

Health vs. Adjustment -- The Goals of Psychotherapy

A patient comes to the therapist with a complaint. He is anxious, depressed, fatigued, in a word - unhappy, not enjoying living as much as he feels he ought. The therapist undertakes to cure him. To "cure" evidently means to modify his condition towards a more optimal state. What are the characteristics of this optimal state? What are the criteria of psychological health? It is quite apparent that agreement on the goals of therapy must be of central interest to therapists. At the present time, one's answer to this time-worn question may have only theoretical interest, and not have immediate bearing on actual techniques in use.

It is the purpose of this paper to deal with certain aspects of the question of criteria. It is intended that this be a theoretical discussion as well as that it have actual implications for therapeutic technique towards the end of the therapeutic process when presumably the patient's most disabling needs have been successfully coped with and the question of his optimal integration into society (ego-education) becomes the focus of attention.

The definition of normality or health, especially in the psychological sphere, is not a question upon which there is much agreement. Two major points of view are usually advanced, represented in the title of this paper:

1) The statistical or relativistic point of view would hold that the "average" person, he who is like the socially accepted norm, is "adjusted" and healthy. There would thus be as many concepts of health as there are social communities or cultures. It is of interest to note that since many cultures contain within themselves many sub-cultures, the individual, in order to conform to the hypothetical average, would have to toe the mark on several sets of social demands which need not, in all cases, be consistent with one another.

2) The opposing point of view--represented in the title by "health" versus "mere" adjustment may be termed the valuative or supracultural criterion. According to this view, fairly absolute criteria can be enumerated in the light of which any individual may be judged to be on the healthy or sick side of the continuum. Thus an individual may be a deviant in a social group, but by no means pathological. On the contrary, we agree with Horney that "...a person rebels against...our acquisitive values...may have better values than his society." Or, in the words of L.K. Frank, it may be the society who is the patient. Thus in our system it is conceivable that we may conclude -with regard to a particular individual in trouble- that "everyone is out of step except my Johnnie."

It is hardly within the scope of this paper or within the limits of skill of the writer to attempt a definitive list of the criteria by which either an individual or a group may be judged as to state of health. However it is our

thesis that such absolute criteria are eventually capable of being stated, and that this kind of orientation on the part of the therapist is of value in imparting to his patient an effective life philosophy.

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It is felt that a strictly relativistic notion of normality (and back of this quest always lies the question: what kind of behavior is "desirable"?) can hardly stand the light of critical inquiry. If all members of a social group had cancer, would it be normal to have cancer? This is obviously absurd. Cancer is the cause of subjective suffering on the part of the afflicted individual. It impairs his energy, his efficiency, his life span--in a word--his happiness. To give a more realistic example, if frigidity is quite widespread among Western women, is it normal to be frigid? An acceptable answer is that a frigid woman under these circumstances is "normally abnormal", i.e., her defective functioning in this case is not very unique with her, but is a commonly defective response to a social milieu which makes the sexual area a difficult one for women. That this illness is common does not make it any less an illness.

The objection may be raised--and with some validity--that we can only recognize the presence of illness when we can find, somewhere, examples of superior types of functioning. This objection seems acceptable, and it is recognized that in generations to come, even those of our interpersonal attitudes which now seem most healthy may be regarded differently. Thus the valutive concept of normality is itself considered to be a growing, shifting thing.

The claim has been made here that an entire society may be judged to be sick, the implication being that a person attuned to this society would in like measure have to be sick. By what signs might we know that a society is sick? Writers such as Horney, Frank, and A. Green have already dealt with this problem. Our view may be briefly put as follows:

A social group may be regarded as an organism like any other organism (including an individual) and for "healthy functioning" must meet these demands:

- a) It must have survival value. Modern civilization bids fair to exterminate itself; it may not have survival value.
- b) It must "fit" into its context or environment. If a social group is consuming natural resources with no thought of replacing them, then it does not "fit" into its environment. By the same token, inability to produce enough to meet individual needs is also an example of not "fitting" into environment.
- c) The organism is composed of sub-wholes or parts, in this case--political parties, classes, religious groups, professional groups, etc. If the relationships between these "parts" are not harmonious, i.e., if their goals are mutually incompatible, making friction, strife and mutual destruction unavoidable, then we have poor integration and not "healthy functioning".

To the extent that the above demands upon a social organism are not being met, to that extent will its system of values, its explicitly stated code of

ethics, of prescribed attitudes towards one's fellow man be a source of confusion and eventually, of internalized conflict for the individual. Poor values, in the sense of conflict-inducing, are: a) inconsistent; b) destructive; c) non-reality testing.

These values, characterizing as they must, a social organism subject to disintegrative forces, impinge on the individual and to some degree or other are introjected by him. They disturb his relations with his fellow beings and with himself; they are eventually a source of anxiety and guilt. Their inconsistency deprives him of the stable frame of reference which any organism requires in order to maintain an optimum degree of equilibrium.

There is little question that many cases of social rebelliousness or non-conformity rest on primarily neurotic bases and represent a re-enactment of infantile feelings rather than a reasonable evaluation of the current stimulus. The point is being made, however, that it is a serious error to thus label all non-conformity. To go even further, it is suggested that in certain social situations, conformity is not only not healthy, but actually a symptom of character defect. One may draw a parallel between passive conformity and the type of individual sometimes seen in a clinical situation, that is--the a-symptomatic character defect, who may not suffer subjectively, but who is symptom-free at the expense of richness of personality and only by means of severe repressions.

It is possible to distinguish between the infantile and mature kinds of non-conformity by closely examining their qualities. Presumably, the mature type will be characterized by lack of vindictiveness, lack of compulsion, appropriateness of reaction, and absence of undue drive for self-enhancement. On the other hand, where the rebelliousness is a neurotic manifestation, this pattern of behavior should be relinquished with successful therapy.

An idea which seems to be commonly accepted by the "adjustment" school of thinkers, though this is more implicit than explicit, is that a state of health is somehow a fairly anxiety-less existence. This proposition is not necessarily an organic outgrowth of the adjustment position, but it seems empirically to be associated with it. It is a proposition which is denied by the thesis of this paper. Goldstein's remarks on anxiety in his "Organism" are the views subscribed to here. He points out that in the injured individual (brain-injured) all of life becomes dedicated to avoiding anxious situations, the orientation towards the world having become an essentially negative one of avoidance rather than a positive one of accomplishment, self-fulfillment and growth. Goldstein feels that the genius, the outstandingly talented individual in his unceasing quest for self-expression, for growth, for answering the questions which life always puts to him, will expose himself repeatedly to anxious situations and will prove himself capable of weathering the anxiety. Thus the genius, in the view of this paper--the supernormal--will be more capable of exposing himself to anxiety than the average individual. By simple definition of course, most people cannot conform to the heroic proportions of these talented few; nevertheless it would seem that it is in this direction, in the direction of meeting with courage whatever challenges life offers that a "healthy" solution lies, rather than in the comfortable niche of conformity to the sick values of a sick society.

If one accepts at all the concept of progress in man's history, if one believes that man has gone forward since pre-history, then it is difficult to see how this argument can be resisted. To believe in the concept of progress and improvement in social structures is to admit the inevitability of friction in any society which has not solved completely techniques for social (self) change. The vehicle for this social change must always be some forward-looking individual, who because he has allied himself with the cause of man's future, (Galileo, Columbus, etc.) is necessarily "out of step" and subject to pressure from his contemporaries. He is different, a deviant. But pathological? By no means. It makes far more sense to call pathological the rigid, narrow, reactionary values of the society, which like the brain-injured patient, is obsessed with the problem of maintaining the status quo because anything new represents a threatening element which cannot be coped with. Again we have the philosophy of avoidance rather than of positive development.

To go further, it would seem to be a perfectly logical deduction from the above remarks that we derive the following qualities which ought to accompany psychological health: capacity for independent evaluations, for flexibility, for tolerance of the unknown and ambiguous, the capacity for growth--the opposite of rigidity, constriction, narrow-mindedness. In fact, this capacity for tolerance of change, for newness is probably a basic prerequisite for health in a social world which is in such a rapid state of flux. After all, one of man's most human qualities is the capacity for doing things in a new (presumably better) way. (The entire philosophy of this paper rests on the assumption that when one says "a better way", he is not merely indulging in an expression of individual preference, but is stating a scientific proposition, which, to an ever-increasing extent, will be amenable to experimental and logical validation.) In Freud's terms, man can be alloplastic as well as autoplatic, can change the environment to make it more conducive to his "nature", rather than need to squeeze himself into a mold ill-adapted to his maximal growth. He who can do this best is, other things being equal, most healthy.

At this point, one might object that for some reason the argument is being confined to these psychological functions which are cognitive or perceptual. Therapy, on the other hand, is generally conceived to be a process of emotional growth and integration. In his defense the writer would claim not merely that he has chosen to emphasize one facet of a complex affair, but he would point to the intimate connection between cognitive and emotional behavior.

An enormous body of evidence now exists to support this thesis. It was Rorschach's genius which opened up this window to the inner character structure. What does the ink-blot test tell us but that the way in which we look at the world is a key to our needs and feelings. Building on Rorschach's structure, other workers have piled up more evidence. Else Frenkel-Brunsvick and her associates in California have shown that subjects who tend to accept undemocratic ways of thinking also show more ethnocentric in-group feeling, repressed aggression towards their parents, and more intolerance towards many of their own impulses than those who follow more democratic beliefs. Here we see the connection between personality structure and ideology.

Some unpublished results of Dr. Within of Brooklyn College will be mentioned as very illuminating. In Within's experiment, the subject stands in a completely darkened room. He stands on a wooden platform which is itself on rollers so that it tips in several directions and makes an upright position very difficult to maintain. The subject faces a luminous wooden frame which soon starts to slowly oscillate back and forth. (my comment) In this extraordinary setting, deprived of visual and kinesthetic stability, the subject experiences some degree of vertigo, and reaches out for support. Ropes are provided nearby by means of which he may maintain his upright position, but he is instructed to use them as little as possible. Naturally, subjects have varying success in their ability to dispense with the rope supports. The fascinating and challenging finding is that those subjects who show the greatest need for the rope supports also show the greatest degree of neuroticism in various clinical measurements and ratings of this characteristic. Thus we seem to have impressive evidence that the individual who can best rely on his own inner cues and frame of reference will be most successful in dealing with an environment which is lacking in proper supports. In the light of this sort of evidence, should it be cause for surprise that the Darwins and Freuds showed not only the intellectual courage to explore unknown paths, but also the moral courage and inner stability to resist the outraged cries of those whose need for secure orthodoxy had been badly threatened.

This paper has plunged somewhat prematurely into a discussion of the evaluative concept of health, and so far we have had the suggestion that one of the prerequisites is this admittedly ephemeral quality: capacity for flexibility and for independent evaluation (in problem-solving terms, ability to question basic assumptions). What other criteria, according to this view may be stated? Some will be merely enumerated, some briefly discussed.

a) Positive attitude toward one's self and others.

b) Self-actualization --best development of one's abilities.

c) Intra-individual integration, other words for which are spontaneity or just plain honesty. According to this view, a person would have to say what he means, mean what he says, and do as he says. Ironically enough, all this seems summed up in Shakespeare's "To thine own self be true...". Throughout the ages the phenomenon of an honest man has been an admitted rarity. But why has it been so highly prized? Whence comes this ageless demand of man on himself that he be honest? The answer proposed here is that men from earliest times have intuitively perceived that the good life is the honest life, that it entails harmony with others and with one's self, harmony between one's avowed purpose, one's explicitly stated ideals, and one's deeds. It is another uniquely human quality that man take himself as object; we call it self-consciousness. As a consequence one has not only inter-personal relations, but also intrapersonal relations. It is impossible to conceive of a happy individual who does not have good intra-personal relations, and it is difficult to see how one can have good intra-personal relations in the absence of honesty, i.e., in the case of disharmony between desire, thought and action.

We propose here a hypothesis that seems eventually testable: that one's interpersonal relations and one's intrapersonal relations constitute an organic

unity; to put it differently that self-percept (conscious and unconscious) and other-percept have some meaningful relation crucial to the understanding of the individual. Acceptable measure for these variables which appear to be central dimensions of personality should be able to be developed.

d) Some understanding of the social forces in the real world with which one has always to contend, and an appreciation of their positive and negative influences on the role of the individual. This would include identifying one's self with the positive forces which are striving for growth and the solution of the problems of effective human relations.

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It must be noted that if the above discussion appears rather "intellectual" for a proposed solution to the problems of human "emotional" difficulties, it is because it is meant to be a contribution to the subject of ego-education, and not to such therapeutic problems as insight, catharsis, and uncovering of infantile needs, etc. It is, of course, granted that such a goal as "knowledge of the social forces operating in the real world" can only be imperfectly achieved by most of us. Nevertheless, it is the goal, and healthy functioning may be contingent on the degree to which it is realized.

Assuming the validity of the statements made above, how might they have bearing on what actually occurs in the psychotherapist's office? The answer is that these views lead to a proposal for an effective life philosophy, the acquisition of which is a goal of the deepest kind of therapy. This life-philosophy would seem to say to the patient:

"The individual requires some stability for existence. If stability is not furnished by the outside world, it can be partly furnished by one's inner attitudes. It can be furnished by a frame of reference which picks out the constructive elements from a chaotic field. Fixating on (broadly defined) goals can help give one an orientation in the same way that the North Star provides a fixed reference point for the lost traveller.

"Try--insofar as you are able--to get an objective perspective of your existence in the social world. All kinds of irrational forces are operating about us. (The societal analogue of the individual unconscious?) Our social group has not solved some of its most basic problems. Naturally these frictions have taken their toll upon you. If you can see your (former) neurosis as a piece of the social neurosis, then perhaps you will feel less anxiety and guilt for your aggressions, your inadequacies.

"If you remember that especially at this stage in human development, irrational forces are a part of the very fabric of social life, then you will be better able to sustain the blows which life undoubtedly has in store for you.

"But remember also that you need not be a passive agent in this affair. You can align yourself in your individual and in your group life--in whatever way may seem consistent with your talents--with those forces which represent positive directions. In the same way that the ego gains strength through awareness of infantile insatiable needs, through expunging them if necessary and

learning to harmonize inner needs with outer reality, in that same way will you gain strength through awareness of societal infantile tendencies (competition, hypocrisy, brutality) and through helping your group replace these with more mature values.

"Identify yourself with man's future by working for constructive goals, goals which are themselves ever growing, developing, maturing. Lastly, do not expect to lead an anxiety-less existence; recognize anxiety as an integral part of the life process and the price man pays for his capacity of anticipation.

"This outlook will give your life meaning, unity and stability in an age so sadly lacking these qualities."