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PSYCHOLOGICAL HEALTH

Scientists in general, and health care professionals in particular, generally operate from models in pursuing their work (Kuhn, 1970; Bandura, 1974). These models determine the scope and nature of what is investigated, and the ways in which results are interpreted (Meehl, 1960; Rosenthal, 1962; Tart, 1975; Walsh, 1980). All psychotherapeutic systems have a view of human nature, a concept of disease etiology, and a vision of psychological health (Shapiro, 1982). This vision of psychological health is the end point of "successful" therapy as defined by each particular orientation. In Gordon Allport's words, it is the "ought, or should toward which every counselor, therapist, and healer should seek" (Allport, 1955).

Until recently, psychology and psychiatry have been relatively silent on what constitutes positive psychological health. For example, the index to Freud's *Collected papers* contains 400 references to neurosis, but none to health; furthermore, all psychiatric categories of the *Diagnostic and statistical manual of mental disorders* (American Psychiatric Association, 1980) are pathological.

Reflecting a dissatisfaction with traditional pathology-based clinical and mental health classifications (Rosenhan, 1973; Mischel, 1968, Ullmann & Krasner, 1975), some researchers are developing and empirically investigating models of positive health. These investigations involve the pioneering efforts of Jahoda (1958), Maslow (1968), Allport (1955), Jourard (1968), and concepts such as "maturing" (Heath, 1977, 1982) and psychological health and the life cycle (Levinson, 1978; Vaillant, 1972, 1978, 1980). There has also been an increasing interest in non-Western approaches to psychological health. These investigations suggest that elimination of pathology may just give us the concept of the "average" or "normal" rather than a concept of true positive psychological health.

In the original constitution of the World Health Organization in 1946, a view of health evolved, which was stated in positive terms: "Health is a state of complete physical, mental, and social well-being and is not merely the absence of disease or infirmity."

IMPORTANCE OF STUDYING PSYCHOLOGICAL HEALTH (AND THE PROBLEMS)

One reason to pay more attention to positive psychological health concerns the self-fulfilling prophecy of models of human nature. If individuals are looking for pathology, they find pathology. This is illustrated in the study done by David Rosenhan in 1973. "Normal" individuals—pseudopatients—were admitted to 12 hospitals in five states with the entering complaint of hearing voices that said "empty, hollow, thud." Only the symptoms, name, and vocation were falsified, but nothing else (i.e., personal history, relation to parents and siblings, etc.). Once on the ward, the pseudopatients ceased simulating any psychiatric symptomatology. They took copious notes as a way of writing up the details of their observations. These notes were referred to in the charts as "bizarre writing behavior." Eleven of the 12 were diagnosed as schizophrenic, and one as manic depressive, and all, upon discharge, were considered to be "in remission." In other words, their behavior was interpreted pathologically, and the "in remission" discharge suggested that the "disease" was still within them.

Because of the criticism that the study was not done at a major medical institution, Rosenhan did a follow-up experiment, saying that a sane person

was to enter a major university teaching hospital and he so informed the staff. Of the 192 regular patients admitted, 41 were alleged to be pseudopatients by one member of the staff; 23 were considered suspect by at least one psychiatrist; and 19 were suspected by one psychiatrist and one other staff person. Yet no pseudopatient entered the hospital. When the staff was looking for pseudopatients who presumably exhibited "healthy" behavior, it found within the regular patients "healthy behavior." Models are powerful determiners of the way in which we perceive and interpret our world and ourselves—the self-fulfilling prophecy.

An example can be seen in the way in which some Eastern psychologies have been interpreted by some Western psychologists. For example, mystical experiences have been interpreted as "neurotic regression to union with the beast," ecstatic states seen as narcissistic neurosis (Lewin, 1961), yoga and Zen dismissed as artificial catatonias (Alexander & Selesnick, 1966), and enlightenment diagnosed as regression to intrauterine stages (Alexander, 1959). Thus some of our traditional psychological models may have limited our ability to appreciate and understand well-being.

To extrapolate to positive health from psychopathology is an unsupportable generalization. As Jahoda (1958) and her study of mental health suggests, that mental health is the converse of mental illness has not been compellingly demonstrated.

But there are problems with the study of psychological health. Even though the study can produce models, there is a gray area between science and values. As Thomas Szasz (1970) has suggested society's definition of what is mentally ill may only disguise its own value judgments of what is a preferred way to live. Psychological health may be a cultural value. If psychological health is only a value, how does psychology keep from becoming merely sermonizing? The balance is a tenuous one as Donald Campbell noted: "On these issues (as to how people should live their lives—child rearing, sex, duty, guilt, sin, self-indulgence, etc.) psychology and psychiatry cannot yet claim to be truly scientific and thus have special reasons for modesty and caution in undermining traditional (religious) belief systems (Campbell, 1975, p. 1105).

The questions of definition, identification, and measurement of healthy people are quite difficult. The kinds of changes and modes of positive psychological health may stand out less and therefore be noticed by fewer people. The psychologically healthy do not wear name tags proclaiming their status; they are not thrust together in hospitals or outpatient clinics, and, therefore, may be more difficult to identify. Further, psychological health may occur along multiple dimensions, and, as suggested by developmental theorists, occur over time, making it harder to research, particularly in a piecemeal mode.

DIFFERENT VIEWS OF PSYCHOLOGICAL HEALTH

Theories of psychological health are often based upon the views of the individual that each tradition has.

View of the Individual

Each tradition's view of the individual is a *belief system* (implicit or explicit) describing human nature. Yet up to this point, no one knows what human nature is.

There are four broadly conceived beliefs about human nature, summarized in Table 1.

Theory 1 states that the person is evil, basically amoral. Christians talk about original sin; Freud talks about the amoral id. Theory 2 says that people are good. This view posits an innate nature that is good and positive. Theory 3 includes the blank slate or *tabulae rasae* view. In its most extreme form, argued by radical behaviorists, or the philosopher, John Locke, it suggests that people are neither good nor bad. It is existence preceding essence. Essence is created by how people act. Theory 4 states that people have self-actualizing innate natures that are not only personal as Theory 2 goes, but reflect a divine or cosmic or transpersonal spark intrinsic to everyone. Finally there are also combination theories.

Table 1

Theory	View of Human Nature
1	Innately evil/amoral
2	Innately good, self-actualizing nature
3	Tabulae rasae: existence precedes essence
4	Innately good and in essence in harmony with the divine

The Goal of Teaching (Therapy, Discipline, etc.)

The goal of "teaching" refers to the vision of psychological health and the model of human nature from which it springs (Table 2).

Table 2

Theory	View of Human Nature		Vision of Health
1	Innately evil/amoral	→	Lessen the evil and/or seek salvation
2	Innately good, self-actualizing nature	→	Uncover the self
3	Tabulae rasae: existence precedes essence	→	Create self
4	Innately good and in essence in harmony with the divine	→	Uncover the essence of self

1. *The amoral theory of human nature.* Since people are basically evil, the vision can only be to make them "less so." In Freudian terms, the goal is to give individuals more control over the id impulses; in traditional Christianity, the goal is to have people seek salvation and God, realizing their basically evil nature.
2. *The good theory.* This theory suggests that a concept of health is having the individual uncover his or her own self-actualizing nature. "To move away from the facades, oughts, pleasing others, and to move toward self-direction—being more autonomous, increasingly trusting and valuing the process which is himself" (Rogers, 1961).
3. *The blank slate existence precedes essence theory.* The vision of this theory, in a relativistic world, is to choose one's self, to stand forth (existential) and to learn skills necessary for optimal cultural functioning (behavioral).
4. *Transpersonal approach.* The vision is an awakening, nirvana, kensho to one's true self, which is "no self" but rather part of the larger Self.

The first theory seeks to lessen the evil, the second and fourth theories seek to uncover the small self (Theory 2) and large Self (Theory 4), and the third theory seeks to create one's self.

VIEWS OF HUMAN NATURE

As an example of Theory 1, classical id psychology, represented by Freud, is a basically bleak picture of human nature. At a fundamental level, Freud believed that the individual is ruled by an amoral, pleasure-seeking id, is innately filled with anger and aggression, and is relatively helpless to effect change. As Freud noted, "Man is lived by unknown and uncontrolled forces" (Freud, 1923) that originate in the id. Further, he noted that the Christian commandment, "Love thy neighbor as thyself," is justified only

by the fact that "nothing else runs so strongly counter to the original nature of man. The stranger is in general unworthy of my love; I must honestly confess that he has more claim to my hostility and even my hatred; men are not gentle creatures who want to be loved; they are on the contrary creatures among whose instinctual endowments is to be reckoned a powerful share of aggression . . ." (Freud, 1961/1924, p. 27).

Goal of Therapy

For those who begin with the Theory 1 view of human nature, the best they can do is come to some kind of resolution, that is, the "best possible" conditions for the ego. For psychoanalytically oriented therapists, the task of therapy is to uncover and understand initial traumatic events, "to make the unconscious conscious, to recover warded-off memories, and overcome infantile amnesia" (Greenson, 1968).

Ego Psychology

Ego psychology is used by different individuals, at different times, to describe a wide variety of approaches. These range along a continuum from neoanalytic viewpoints of the conflict-free sphere of the ego (e.g., Hartman, Kris, and Lowenstein, 1964) to those believing in an innate, self-actualizing, intrapsychic ego (e.g., Rogers, 1951; Maslow, 1970; Angyal, 1965; Goldstein, 1939; etc.). In between there are, of course, Jung and his concept of the individuated self (1960) and R. White (1961) and the concept of competence, and so on. To delineate the differences in this article most clearly, the term "ego psychology" refers to Carl Rogers' client-centered therapy, which reflects the "humanistic psychology" viewpoint of an intrapsychic self-actualizing nature (a Theory 2 viewpoint).

View of the Individual

Rogers believes that the individual is not a warring battleground between forces of the id, ego, and superego. Rather, he believes that the individual's basic need is to constantly strive toward positive growth, and if given a choice between progressive and regressive behavior, the person will choose the former. As Rogers noted, "The organism has one basic tendency in striving—to actualize, maintain, and enhance the experience of the organism" (Rogers, 1951).

Theory 2, represented by Rogers (1951), believes there is an innate, self-actualizing quality within each individual. Therefore, the goal of therapy is merely to provide a warm, supportive, trusting environment to allow the person to see and accept that innate self.

Behavioral Approach

This approach is used as an example of a Theory 3 viewpoint. Within a behavioral approach, there are many different groupings, among them the radical behaviorists, the cognitive behaviorists, and the social learning theorists, and within each of these groupings there are additional subgroupings. Behavior therapy consists of activities implying a contractual agreement between therapist and patient to modify a designated problem behavior with particular application to neurosis and affective disorders. (Wolpe, 1969; Lazarus, 1971).

Behaviorists hypothesize that there is neither the uncontrollable passionate unconscious of the id psychologists nor the self-actualizing intrapsychic nature posited by the ego psychologists. John B. Watson, reacting against the introspectionist school of psychology, said that "behavior can be investigated without appeal to consciousness . . . for the behaviorist recognizes no dividing line between man and brute" (Watson, 1913). The individual, according to social learning theory, is not motivated by the intrapsychic forces of ego and id, but by the environmental stimuli and contingencies.

Behaviorists suggest that to be free, people need to have knowledge of the internal and external factors that control them. This means (1) having more accurate knowledge of the consequences of alternative behaviors, (2) learning more skills necessary for achieving objectives, and (3) diminishing anxieties that restrict participation in the alternatives chosen.

Table 3 Comparison and Contrast of Four Schools of Psychotherapy

Subject	Psychodynamic (Id Psychology: Freud)	Client-Centered Therapy (Ego Psychology: Rogers)	Social Learning Theory (Behavioral Psychology)	Zen Buddhism
View of human nature	Aggressive; hostile, life out of control; ruled by unconscious	Innately good; intrapsychic self, which is self-actualizing	Person is tabulae rasae at birth; with no "essence"	A human being has pure, innate, good, unconscious "self" that is like Buddha nature and is within all
Goal of psychotherapy	To make the unconscious conscious; overcome childhood amnesia; recover warded-off memories	To let the person experience that self inwardly and knowingly	The target behavior: if deficit, teach it; if excess, decrease it; make it appropriate	To make the unconscious conscious; to hear the bird in the breast sing
Etiology of disease	Repression of sexual and hostile childhood wishes by superego and ego	Trying to meet external shoulds and oughts; inability to assimilate experiences into one's self concept	Environmental variables; learning deficiency	Belief there is a "self"; greed; ego; attachments

Freedom also involves having precise awareness of the internal and external environments, and arranging these environments in such a way as to maximize individual choices.

Table 3 summarizes these three different viewpoints—id psychology, ego psychology, and behavior therapy—across the three dimensions. These viewpoints represent Theories 1, 2, and 3 respectively.

NONTRADITIONAL APPROACHES: THEORY 4—ZEN

These three approaches are contrasted in Table 3 with the religious/philosophical Eastern view of Zen Buddhism, representative of a Theory 4 viewpoint. Because of the "nontraditional" nature of viewing a religion in a consideration of psychological health, a brief comment is appropriate. Insofar as religious systems represent an attempt at healing both the mental and physical distress of the individual, and insofar as "spiritual beliefs" create mental and physical well-being (Ellis, 1962; Benson, 1978; Franks, 1963), they may be perceived as a type of psychotherapy.

The qualities of a healthy person as suggested by the Eastern tradition include determination and effort, flexibility and adaptability, a sense of meaning, an affirmation of life, dying to a finite ego, loss of self-importance, development of compassion and selfless service, increased depth of intimate relationships, development of control of one's mind and body, and ethical qualities such as the four illimitables or measureless states—compassion, sympathetic joy, all-embracing kindness, and equanimity.

SUMMARY

Not all of the innumerable views of psychological health fit into the four-theory model described. Other important theories include Jung's concept of the individuated self, Rank's use of creativity, and Maslow's self-actualizing people. Marie Jahoda (1958) has pointed out that most definitions of positive and mental health call attention to one or more of the following six aspects: (1) the attitude shown by a person to self; (2) the style and degree of self-actualization; (3) the degree of personal integration achieved by the individual; (4) the degree of autonomy achieved by the person; (5) the degree of the person's conception of reality; (6) the degree of environmental mastery achieved by the person.

Greater knowledge of positive health can add considerably to clinical practice, and potentially to society at large.

- BEHAVIORAL MEDICINE
- COMMUNITY PSYCHOLOGY
- HEALTH PSYCHOLOGY
- HEALTHY PERSONALITY
- MENTAL ILLNESS: EARLY HISTORY

**PRIMARY PREVENTION OF PSYCHOPATHOLOGY
PSYCHOANALYSIS**

D. H. SHAPIRO