. To become fully individuated, or "fully born," is to emerge as a free individual from the secure intrauterine situation (an important theme from Rank), able to use one's freedom creatively, invest it in love, and live with the sense of separateness and isolation which is the hidden side of freedom.³⁴ According to Fromm, the average American individual, submerged in economic activity, bound by every sort of dependency, almost totally manipulated by his surroundings, desperately seeking relatedness through chameleon-like conformity, is very far from being fully born, in this sense.

A healthy mode of being in the world is not, for Fromm, the same as the abstract concept "health." Health is not something "out there" by which if one understands and appropriates it he becomes "healthy." Rather

³¹Erich Fromm, *The Sane Society*, p. 25-27.

³²Erich Fromm, *Man for Himself*, pp. 82ff.

³³Erich Fromm, *The Sane Society*, p. 31.

³⁴Erich Fromm, *Escape from Freedom*, pp. 29-35.



the creation of a meaningful and healthy existence is a creation of the existing self. It is not the gift of other selves, of a therapist, of God, or of nature. Meaning is chosen, and to be healthy is to choose to create meaning for oneself.⁴⁶

VII

Although Carl Rogers is not and would not regard himself as being in the psychoanalytic tradition, he nevertheless has been in dialogue with it in the development of his distinctive views of therapy and psychological theory. His assumptions about the nature of health have been partially clarified in his book, *Client-Centered Therapy*, and especially in his paper "The Concept of the Fully Functioning Person."

1. That self is healthy in that degree to which he has been able to make the whole of his self-understanding available to awareness. The healthy self is "open to one's self." He does not "shut out" certain areas of awareness.⁴⁷ This does not mean self-consciousness, as a centipede's being aware of all its legs,⁴⁸ but an awareness of or listening to oneself as a total "I." The purpose of a therapeutic situation is to create an environment in which there is enough reduction of threat to the self-structure that the self is able to explore unexamined areas of experience and bring them to awareness.⁴⁹

2. The individual is healthy, not especially when he has "solved" his "problems," but when he has developed enough strength in self-awareness to deal with all of life standing on his own two feet. The role of the counselor is not to examine the history of the self in such a way that the "real problem" can be diagnosed and explained, or even to direct the client to seeing the "real problem," but rather to create a

definitely structured permissive relationship allowing the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation.⁵⁰

Because of Rogers' assumption of the fact of genuine uniqueness in every personality, there is no "standard" formula by which a person might be defined as healthy from an objective point of view. It is conceivable that one healthy person would deal with a situation in a manner exactly opposite that used by another relatively healthy person.

3. One is healthy who deals with each present moment in what Rogers calls an "existential" attitude, which for him means letting the self fluctuate or flow with the surrounding experience, yet without letting the self be swallowed up by the environment. The self and experience are in a harmonic dialectic in which the mode of the self's response "emerges out of experience"

⁴⁶Erich Fromm, *Man for Himself*, p. 45.

⁴⁷Carl Rogers, "The Fully Functioning Personality," unpublished paper, p. 4.

⁴⁸*Ibid.*, p. 7.

⁴⁹Carl Rogers, *Client-Centered Therapy*, p. 517.

⁵⁰Carl Rogers, *Counseling and Psychotherapy*, Chap. 1, Sec. 3.



and yet changes the quality of experience, neither tyrannizing over the other.⁴⁰ The dialectic of the self and experience is extremely important to Rogers' whole theory of personality and perhaps needs graphic representation. Picture two circles overlapping so that the circumference of each passes through the center of the other. Let the non-overlapping portion of the left-hand circle represent *distortion* of symbolization (subjective) and the corresponding portion of the right-hand circle represent the *denial* of experience (objective). Arrows drawn from each of these areas to the overlapping area indicate movement toward this latter area, or "center," which represents the area of integration and awareness. This diagram indicates that the self is healthy which has been able to bring into the area of integration and awareness both the prior distortions of the self-structure (subjective) and prior denials to awareness of certain experiences with the environment (objective) which were inadmissible because they were inconsistent.⁴¹ After successful therapy the client feels that the center area is his "real self." Thus Rogers is led to affirm as healthy the movement toward the center.

4. An individual is healthy to the extent to which he is able *fully to function* as a person. The fully functioning person accepts his organism as a trustworthy means of moving toward and through the good life. He is able to live in and with all his feelings, to bring them into conscious awareness, and to react to the objective situation realistically and personally.⁴² He accepts himself and "feels right" in situations just being himself. His behavior is dependable but not predictable.⁴³ Even an expert observer of personality cannot forecast the reaction of the healthy individual in the next moment, whereas the rigid, neurotic person is much more predictable.

Conclusion

The question which launched us into this inquiry was whether there were any implicit norms of health underlying the concern of psychotherapy for sickness and its cure. For Freud it was the balancing of the libidinal thrust with the cultural environment in such a way that anxiety is minimized and libidinal expression is maximized. For Adler it was the certitude of one's own importance within the limits of the way other people view one's importance. For Rank it was the willingness to be born, again and again, and the taking into oneself of the guilt which is incurred by the separation of being born, figuratively speaking. For Horney it is flexibility and objectivity within the unique frame of reference of one's own cultural situation. For Fromm it is the capacity to enter into relations with others without the loss of oneself as a separate and self-affirming individual. For Rogers it is the power of making the whole of one's self-understanding available to awareness.

In summary, the total tradition of psychotherapy speaks of health,

⁴⁰*Ibid.*, pp. 76.

⁴¹Carl Rogers, *Clients-Centered Therapy*, p. 526.

⁴²Carl Rogers, "The Fully Functioning Personality," p. 11.

⁴³*Ibid.*, p. 17.



Propriety of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.

Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke. Veröffentlichungen – auch von Teilen – bedürfen der schriftlichen Erlaubnis des Rechteinhabers.

in one way or another, as *self-acceptance*, *self-affirmation*, or *self-realization*. The differences that arise within this tradition are differences in the definition of the *self*. The remaining question, which this paper leaves unexplored, is: What is the Christian understanding of the *self*, if there is such, and what would follow from this as to the content of *self-acceptance*, *self-affirmation*, and *self-realization* as it is understood by the Christian community? Regrettably, we must leave this question for some future inquiry.