

The Corsini Encyclopedia of Psychology and Behavioral Science

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PSYCHOLOGICAL HEALTH

All psychotherapeutic systems have a view of human nature, a concept of disease etiology and a vision of psychological health (Shapiro, 1983). The intention of therapy is to work toward the vision of psychological health as defined by each particular orientation. In Allport's words, it is the "ought or should toward which every counselor, therapist, and healer should seek" (Allport, 1955).

The vision of psychological health as defined by each approach is predicated upon and consistent with its view of human nature. These views can be understood as paradigms, or "world hypotheses" (Kuhn, 1970; Schwartz & Russek, 1997) from which professionals operate in pursuing their work. While such paradigms are necessary to make sense out of our lives and work, they can also be limiting. For example, psychology has traditionally been pathology-based, viewing psychological health as the mere absence of symptoms (e.g., *DSM-IV*, 1994). This paradigm has resulted in little investigation into positive psychological health.

Reflecting a dissatisfaction with pathology-based clinical and mental health classifications, some researchers are developing—and empirically investigating—models of positive health (Walsh & Shapiro, 1983; Schwartz, 1990; Ickovics & Park, 1998; Tedeschi, Park, & Calhoun, 1998). There has also been an increasing interest in non-Western approaches to psychological health. These investigations suggest that elimination of pathology may give us the concept of the "average" or "normal" rather than a concept of true positive or "optimal" psychological health. This paradigm shift regarding health is reflected by Seligman (1998), president of the American Psychological Association (APA), in his assertion that there has been too great a focus on what makes people sick rather than what makes people well. The buffers of disease and disability are at least in part based on human strengths and competencies. Further, psychological health may need to be seen as interconnected with and part of a larger view of "health" in general. For example, 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 absence of disease or infirmity."

FIVE VIEWS OF HUMAN NATURE AND PSYCHOLOGICAL HEALTH

Becoming aware of and making explicit our views of psychological health can illuminate how traditional models may limit our ability to understand health, and also allow for a broadening of the para-

digm. In order to move toward the intention of a more systemic approach to psychological health it is first important to understand the models or hypotheses about human nature, summarized in Table 1.

Biomedical Approach

View of Human Nature The biomedical paradigm, which guides modern medicine and psychiatry, views human nature as determined in large part by our biological/physiological processes. An example can be seen in the biomedical approach to depression. Assessment leads to a precise diagnosis for which an organic cause is identified (e.g. lack of serotonin), then a treatment specific to the pathology is prescribed (e.g., SSRI—selective-serotonin reuptake inhibitor).

Goal of Therapy The goal of therapy is to alleviate undesired symptoms via medication, restore biochemical homeostasis, and thereby achieve "psychological health."

Psychodynamic Approach

View of Human Nature Psychodynamic psychology, pioneered by Freud, views behavior as a product of competing instincts, needs, and impulses. Different analytic schools disagree about the exact nature of these needs. Freud himself postulated several theories from sex and survival, to love and aggression, and finally life and death. Regardless of orientation, they all subscribe to the same basic premise: namely, that man is unconscious or alienated from the basic aspects of his "self." As Freud noted, "man is lived by unknown and uncontrolled forces" (Freud, 1923) that originate in the "amoral" id. Since these mental forces are unconscious, a person is not fully aware of how they manifest; and the result of the conflict is called neurosis or "mental illness."

Goal of Therapy From a psychodynamic view of human nature, psychological health is achieved by uncovering the repressed facets of the self in order to evolve an accurate and acceptable self-image. The psychodynamic therapist listens for connections made between "the patient's current thoughts and feelings and his or her past experiences—sometimes very early ones—with the knowledge that many of these experiences have been 'forgotten' or repressed and can only be seen in their current, often disguised or distorted manifestation" (Usher, 1993). The therapist's task is "to make the unconscious conscious, to recover warded off memories, and over-

Table 1. Comparison and Contrast of Five Schools of Psychotherapy

Subject	Biomedical	Psychodynamic	Cognitive-Behavioral	Humanistic-Existential	Transpersonal
View of Human Nature	Primarily biological/physiological processes.	Ruled by unconscious amoral id.	Blank slate. Determined by environmental stimuli, or cognitive representations of stimuli.	Innately self-actualizing (H). Existence precedes essence (E).	Interconnected. Capable of going beyond ego identity.
Goal of Psychotherapy	Normalize chemical imbalances.	To make the unconscious conscious, "where id was, ego shall be."	Competently respond to environment. Reinterpret illogical cognitions.	Foster self-actualization (H). "Choices" create authentic self (E).	Go beyond identification with limited ego. See interconnection with others and world.

come infantile amnesia" (Greenson, 1968). Therefore, psychological health according to the psychodynamic view is achieved when repressed desires, fears, and depressions are made conscious and brought under control. "Where id was, ego shall be" (Freud, 1961, pp. 57–58).

Behavioral/Cognitive-Behavioral Approach

View of Human Nature The cognitive-behavioral approach views human nature as a *tabula rasa*, a blank slate. The individual is not motivated by the intrapsychic forces of ego and id, but instead by environmental stimuli and social interactions (or cognitive representations of the two). Therefore, psychological maladjustment is a likely sequelae from maladaptive learning, reinforcement patterns, or cognitive distortions.

Goal of Therapy A cognitive-behavioral approach (Ellis, 1962; Beck, 1976; Meichenbaum, 1977) teaches clients to identify and reinterpret the illogical notions that underlie their distressing symptoms. Since cognitions, feelings, and behaviors are causally interrelated, cognitive-behavioral approaches alter the maladaptive cognitions in an attempt to bring about behavioral and affective change. Psychological health is achieved when maladaptive patterns (cognitive and behavioral) are recognized and changed, consequently alleviating undesired symptoms.

Humanistic/Existential Approach

View of Human Nature The humanistic/existential approach views the individual as controlled by neither a "genetic" amoral id nor by external stimuli. The humanistic approach instead views the individual as constantly changing or "becoming," with the capacity for full conscious awareness. "The organism has one basic tendency in striving—to actualize, maintain, and enhance the experience of the organism" (Rogers, 1951). The existential approach argues that there is no "innate" self-actualizing nature; in other words, existence precedes essence, and therefore a person must "create" his or her authentic self (Yalom, 1980). The unhealthy person from the humanistic/existential viewpoint is one who restricts the task of openly discovering and making sense of his or her existence, turns away from the responsibility of creating choices, and fails to relate with others and the world authentically in the present moment.

Goal of Therapy The goal of humanistic/existential therapy is to foster self-actualization, allowing the client to assume full responsibility for developing his or her identity. Ultimately, this entails authentically encountering the human environment, the inevitability of isolation and mortality, and realizing that if one cannot choose one's fate, one can nevertheless choose one's own attitude toward it. As May (1969) notes, realizing that "we are our choices [does not] change the fate, but it greatly changes the person."

Transpersonal Approach

View of Human Nature The transpersonal approach views human nature as having an impulse towards ultimate states that are

positive and motivated by values which transcend the self (Maslow, 1962, 1969; Sutich, 1969; Walsh & Vaughan, 1994). Further, the transpersonal approach sees humans as having an interconnected "essence," as wholes within larger wholes (Shapiro & Schwartz, in press).

Goal of Therapy From the transpersonal tradition, the goal of therapy is to extend the identity or sense of self beyond the "narrow self" so that individuals realize their connection with others and the world. The qualities of the healthy person include realizing the limits of ego identity, developing compassion, opening to peak experiences, and being aware of unitive consciousness, ultimate values, and meaning.

TOWARD A MORE SYSTEMIC APPROACH TO PSYCHOLOGICAL HEALTH

Each of the above traditions created a different view of human nature and psychological health. A problem arises, however, when each tradition feels it has the one and only true view of psychological health. Therefore, it may be appropriate in our current state of knowledge to move toward the intention of a more systemic approach to psychological health. For example, Wilber (1977) proposes that each of the major schools of psychology is fairly accurately addressing the issues and pathologies of particular developmental levels. Therefore, each is true for that level but is only explaining a part of the spectrum or whole of human development. As a result, the many conflicting definitions of psychological health resonate with the Sufi story of four blind men who examined an elephant in four different places. The elephant was thought to be a rope, a snake, the wings of a bird, or the bark of the tree, depending on whether the man felt the tail, the trunk, the ears, or the skin. Any complete view of psychological health needs to integrate the unique vantage offered by each tradition by maximizing health on the physical, mental, and social level as suggested by the World Health Organization's multilevel definition. In addition, a "spiritual" dimension that addresses the ultimate issues of value, meaning, and our human place in the cosmos may also be an important aspect.

Such a multilevel, systemic view of psychological health is complementary, rather than exclusive. For example, a comprehensive treatment plan for depression may include addressing biochemical imbalances (biomedical), learning coping strategies to handle environmental stressors (behavioral), interpreting cognitive distortions (cognitive), overcoming lack of trust in oneself (humanistic), examining unconscious intrapsychic conflict (psychodynamic), and exploring ultimate spiritual questions (transpersonal). Depending on the patient, an intervention open to all levels may be helpful in increasing psychological health (Wilber, 1977, 1996; Schwartz & Russek, 1997; Shapiro & Astin, 1998; Shapiro & Schwartz, 2000).

Thus, a more comprehensive view of psychological health may best be achieved by honoring the viewpoint of each tradition. Such an integration of the above views of psychological health would encompass the biomedical through the transpersonal. It would include the traditional measures such as positive affect, life satisfaction, positive sense of control, self-determination, and self-acceptance. It would also extend the criteria to include sensitivity

to the body and its needs (i.e., physical well-being), increased depths of relationships (i.e., interpersonal well-being), purpose in life, personal growth, self-actualization, and realizing the limits of ego identity (i.e., existential/spiritual well-being) (Jahoda, 1958; Ryff, 1989). Clearly, more research is needed to help evolve a systemic, multilevel, and integrative definition of psychological health. Such knowledge has the potential to considerably augment both clinical practice and even society at large.

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