



The Rising Tide of Mental Health

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THE WHOLE mental health enterprise as I have seen it in the last year or so seems susceptible to certain general observations. I submit them with some misgiving, for I was reared on down-to-earth correlation coefficients and chi squares. While the following declarative sentences begin earthily, their predicates are in the clouds. I pass along these observations, 18 of them, with no final confidence in them, hoping only that if they are not right at least they may be provocative.

1. There may be both intellectual tickle and some utility in conceiving of mental health as a social movement, a social movement as vast in scope and consequence, perhaps, as the Renaissance or the Industrial Revolution. We can, without being more than mildly insane, regard ourselves as having just passed through the era of the economic man and as being on the threshold of the century of the psychological and sociological man.

2. Evidence for the existence of a significant and encompassing mental health movement includes such factors as the following:

The obviously increased public and governmental concern for the mentally ill.

The widespread use in all media of communi-

Dr. Sanford, associate director for scientific studies, Joint Commission on Mental Illness and Health, presented these observations at the 1957 National Health Forum, held March 20-22 at Cincinnati, Ohio. Sponsoring the forum's program on better mental health were the 59 national organizations making up the National Health Council.

cation of psychiatric and psychological concepts in dealing with human affairs.

The frequency of use of psychiatric and psychological concepts by ministers, lawyers, teachers, and other highly visible and influential people.

The popularity of courses in college and recently in high schools in psychology and mental hygiene.

3. This social movement flourishes in America because of such factors as (a) the high standard of living, (b) the relative freedom from the ravages of disease, (c) a relative freedom from, or nakedness of, tradition, (d) the speed and volume of communication, (e) the promulgation and acceptance of a naturalistic, cause-and-effect view of human behavior—a view which, right or wrong, places a great faith in natural man's ability to take thought, to apply knowledge, and thereby to cure his own ills and to advance his own welfare. There is a concomitant fading of the belief that natural man must either debase himself or put up with slings and arrows in order to meet his fate.

4. This kind of movement seems to be uniquely American. Perhaps, in some respects it is a luxury movement flourishing, especially in its positive aspects, only where life is not dominated by physical urgency and grimness.

5. The mental health movement seems to have two distinct but interacting branches. Or at least it may be profitable to conceive it this way and see what happens.

One branch of the movement has grown up

within the medical frame of reference. It is rooted in the cardinal values of preserving life and reducing morbidity. Its goal, universally ascribed to, is the humane and effective treatment of the mentally disturbed. Its form and flavor derive from the humane traditions of the medical profession.

6. Another and conceptually separable segment of the mental health movement has its roots in the western humanistic and democratic ethic. Its goals concern the growth and development of the human individual. Its beliefs have it that through the application of scientific knowledge about human beings and their social environments it is possible to help the individual live more fully, more maturely, more creatively. Some mental health enthusiasts seem to emphasize the values of adjustment, efficiency, and conformity. Others, perhaps less culture-bound, emphasize the human attainment of freedom, of individuality, of spontaneity, of creativity. But there is a general focus on the individual—the normal, striving, growing, learning human individual.

7. Within the medically oriented segment of the movement, there has been vast change in the last hundred years. The mentally disturbed person is no longer possessed by a devil nor is he a criminal. Increasing knowledge and increasing public humaneness has defined the mentally disturbed as a sick person, fully deserving the care given the ill. The asylum has become the mental hospital. Recent progress has been in the direction of a more precise definition of mental illness. The mental case is no longer merely a member of the class "sick person" but is recognized as a member of a unique class of sick persons, needing unique treatment. Some authorities now go so far as to recommend that the mentally ill person should not be treated at all in the hospital setting, that defining him as a hospital case does not recognize his uniqueness, does not find for him the most effective psychosocial treatment.

8. The development of psychiatric care for the mentally disturbed has had a profound influence on all medical practice. The knowledge of the relation between somatic symptoms and emotional processes, the increasing knowledge of psychosomatic phenomena, has revised the

purely biological orientation of medicine. Now, even surgical patients are regarded as people, and both the physicians and the nurse are under pressure to learn some psychiatry, psychology, and sociology.

9. The medical segment of the mental health movement has been characterized by a fairly exclusive focus on intrapsychic processes. This seems to me to characterize the corps of theory and practice in the professions.

Troubles have been diagnosed and treated within the skin of the single individual. There is some change. There have been Sullivan and Meyer and social psychiatry and counseling psychology. The sociologist and anthropologist are now colleagues of the psychiatrist. But in training programs for mental health personnel, the standard curriculum still focuses on the past and present intrapsychic processes of the individual. Social workers, for example, who used to look for evil in society now tend to look for it, like the rest of us, within the single individual.

10. The medical segment of the mental health movement has focused on the clinical approach. Help, as we naturally conceive it, is given through intimate one-to-one contact with the individual patient. There is current recognition that such an approach alone, barring the advent of miracles, is patently inadequate. Those needing help are vastly numerous. Those who can give it are few—and hard manpower figures tell us they will remain inexorably few. There have been and must continue to be attempts to combat the depressing logistics of mental illness through such procedures as group therapy, milieu therapy, community mental health programs, the manipulation of the environment as well as of deep intrapsychic dynamics.

11. The promotive segment of the mental health movement, for the want of something better, has adopted the pathologically flavored theories of personality and has unwittingly taken over some of the values and traditions of the medical segment of the movement. We do not have the concepts or the knowledge to deal in a systematic scientific way with the adequately functioning person. We tend to say that the happy and effective person is "well defended" or "free from conflict" or "has no

symptoms." These negative concepts may add little to our ability to understand or to facilitate the development of the normal person. The absence of theory and vocabulary for dealing with the effectively functioning individual may be one reason why we pay only semiembarrassed lip service to the positive side of living and slip quickly and comfortably back to talk about mental illness.

12. Fifty years from now with an accelerated growth of knowledge and with times ripe for the easy adoption of new ideas, our current theories and current technical terms may be of no more than mild historical interest like phlogiston or Watsonian behaviorism.

13. One way in which our pathological orientation may have shaped our thinking and prevented our progress in the areas of both prevention and promotion is through assumptions about the impotency of mere knowledge and mere ideas as factors in the living of a life. While it seems to be true that the sick person is unable to absorb and turn to the ends of health such things as rational argument, hard logic, and well-established fact, we may be underestimating the average person in assuming that he, too, is incapable of turning to constructive ends sound knowledge of the workings of his own personality. While we need to continue our research on one-to-one therapy, there is good reason to argue that we should aim for equal time for research on the communication of mental health information. Maybe we can find a way for the gifted analyst to affect the lives of 15,000 people rather than the 150 people who now occupy his professional lifetime.

Incidentally, it is with this bit of arithmetic that I like to illustrate what seems to me to be the need for concentrated attention on mental health communication. If we assume that there are 50 million parents and teachers in this country, a figure not far off the mark, and if we assume that each one of them makes 10 decisions a day affecting the welfare of the child, this adds up to 500 million decisions a day, or 182,500,000,000 a year. Many of these decisions are deeply rooted in the personal in-exorabilities of the parent or teacher and are not amenable to change, short of something drastic. Others are deeply rooted in the cul-

ture and are not open to change, but many of them can be changed through education, changed so that those who make them like their consequences better. But we do not know how to bring about the changes in these decisions, and there is relatively little hard, intelligent research being devoted to this kind of mental health problem.

14. There seems to be good reason to believe that society will continue to support both branches of the mental health movement. With direct and optimistic American vigor we have begun our attack on mental illness. There is no reason to believe this attack will not continue and will not meet with eventual success. The other branch of mental health, scientific humanism, seems also now in the blood stream of the culture and is probably there to stay. Developments in this area will be intricate. While there seems no reason in nature why man cannot turn to his own positive ends the knowledge reaching him through our advancing knowledge of his own behavior, he will not make these applications with ease and comfort. In new ideas about behavior there is threat as well as utility. And before we can raise good personalities or pursue the good life through scientific methods, we must wrestle with the intricate value questions involved in defining the good personality and the good life. We all can agree that illness is bad. There is no unanimity among us about the goodness of such things as spontaneity or freedom from conflict.

15. The role of the expert in mental health and the requisite skills will vary considerably from one segment of the movement to the other. There is a difference in role and in skills between curing on the one hand and in teaching on the other; between responsibility for and responsibility to; between the restoration of health and the provision of room for positive growth; between helping a desperate individual achieve survival and helping free and responsible persons pursue with verve and creativity their own personal lives.

There is room and opportunity, however, for each mental health discipline to find its socially functional identity and to live it out integrally.

16. It is frequently assumed that the vig-

orous and successful promotion of positive mental health will solve eventually the problem of mental illness. This assumption needs to be evaluated carefully. If it indeed seems a good assumption, then we need to bestir ourselves mightily to direct research attention to problems of promotion, and to pursue more vigorous exploratory programs of action in this area.

17. In both segments of the mental health movement, the enlightened citizen will play a crucial role. With respect to the care of the ill, the citizen and the community can and will serve as therapeutic collaborators with the

physician. With respect to the growing of mature and resilient personalities, with respect to the pursuit of the good life, the citizen must take responsibility and leadership, using as he sees fit the technical competencies of the scientists and experts.

18. Though many aspects of our future are cloudy, this much seems eminently clear: Whatever the form and contour of mental health in the years to come, there is challenge and adventure here for anyone who wishes to invest altruistic effort in the on-going human enterprise.

Distress Signals

The public should learn to recognize warning signs of mental illness. Starting the list are eight signals. A person should seek help when he isn't himself for a month or so; when he expresses ideas that obviously don't make sense to others; when he acts, for a day or so, as if he doesn't know where he is or what day it is; when, for a period of a few months, he consistently makes people around him unhappy, angry, upset, or worried, without an acceptable explanation; when his drinking interferes with work or decent relationships; when he loses appetite and weight over a period of a month or so with no physical illness or need for losing weight; or when he has trouble sleeping to the extent that it shows in poor work, excessive irritability, or complaint.

—IVAN C. BERLIEN, M.D., *chairman of the Committee on Preventive Psychiatry of the Group for the Advancement of Psychiatry, addressing the 1957 National Health Forum.*