

CHAPTER 3

PSYCHOANALYSIS, HUMANISTIC PSYCHOLOGY, AND POSITIVE MENTAL HEALTH

3.1 PSYCHOANALYSIS

3.1.1 Introduction

It seems that psychoanalysts have been more concerned with either describing the inner workings of man's mind, or with the "talking cure", than with defining the concept "mental health". There is, of course, Sigmund Freud's famous statement that to be healthy is to be able to work and love.¹ There is obviously a lot to this rather crude characterization of mental health. Despite this, most psychoanalytic characterizations of mental health have been theoretical. Freud at one point claims that "It is impossible to define health except in meta-psychological terms".² Mental health has, for instance, been characterized as the inner balance between the id, ego, and superego,³ as the ego being in control of the id ("Where Id was, there shall Ego be"),⁴ as becoming more and more conscious of what has earlier been unconscious,⁵ as becoming a structurally complete self,⁶ or as a sound psycho-sexual development.⁷

However, a definition in purely theoretical terms is problematic and we need criteria that are not theoretical in order to define health. Heinz Hartmann is a spokesman for this view: "It is clearly essential to proceed on purely empirical lines, i.e. to examine from the point of view of their structure and development the personalities of those who are actually considered healthy instead of allowing our theoretical speculation to dictate to us what we 'ought' to regard as healthy".⁸ He adds that the theoretical standards usually are too narrow and that "they underestimate the great diversity of types which

¹ This well-known statement, referred to in many places in the literature, is attributed to Freud by Erikson (Jakobsson 1994, p. 149).

² Jakobsson 1994, p. 45.

³ Jahoda 1958, p. 37.

⁴ Ibid., p. 37, Jakobsson 1994, p. 45.

⁵ Jakobsson 1994, pp. 45-46.

⁶ Kohut, 1982.

⁷ Jakobsson 1994, p. 49.

⁸ Hartmann 1981, p. 364.

in practice pass as healthy".⁹ The importance of this distinction, between the theoretical and the observable, will become even clearer as we continue.

Even though there is not much written about the concept of mental health in psychoanalysis there is at least one author, Einar Jakobsson,¹⁰ who has closely studied the explicit and implicit conceptions of mental health used by psychoanalysts. Several analysts are discussed, but three of the more well-known are chosen for deeper studies. The first one is Freud himself; the other two are Heinz Kohut and Otto Kernberg. I will use Jakobsson's work as a starting point in discussing the psychoanalysts' conceptions of mental health.

Before looking in some detail at the three psychoanalysts chosen, let us first see what psychoanalysts in general focus upon with regard to mental health.

In relation to health there are traditionally two areas of concern for the psychoanalysts; self-knowledge and autonomy. Self-knowledge, on one interpretation, is connected with the earlier mentioned claim that consciousness should replace unconsciousness as far as possible. This is partly a theoretical claim since the unconscious is unobservable. But L. S. Kubie adds an empirical touch to this claim. The reason for the importance of self-knowledge is that it allows the individual more flexibility. This as opposed to rigid patterns of behavior – patterns governed by the unconscious.¹¹ Thus, here flexibility seems to be a defining characteristic of mental health. Since flexibility can be seen as being a requirement for autonomy this also seems to indicate that self-knowledge is a prerequisite for autonomy – autonomy which was the other important concept in classical psychoanalysis. Flexibility assures us a more "independent" register of actions, and thus, more autonomy.

There are other criteria for mental health in the psychoanalytic literature. A. Dewald, for instance, talks about "mature adjustment", and also about stress tolerance.¹² Stress tolerance is, according to Dewald, the basis for the ability to adjust. This is in line with Hartmann's thinking. He talks about adaptation to reality: "what we designate as health or illness is intimately bound up with the individual's adaptation to reality".¹³ Hartmann also makes a distinction between regressive and progressive forms of adapting. They are seen as different strategies that the ego can employ in adapting to reality. Progressive adaptation means "an adaptation in the direction of development".¹⁴ What development here means is unfortunately unclear. Successful adaptation can also be achieved by way of regression. Imagination and artistic activity are given as examples of this strategy.

Dewald also talks about the ability to feel love and about the degree of sexual gratification.¹⁵ Here the whole developmental theory of psychoanalysis comes into the foreground. Working overtime can be done for both healthy and unhealthy reasons, says Dewald. It can, for instance, be done because of feelings of guilt or from masochistic needs. If this is the case the individual is unhealthy. Or it can be done from ambition

⁹ Ibid., p. 365.

¹⁰ Jakobsson 1994.

¹¹ Ibid., pp. 46-47.

¹² Ibid., pp. 48-49.

¹³ Hartmann 1981, p. 369.

¹⁴ Ibid., p. 368.

¹⁵ Jakobsson 1994, p. 49.

and the wish to succeed. This is healthy. One problem here is, obviously, to tell the one from the other. The interpretation one makes relies heavily upon theory.

Jakobsson further mentions D. W. Winnicott, who also ties health to developmental theory. A healthy person is a person who has developed the age-related emotional maturity. Thus health has to do with the development of personality. This thought is common in psychoanalytic theory, and in this context Erik Erikson should be mentioned. Whereas Freud, and others after him, concentrated on the sexual development of the "healthy" child, Erikson developed a theory of the "healthy" individual, a development which encompasses aging as well as childhood.¹⁶

In the main chapters of his book Jakobsson discusses Freud, Kohut, and Kernberg. In the following two sections I will set out the conceptions of mental health that are found in the writings of these authors.

3.1.2 The goals of psychoanalysis and analytic psychotherapy

Jakobsson's main interest is discussing the aims and goals of psychoanalysis and psychodynamic psychotherapy. He is not primarily interested in finding a formal definition of mental health, but more in giving us a broad notion of what mental health, according to some psychoanalysts, is.

Obviously mental health is one, if not the, important goal for psychoanalysis. The question is if it is the only goal. This, of course, depends on how we define mental health. Jakobsson suggests that also other goals can be sought in therapy, for example the elimination of symptoms. This might be a necessary goal for health, but it is emphasized by Jakobsson that it is usually not, among psychoanalysts, seen as sufficient for successful therapy. It has to be accompanied by structural change.¹⁷ But there are also the goals of self-fulfillment, finding meaning in life, overcoming a life crisis, which might not be mental health goals but quality of life goals, spiritual goals, or something similar.¹⁸

Much of the language of psychoanalysis is theoretical, or meta-psychological, i.e. health is discussed in terms of the inner workings of the mind. Thus, most changes in psychoanalysis and analytic psychotherapy are said to aim at changing the personality structure of the individual. However, this also implies that the person changes her behavior when the personality changes. Besides discussing the goals of psychoanalysis formulated in meta-theoretical terms, and some explicit criteria of mental health, Jakobsson has also been able to draw out several implicit criteria from the authors discussed.

Jakobsson presents a psychological framework where he places the goals of psychotherapy in four main categories. Each of these categories is divided into several sub-

¹⁶ E. Erikson 1989. His approach is mainly theoretical and few explicit criteria of mental health can be found in this volume.

¹⁷ Jakobsson 1994, p. 142. Heinz Hartmann exemplifies this view: "In our view, freedom from symptoms is not enough for health" (1981, p. 363).

¹⁸ I here again want to mention the distinction mentioned in the introduction between acceptable health and ideal health. The therapy goals that Jakobsson calls self-fulfillment and finding meaning in life might qualify as criteria of ideal health.

goals. The first two categories are the ones mentioned earlier, *knowledge* and *autonomy*, the other two are *adaptation* and *well-being*.

Knowledge is further divided into insight, self-knowledge, and "training analysis". The difference between insight and self-knowledge is that self-knowledge is a much broader concept including an understanding of one's whole life history. Insight has to do with getting more access to, or control of, the unconscious. Insight is also a matter of overcoming defense and resistance. The third category, training analysis,¹⁹ lays the foundation for insight and self-knowledge, and (in my interpretation) has to do with general knowledge of human nature (i.e. psychoanalytic theory). This training relates insight to the energy-consuming conflicts within the psyche (drive conflicts), and it relates self-knowledge to problems in interpersonal relations (object relations).

Autonomy is divided into self-reliance and independence. Independence has to do with being cognitively and emotionally independent of other people. The other part, self-reliance, has to do with being self-governing and being in control. I believe that what is meant by this last category is that the person has inner autonomy in the sense of not being controlled by impulses or drives.²⁰

Adaptation is a concept from ego-psychology. It has partly to do with the inner functioning of the ego, and partly with outer mental functions and abilities. The term "adaptation" is subdivided into six categories: maturity, ego strength, integration, deep relations, empathy, and creativity. We see here a mix of theoretical, or meta-psychological terms, and of observable criteria. Ego-strength and integration belong to the first category, the ability to have deep relations, to feel empathy, and to be creative, belong to the second. Maturity here mainly has to do with reaching psycho-sexual maturity, in the theoretical sense of having successfully gone through the developmental stages that the theory requires.

It is not clear if the theoretical and the observable terms are independent of each other, or if there is a causal connection where, for instance, ego strength or integration leads to empathy or creativity, i.e. the latter are criteria of the former. There might even be a conceptual tie between the notions.

The notion of "well-being", finally, partly has to do with the subject's apprehension of herself. This category is divided into self-esteem, self-reliance, cohesiveness, harmony, vitality, and authenticity.

Besides using these four categories for classifying the goals of psychotherapy Jakobsson also discusses if there is a "personality ideal" or a "life ideal" implied in either of the three writers' works. "Personality ideal" is divided into social competence and identity, and "life ideal" is divided into self-fulfillment and meaning in life.

3.1.3 Freud, Kohut, Kernberg

It might also be interesting to compare the three authors discussed. There are several differences between them. Let me start with Freud, who is, as might be expected, mostly interested in furthering knowledge and autonomy – knowledge in the sense of insight, including the theoretically codified insight that training analysis offers, and autonomy in both senses mentioned. As we saw, insight was a rather narrow concept

¹⁹ Jakobsson points out (in personal communication) that training analysis is reserved for people training to become psychoanalysts.

²⁰ Some of the complexities of autonomy will be discussed in chapter six.

referring to becoming more aware of what has been unconscious. But Freud was also interested in furthering adaptation in the senses of maturity and ego strength. This is part of the traditional emphasis on inner structural change, and on psychosexual development. To some extent the development of the individual's social competence is also part of Freud's therapy goals.²¹

We can note here that most of these health characteristics that Freud presents (goals of analysis) are theoretical. We are not told how to determine whether or not the goals are reached. Freud does, of course, require that the neurotic symptoms disappear. Absence of psychopathology is part of all these authors' conceptions of health (successful analysis). But, as we saw, it is a necessary but not a sufficient criterion for having mental health. Structural changes have to take place too.

There are a few of the goals that Freud proposes which can be "observed". We can, for instance, determine if insight is reached, in the sense that unconscious material becomes conscious. Furthermore, a quote from Freud indicates that insight is usually accompanied by other changes: "Symptoms are never constructed from conscious processes; as soon as the unconscious processes concerned have become conscious, the symptom must disappear".²²

Furthermore, autonomy, as we have already seen, has as much to do with the ego freeing itself from the influence of the id, as it has with the person freeing herself from outer influences. Also here there is a theoretical tendency, even if it to some extent is possible to determine if a person is free from undue influences.

Ego strength is also a theoretical term and we are not explicitly told how to determine if it is reached. Finally, the term maturity, in terms of reaching the heterosexual genital stage, is obviously also associated with a theoretical view of health.

The overall result is that there are very few observable characteristics of health mentioned by Freud himself.

However, Kohut and Kernberg are more explicit in their writings. Especially Kohut who puts much more stress on an ego-psychological term like adaptation, but also on well-being.

In contrast to Freud, Kohut is not interested in "insight" (referring to the uncovering of unconscious conflicts, or defenses), instead he prefers to emphasize self-knowledge, the wider term. He is also fairly uninterested in autonomy, in both its senses. Jakobsson quotes Kohut as saying that "I intentionally avoid such, by now value-laden terms as 'separation', 'move toward autonomy' and 'independence'".²³ However, Jakobsson shows that in practice Kohut uses the terms quite often.

In the category adaptation Kohut emphasizes having the ability to have deep relations, having the ability to feel empathy, and being creative, mental features which are much more "observable". The last category, well-being, is the most important for Kohut. He stresses almost all features under this rubric: self-esteem, self-reliance, cohesiveness, harmony, vitality, and to some extent authenticity. The lack of features like self-esteem, self-reliance, cohesiveness, leads, he claims, to narcissistic personality disturbance.

²¹ This term Jakobsson put under the rubric "personality ideal".

²² Quoted from Reznick 1991, p. 30.

²³ Jakobsson 1994, p. 150.

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A Philosophical Analysis

Tengland, P.-A.

2001, XI, 182 p., Hardcover

ISBN: 978-1-4020-0179-6