Mental Health Education and Quality of Life

CARMEL McKAY, MPH

Ms. McKay is chief of the Bureau of Mental Health Education, Department of Mental Hygiene, State of California Health and Welfare Agency. Tearsheet requests to Ms. Carmel McKay, Bureau of Mental Health Education, California State Department of Mental Hygiene, 744 P St., Sacramento, Calif. 95814.

Quality of life has recently been put into focus by "The Greening of America," the emergence of the ecology movement, and the flower children. But the search for a quality of living is as old as antiquity. The psalmist who spoke of green pastures and still waters, the "soul's calm sunshine and heartfelt joy," of poet Alexander Pope and, more recently, those in the counter culture—all seek for a quality of life.

Since the time of prehistoric man, many have sought it through a transference of focus from this life to the life to come and, in more recent times, the Judeo-Christian doctrine has offered a way for man to cope with hardships and stresses on this earth by a belief that all will be beautiful in a world to come. A belief that the greater the suffering on earth, the more exquisite the reward in heaven has been a stabilizing force through the centuries for man.

Some years ago, philosophers and psychologists laid out some simple basic psychogenetic needs as criteria for the fulfillment of life. Fifty years ago, Thomas and Znaniecki stated these wishes as four fundamental needs or motives: desire for security, for response, for recognition, and for new experiences (*1*). The well-adjusted person satisfies reasonably well each one of these fundamental wishes. Property, job success, and personal possessions provide security; we satisfy response through social and sexual contacts; for recognition we strive for prestige, admiration, and respect; and for new experiences we lean toward adventure and change.

It was thought that if these needs were fulfilled, life would be happy. Others have defined basic needs in much the same terms, and the drive to achieve them became the all-absorbing lifework of our society. A puritanical heritage, technology, con-

spicuous consumption, status symbols, and a frenzied struggle to reach the good life failed, however, to provide a quality of life, and man continues to pursue this phenomenon.

Roszak says the primary project of our counter culture is to proclaim a new heaven and a new earth so vast and so marvelous that the inordinate claims of technical expertise must, of necessity, withdraw to a subordinate and marginal status in the lives of men (*2*). And many young people today drop out while the establishment plods along with technocracy and relies on leisure time for the personal enjoyment which makes for a quality of life.

Yet Eugene Heimler stressed work as one of the most important ingredients for man if he is to function satisfactorily in society (*3*). From his Hounslow experiments in which he investigated the emotional significance that work has for people, he learned not only that work helped them function in society but that four other areas were equally as important. From these observations he constructed a scale of social functions with the following areas: (*a*) financial security or satisfaction, (*b*) sexual satisfaction, (*c*) family relationship, (*d*) friendship and social contacts, and (*e*) work and interests.

Heimler further discovered that people functioning in three and one-half of the five areas were well contented and those with a score of 80 percent, functioning in four areas, were at a level of maximum effectiveness—quality of life by one definition.

The Urban Institute in Washington, D.C., an organization financed with government and foundation money, developed an index for the measurement of the quality of life. Indicators for 14 aspects of life quality which seemingly fit the 1970s are poverty, unemployment, racial equality, mental health, health, traffic safety, air pollution, income level, housing, social disintegration, community concern, public order, education, and citizen participation. This paper deals in a sense with two of these aspects—mental health and education—and tries to bring the two together in an effort to challenge educators to use the little evidence we now have to bring a personal quality of life to a much greater number of our society.

What is mental health? It is a term used frequently with many different meanings and nuances. Sometimes it is interpreted as positive in terms of satisfactory functioning. Often it is charged with emotion and associated not with optimal social functioning but rather with mental disorders and a sick environment.

The definition which seems appropriate to this paper is Barron's —"I think that some such concept as that of elegance is needed if we are to talk meaningfully of psychological health. A person may be said to be most elegant, and most healthy when his awareness includes the broadest possible aspects of human experiences, and the deepest possible comprehension of them; while at the same time he is simple and direct in his feelings, thoughts and action" (*4*). One can draw from this definition an idea of quality, dignity, self-esteem, and ego identity, for the word "elegance" strikes a chord which puts into perspective a unique place for every man in this world.

Two Models

Erickson described eight stages in the development of the life cycle of man (*5*). He presented the steps in man's psychological development and the special crisis they bring. He pointed out that while the struggle between the negative and positive in each crises must be fought through successfully if the next developmental stage is to be reached, no victory is completely or forever won. His eight stages are infancy, early childhood, play age, school age, adolescence, young adulthood, adulthood, and senescence.

In infancy the positive and negative are trust and mistrust. The first task of the infant is to establish cornerstones of a healthy personality, a basic sense of trust in himself and in his environment. This trust comes from a feeling of inner security derived from the mutual regulation of his receptive capacities with the maternal techniques of provision. This feeling of goodness depends upon a quality of care that embraces a sense of trust, worthiness, and meaning.

In early childhood, the positive element is autonomy as opposed to doubt. The danger is the development of a sense of shame and doubt if the child is deprived of the opportunity to learn to develop his will with confidence. He begins to attach enormous value to his autonomous will.

In the stage of play come feelings of initiative versus guilt. The child's imagination is greatly expanded because of his increased ability to move around freely and to communicate. It is an age of activity, avid curiosity, and consuming fantasies which can lead to feelings of guilt and anxiety. At this stage the child's conscience is formed.

During the school age the conflicts are industry versus inferiority. In learning to accept instruction and to win recognition by

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producing "things," the child opens the way for the capacity to enjoy work. The danger in this period is the development of a sense of inadequacy and inferiority for the child who does not receive recognition for his efforts.

In the fifth stage, adolescence, the forces at work are identity versus identity diffusion. The psychological revolution that comes with puberty forces the young person to question all the sameness and continuities relied on earlier. The developmental task is to integrate childhood identifications with his basic biological drive, native endowment, and the opportunities offered in social roles.

With young adulthood, the sixth stage, comes the conflict of intimacy versus isolation. As a young person begins to feel more secure in his identity he is able to establish intimacy with himself and with others, both in friendship and eventually in a love-based relationship with a member of the opposite sex.

Following adolescence and young adulthood comes the long period known as adulthood. Out of the intimacies of adulthood grow generative activities versus self-absorption. The mature person is interested in establishing and guiding the next generation. The lack of such an opportunity results in self-absorption and frequently in a pervading sense of stagnation and interpersonal impoverishment.

Finally we reach the age of senescence. When a person reaches the end of life without accrued ego integration there is often despair, usually marked by a display of displeasure and disgust. The person who has achieved a satisfactory relationship with other human beings and who has adapted to the triumphs and disappointments of his generative activities reaches the end of life with a certain integrity of ego. He accepts his own responsibility of what his life is and was, and of its place in the flow of history.

Caplan identifies research carried out in relation to seven situational factors or crises of various types which serve as turning points toward or away from emotional disorders. These research areas are not enumerated in any order of importance or by severity of the crisis.

1. Reactions of individual persons and groups to natural disasters and to upsets produced by migration or retirement from work.
2. Reactions of patients in a general surgical ward awaiting an operation.
3. Wartime separations and the response of individual persons and their families to social and economic difficulties.
4. Behavior patterns of students during crises precipitated by the transition from high school to college.
5. Coping responses of young children facing the ordinary experiences of life for the first time.
6. Responses of nursing students to the regularly occurring stresses of their training period.
7. Responses of women during the crisis of pregnancy and adjustment to the maternal role.

More recently Caplan has researched the experiences of Peace Corps volunteers with the crisis of culture shock. His list of crisis areas suggests many other points

which can be crises in the course of normal growth and development and for persons facing cultures that are new to them (*6*).

Thus we have two leaders, and there are many more in mental health, who have set forth a framework which provides guidelines and a firm basis for the nurturing and fostering, through education, of a quality of living in a world of rapid change. According to Caplan, personality development has long been described as a succession of differential phases, each qualitively different from its predecessor. From this scheme a conceptual model has been developed for the primary prevention of mental disorders and the promotion of mental health.

Caplan's basic research on crises and Erickson's stages of normal human development offer principles for fostering mental health, which can be assumed to be the optimum level of quality of life. Practical applications based on these two models could use the group process to teach recognition and understanding of the stages of normal growth. Group process can be used as an educational method to achieve self-actualization and to stabilize self-esteem and ego identity.

The discipline of health education has the skills to enhance "normal" happenings in one or more ways, depending upon the point of entry. Ideally the patient in a surgical ward awaiting an operation might have been reached early enough to prevent the need for surgery in the first place, or his life style could have been altered in such a way that surgery could be postponed. The industrial worker facing change could have been prepared through preretirement education long before forced retirement was imminent. These possibilities merely trigger the imagination as to the many ways and directions that the educational process can take. Group process or discussion groups have a unique potential if they are applied to the life cycle and at crisis points, as set forth by Erickson and Caplan, to enhance day-to-day living for all age groups.

Such applications could indeed open the way for a quality of life for many. The contributions of art, music, and the world of nature to quality of life are not to be brushed aside lightly. The practical qualities of life as described by Heimler and his five-point scale, which make for satisfactory living and enhance self-esteem, are areas which also deserve consideration and commendation. But there is a deeper, perhaps more personal quality far inside the mind of each person where education can play a most significant role.

Early Work in Group Process

As early as 1920, Allport looked to groups as a way of solving man's needs (*7*). But it wasn't until 1930, when Kurt Lewin developed the force-field theory and with his disciples put his work in action as an approach to education and planned change, did group process begin to flourish. According to force-field analysis, any more or less stable situation is conceived of as an equilibrium resulting from the action of opposing forces that are equal in strength (*8*).

The early work of Lewin clearly demonstrated that learning and behavior change took place in a meaningful and internalized way when small groups with common interests and needs got together in an atmosphere of freedom and trust for open discussion. One of Lewin's first experiments was with housewives unable and unwilling to change routine menus and shopping patterns when certain foods were not available during World War II. He found that, by bringing small groups of women together for discussion, not only were alternative solutions found but creativity was inspired, a spirit of cohesion and esprit-de-corps was developed, and behavior patterns were changed to fit a changing society.

Health education was very much in the forefront in the early National Training Laboratory experiments: this organization held its first laboratory session on human relations and group processes at Bethel, Maine, in 1947. The NTL was an outgrowth of Lewin's early work on group process as an educational method in solving day-to-day problems. Notwithstanding recognition by the health education profession of this method as an effective educational tool, it has not been used by the profession to the extent it deserves.

Since the 1940s this powerful technique, and the laboratory movement in general, has spread in many directions—into industry as a management tool, into psychiatry as a therapeutic modality, and into education, clinics, and community action programs. During the 1950s the sensitivity or T groups with a therapeutic element for normal people were extremely popular. Subsequently this group technique has proliferated across the nation, and today there are marathons, encounter groups, human potential groups, and exotic groups devoted to meditation, movement, and sensory awareness. The widespread popularity of the group concept has, in fact, left some doubt and confusion in the minds of many.

Education and Change

Through all of these developments, group discussion as an educational method has steadfastly held its own, grown, and become more effective. However, it still has a long way to go. Now is the time for health educators to re-examine group process as a way to improve the quality of life for many segments of the population.

The small group addressing itself to the changes and realities of a situation can create within itself and its members meaningful and satisfactory ways to meet a changing world. It is not beyond the realm of possibility that changes in a quality of life can be initiated in small groups which may ultimately have impact on how the world changes.

We health educators know that one of the most effective means yet discovered for facilitating constructive learning, growth, and change in persons or organizations is the group experience. Community health educators are prepared to use the group method as an educational process with the normal or well population. To help citizens to function more effectively, humanly, and democratically in a variety of group settings is a goal of health education.

Group process has been used experimentally with school dropouts, unemployed youths, and predelinquents. Youth have been helped to achieve greater maturity through improved personal and interpersonal competence in coping with a variety of life situations (*9*).

Group process might be especially useful today in planning rap sessions in the community for young men returning from the war. Many of these young men suffer disorientation and unpredictable episodes of terror, and the rap sessions would help them deal with guilt feelings and thoughts of suicide brought on by depression and an ambivalence as to the values of life and death.

Caplan, in recent testimony during a congressional hearing, indicated that a significant number of Vietnam veterans who have had intensive combat experience are deeply troubled emotionally (*10*). Since their problems do not fit any standard diagnostic label, they return to the community without psychiatric help. Getting groups of young men together to discuss their problems of rage, combat brutalization, alienation, impacted grief, and doubt about their continued ability to love others and to accept affection has been found to be most effective.

Although approaches and uses of the group process are manifold and innovative styles are continuously being discovered, those who espouse the theory in whatever situation aspire to increase intellectual understanding, alter attitudes, and above all, allow participants to make adaptive changes in behavior which can improve quality of life so that it fulfills their personal values.

And yet group process, with all its potential, has been used only in a limited way in the health field, and particularly in mental health, as an educational or personal growth experience for a normal population going through the normal phases of life, as described by Erickson, or as a coping mechanism during those crucial periods identified by Caplan.

In every community there is a need for planned, well-organized networks of study groups—coordinated and under a legitimate mantle—for personal growth and creative education. Truly health educators, and health educators in mental health settings in particular, have neglected, for whatever reason, this educational technique as a way of dealing with human needs and problems. Perhaps the rapid development of the entire group movement and its search for an identity has adversely affected the attitudes of health educators.

Practical Applications

Nevertheless, the practical applications of group process deserve serious re-examination by health educators, particularly those working in mental health. If one starts with the infant in Erickson's model, are all parents prepared emotionally for the first child? Are mothers well informed on how to bring a child into this world so as to insure a good beginning toward a life of quality? Prenatal discussion groups are as old as the hills, but are there enough of them? Are they reaching those in need? Are they relevant to today's social, economic, and cultural problems? Are they neighborhood oriented, close to home, conducive to continuation? Are they nonjudgmental with a focus on an enriched quality of life for mother and child?

At the other end of Erickson's spectrum are the aged. Those over 65 today are in much better shape, physically and economically, than were senior citizens 20 years ago. But their quality of life still leaves much to be desired. Preparation for old age, for retirement, and for facing loss can be discussed and examined by study groups. Group discussion of a subculture by those

who are part of it provides opportunities for growth, for experiencing deeper feelings, and for increasing understanding. Enjoyment of a fuller and richer life through interaction and interpersonal communication with others will enhance this period of life. Neighborhoods, poverty ghettos, and leisure worlds are the natural settings in which to organize group discussions. Group discussions of the aged, as well as the young, can improve self-understanding and encourage open, meaningful relationships with others.

Klein and co-workers (*11*) experimented with the promotion of mental health of older people through group methods. Aware that many people 65 and older are depressed, puzzled, and bewildered, these workers used a group approach to discuss problems. It was found that bringing persons with similar problems together and assisting them to establish a relationship with a leader was successful. The process and discussions which took place under the skillful guidance of the leader provided the framework for real sharing and honest communication in areas of vital concern such as dependency, "slowing down," finances, living alone, and socialization.

Various techniques were used in leading these discussions, and the leader assumed a variety of roles within the group. But one factor that never varied was a basic respect for the capacities of the members, and their desire to conduct and manage their own affairs as fully as possible within their means and capacities. It was found that older people participating in these group experiments depended less upon the psychiatric specialist as a resource for emotional problems than those who did not avail themselves of this opportunity.

Today we still talk about dying in a faltering uncertain way, but at last thoughts and feelings about being ill and dying are discussed by ministers, physicians, nurses, and those close to the patient. To improve the quality of human existence there is the need to prepare persons for death and to help the survivors to accept and adjust. Caplan identified this period as one of crisis. "Death and family education" groups are not something we like to think about, but perhaps we should. Death is also a part of childhood and youth.

Persons faced with many types of crises other than these Caplan lists can reshape their own lives with the help of skilled, sensitive leaders in group process. Consider how group process might function in the aftermath of natural disasters, in the upheavals of urban renewal and divorce, and in incidents of battered children, unwanted pregnancy, overuse of drugs, and accidents that result in physical handicaps.

It takes so little to put in motion a process of personal growth and problem solving. Effective group discussion methods, member participation, and sensitive leadership are the main ingredients.

For optimal group functioning, it is important that the educational goals be clearly understood, and even more important, that there is a tacit understanding by the members and the leader that the experience is to be educational, not therapeutic.

Planning must be thorough so that the education process will not be chaotic but productive of the quality of life aspired to by the group itself. The group can provide greater understanding, acceptance, new experiences, security with one's self, and increased capacity to enjoy life.

Where have we been, we health educators who have group process as a basic skill—those of us who subscribe to the democratic process, the open society, and man's ability to carve his own destiny and mold a life style of quality?

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