



## Productive Orientation and Mental Health

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### 1. What is mental health?

#### a) On the difficulty of differentiating between illness and health

As much as we are accustomed to speaking of mental illness, clinically significant symptoms, and mental disorders in the field of psychotherapy, and as easy as it is to illustrate these concepts with examples, it is just as difficult to precisely define what mental health is. In the area of physical illness it seems to be easier to distinguish between illness and health. This leads us to the question how *physical health* is defined.

In general we clearly sense when we are physically ill and can usually say, in the case of the common cold, for example, when we are on the road to recovery. Unlike mental illness numerous laboratory tests and indicators make it possible to establish distinct boundaries between sickness and health. Here the diagnostic ideal is, independent of subjective impressions, to empirically verify the difference between sick and well. Otherwise it would not be possible to discern that human beings, who feel perfectly healthy, have already developed metastases. Otherwise it would not be possible to say that human beings, who are experiencing severe heart problems, in the absence of an empirical confirmation of an organic cause, are not physically but psychically ill. The extensive area of psychosomatic complaints and psychogenic ill-

nesses has fundamentally transformed the traditional medical conceptions of health and disease. Conventional medicine tries to exclude everything from its conception of illness and disease for which there are no empirically verifiable organic findings.

To return to the concept of *mental health* and the question how illness and health can be differentiated in the area of the human psyche: here, too, the attempt is made to discover clear boundaries between illness and health. With this procedure it is actually possible to diagnose various mental illnesses and to distinguish them from other, difficult mental and emotional states (like specific fears, feelings of failure, moods), which can be observed in persons of good mental health. In cases in which people obviously experience great psychological distress yet in which illness is not diagnosable with absolute certainty, for example, in a borderline disorder, the therapist simply lists a number of possible indicators and concludes that an illness is present, when at least three of the five given indicators are identifiable.

It becomes even more complicated if we attempt to establish absolute boundaries for the *health* or the illness of *social entities*. Without any intentions of clarifying whether we can speak of a healthy or unhealthy society at all, the answer will depend on our focus: whether we focus on the question of social cohesiveness



and the stability of a group or on the mental health of the many individuals belonging to a social group. If it is the question usually preferred by sociologists of the stability and functionality of a society, we do not speak of illness and health but of stability and instability. Nor do we speak of states of psychological distress as with mental illnesses and mental health disorders but of crises and social conflicts. The question of the mental health of a specific social group and an entire society is generally explored by epidemiologists. They are interested in determining what percentage of a population suffers from which illnesses and try to find correlations between social standing and psychic illness.

Another, entirely different approach to the question of the mental state of social entities was taken by Erich Fromm, who applied the psychoanalytic concept of character to social entities and, to a large extent, came to different conclusions than the mainstream social scientists.

The basic idea of the dynamic concept of character for the individual as well as for social entities is that personality traits, *independent of their usefulness for the person in question or for peaceful co-existence*, can be accepted and realized. The decisive observation informing this psychoanalytic approach is that restrictive and self-destructive as well as aggressive and socially destructive personality traits are affirmed and realized as being inherent to the ego or the group. Such ego-“syntonic“ or socially „syntonic,“ that is, consciously affirmed character traits like an exaggerated perfectionism or an attitude of submissiveness constitute, from a clinical perspective, limitations and impediments to mental health; these are, however, seen as desirable personality traits and virtues by the individual and the group concerned.

Take, for example, a condition detrimental to mental health, an *individual* character orientation, perhaps a person with a sadistic character. This person works as the comptroller for a company which highly values teamwork and a friendly, considerate workplace atmosphere. The sadistic comptroller will, all the same, feel totally justified in asking tormenting questions and in conducting himself in an imperial manner; in fact, he sees this as his greatest asset. He

will stand up for his sadistic behavior, although it will cost him friends and although, in time, he may even sense that he has become hard-hearted. He will persist in carrying on in this way because his work suits his nature and because he rationalizes its sadistic tenor as a fulfillment of duty. Asserting his position in a company with a different philosophy is not easy, however.

Or take the example of another condition unfavorable to mental health, a *social* character orientation. This does not connote the uniqueness of the character of one individual as opposed to many others; instead, many individuals share the same social character traits. Here the wish to stand up for one's character properties must not be maintained in a socially hostile environment. On the contrary, the fact that many people have the same, even if irrational and relatively destructive character traits, is what actually makes it possible to consciously defend such characteristics adverse to mental health and to realize them with a passion. For when many people think the same and also act the same way, it then becomes normal and socially acceptable.

Sociologically speaking, the social character orientation contributes to the perception of seeing oneself as normal. Psychologically speaking, normality can, however, be pathological and contribute to the development of mental illness. A social character orientation detrimental to mental health leads to what Fromm has called a „pathology of normalcy.“ In *The Sane Society* (New York, 1955, p. 15) he writes: „The fact that millions of people share the same vices does not make these vices virtues, the fact that they share so many errors does not make the errors to be truths, and the fact that millions of people share the same forms of mental pathology does not make these people sane.“

The prevalence of such „socially patterned defects“ (*ibid.*) allows many people to see their addictive behavior (for example, an obsession with work, a buying compulsion, or a nicotine dependency) as socially acceptable and normal, enabling them to avoid seeing themselves as „mentally ill.“ This is why character traits leading to mental illness such as the denial of de-



pendencies or the shameless exposure of other people's shortcomings do not cause psychological distress but strengthen the feeling of the individual „of fitting in with the rest of mankind—as *he knows them*. As a matter of fact, his very defect may have been raised to a virtue by his culture, and thus may give him an enhanced feeling of achievement.“ (*Ibid.*, p.15)

The social character orientation is not the only force which stabilizes and consolidates a society. Economic productivity, political structures and order, legislation, the media, etc. all play equally important roles. To the degree, however, that social character orientations and traits are significant for the cohesion of social groups, the rather paradoxical conclusion arises that character traits adverse to mental health and conducive to mental illness can still be stabilizing factors for the cohesion of a social group. This conclusion is actually a contradiction in itself: sociologically speaking, a society is healthy; psychologically speaking, it is mentally unhealthy and contributes to the development of mental illness. What is good for the survival of the society and what is good for the *mental health of the individual human being* are not identical, are often contradictory. Following this lengthy introduction, I will continue my search for characteristics of mental health.

#### **b) Attempts to define mental health**

(1) Initially, mental health can be comprehended as the *absence of psychological distress and symptoms*. A person in good mental health is someone who neither has fears nor compulsions nor a depressive lack of drive; he or she has neither a distorted perception of reality nor an inferiority complex nor psychogenic tension headaches; he or she must not always take center stage nor agonize for hours over the formulation of a single sentence. Nor requires medication or alcoholic beverages to feel good.

Is, then, a person mentally healthy who does not experience such psychological distress yet, whenever a close relationship begins to develop, takes refuge in work or breaks off the relationship? And what about the woman who cannot walk by a fashionable boutique without

buying something? The man who only experiences sexual arousal when looking at a naked child? And the young woman who is only erotically attracted to other women? The artist who always has to do everything perfectly and finds even the tiniest inaccuracy revolting? The housewife who is no longer able to keep up with her housework? The person regularly plagued by nightmares? Are such persons mentally ill or healthy?

What is the criterion with which we distinguish between unhealthy and healthy in the area of the human psyche? Is *subjective psychological distress* a reliable criterion? Definitely not. In addition to the symptomatic conditions of psychological distress the theories of mental illness also name, for example, perversions, which are not generally accompanied by subjectively experienced psychological distress, as well as symptomless illnesses, including character orientations; these are the most interesting for our topic today. Unlike a person suffering from an obsessive-compulsive *disorder* a person with a compulsive *character* does not suffer from his or her compulsiveness. On the contrary, he or she thinks it is absolutely right to distrust the remote control device for the car and double-checks to see if all four doors and the trunk are actually locked. There are many so-called ego-syntonic character orientations. They also include all the individual and social character orientations described by Erich Fromm. For all of these it always holds true that the persons concerned do not feel subjectively restricted by their often constrictive and dysfunctional character properties but, on the contrary, vehemently wish to realize them as being right and consistent for themselves (while their fellow human beings may greatly suffer from them).

(2) If subjective psychological distress is not a reliable criterion for the differentiation between mental illness and mental health, could *social destructiveness* possibly be the answer? The criterion of social destructiveness plays a more prominent role in criminology and in other areas of applied knowledge than in medicine and psychotherapy. Scholarly thought today generally restricts itself to the description



and establishment of connections, not to their evaluation. Not surprisingly, most scholars view the distinction between illness and health in social contexts skeptically. And—if we, for example, think of the Third Reich with its ideology of healthy Aryan individuals and a healthy Aryan race and its terrible consequences—quite correctly. The abuse of the categories of „health“ and „sickness“ with regard to societies, social minorities, races, nonconformists and other non-mainstream individuals, and strangers was and is even today too widespread to allow us to speak of a „healthy“ or „unhealthy“ society uncritically.

However, the concepts of social destructiveness and social constructiveness are not fully adequate as substitutes for the concepts „unhealthy“ and „healthy.“ Not everything that is socially destructive is unhealthy; otherwise, every strike and every revolutionary social development would have to be seen as something unhealthy. Above all, not everything that is not socially *destructive*, that is, not everything that is socially *constructive*, can be considered healthy. One of the largest blind spots in the use of the concepts social constructiveness respectively social destructiveness is the assumption of their exclusive practicability for the regulation of social life. In the process we tend to forget that even self-destructive behavior—for example, when someone neglects himself or herself, makes himself or herself dependent through addictive behavior, and endangers or ruins his or her health—almost always has socially destructive effects as well. We only need to recall how many families are destroyed by bankruptcy resulting from a buying compulsion or by alcoholism on the part of one of the parents and what self-destructive drug abuse or improper diet costs the entire society. If the concept of social destructiveness were to serve as a clarification for the definition of mental health and as a criterion for the differentiation between mental health and illness, it would have to be supplemented with the concept of self-destructiveness. This could only be done by seriously infringing on the civil rights and liberties and the private life of the individual person.

There is still another, crucial argument indicating why the concepts „social constructiveness“ and „social destructiveness“ are not overly appropriate for the more specific determination of mental health. The question here is what we choose to focus on: what is good for society and its stability, or what is good for the mental health of the individual. Correspondingly, the understanding of what constitutes social destructiveness will differ. To illustrate this on one example: a society which values competition and free enterprise requires people who enjoy rivalry and fiercely wish to surpass the others for its survival. If they act accordingly, their behavior is considered „socially constructive,“ while the behavior of „wimps“ and those avoiding all rivalry whatsoever is not suited for this system and is thus viewed as „socially destructive“ in a society based on competition.

The question arises, then, whether what a society needs to be successful is compatible with what the individual human being needs to be successful as a human being. Or, to put it differently, whether we can discover a criterion that is equally appropriate for judging both what is good for a society and good for the human being. As we have seen, neither the criterion of psychological distress nor that of social destructiveness is adequate here. Even if a person considers himself or herself to be mentally healthy and causes no harm to anyone else, these are by no means clear indications of mental health.

## 2. Recourse to human existence and the criterion of productive orientation

A common criterion for what is good for society *and* for the individual human being—according to Erich Fromm—can be found if we consider human existence together with the specific existential needs of the human being. The criterion can then be sought within everything that contributes to or impedes the growth of the human being (and not of a specific society) in conjunction with the satisfaction of his or her existential needs. As Fromm puts it: „The criterion of mental health is not one of individual adjustment to a given social order, but a universal one, valid



for all men, of giving a satisfactory answer to the problem of human existence.“ (*Ibid.*, p. 14)

In his argumentation Fromm has recourse to the concept of human existence. Under human existence he understands that all human beings must satisfy not only specific physiological needs (eating, drinking, sleeping) but always special psychic needs unique to the human being as well. He also calls these existential needs (since they are a part of what is existentially necessary for the human being). Such needs are the need for relatedness, the need for rootedness, the need for a sense of identity, the need for transcendence, and the need for a frame of orientation and an object of devotion. These needs must always be satisfied by every human being in every culture. Naturally, there are numerous possibilities for the satisfaction of these needs.

The various existential needs, however, specify little about their actual satisfaction. But they signalize the irrefutable situation of the human being: he or she exists in relatedness to reality, to himself or herself, and to others; he or she must experience himself or herself as rooted; he or she must develop a conception and value system entailing who and what he or she is or wants to be respectively does not want to be; he or she has an indisputable need to transcend his or her current situation, and finally, he or she must pose the question of the meaning of life for himself or herself, by creating a religious, spiritual, or ideological framework of orientation for himself or herself, and he or she has a strong need to actively commit himself or herself to a meaningful cause. These are all existential necessities in order to be able to live as a human being at all. Just as human existence is dependent on physiological necessities, namely, eating, sleeping, and reproducing, there are also psychic necessities that urgently demand satisfaction because every human being has such psychic needs.<sup>1</sup>

The fact that these psychic needs must be

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<sup>1</sup> These can be understood as structural preconditions, similar to the structural model of the superego, the ego, and the id, developed by Sigmund Freud, or the model of self and object representations of the psychology of self.

satisfied by all human beings does not, of course, answer the question *how* they are to be satisfied. The spectrum of possibilities is extremely broad, since every answer to the question of the need for relatedness, for example, is theoretically possible: an aggressive, disrespectful, competitive or a respectful, loving, caring, or a motherly, monopolizing, abusive answer, etc. Each of these responses is possible yet each has different consequences for the mental health of the human being. The question is, then, which forms of the satisfaction of needs promote and which impair mental health.

On precisely this question Fromm goes one step further, asserting that there is a primary inner tendency to choose the answers that promote mental health. Given, it is only a tendency, a basic inclination. It can be obscured by external influences and social demands or by traumatic circumstances, so that human beings may come to satisfy their psychic needs in a way that causes them to become mentally ill. The primary inner tendency is an intrinsic capability common to all living things, namely, to develop the individual potential for growth and to repel opposing forces if possible.

A comparison with the human body and a physical injury is useful here: as the human being grows, the human body develops its inherent possibilities—if at all possible unhindered. When an injury occurs, further physical development is contingent on the degree of injury. There are injuries which heal invisibly; others cause scars and disfigurement; serious injuries can damage the immune system and affect the dynamics of recovery so severely that adverse reactions and even other illnesses can follow.

In the area of the human psyche a similar dynamics is only present to a certain degree; here the possibilities for impairing or interfering with the primary tendency are far more diverse and far more frequent, and the psychic needs are much more contingent on the social environment and its offers of satisfaction. „If he [the human being] lives under conditions which are contrary to his nature and to the basic requirements for human growth and sanity, he cannot help reacting.“ (*Ibid.*, p. 19) Such reactions can include apathy, lack of initiative, hatred, and de-



struction as well as regression and fixations on earlier stages of development.

In the search for a criterion determining mental health, Fromm's insistence on the fundamental relevance of the problem of human existence—as opposed to conformity to what is socially desirable—includes the specific human needs as well as the primary tendency for the development of the psychic powers of growth. The satisfaction of psychic needs, too, is basically intrinsically determined by the tendency to seek such forms of satisfaction that allow human psychic growth and development and for this reason support mental health.

The criterion for the differentiation between mental health and mental illness, in Fromm's view, orients itself on the discovery of a viable answer to the problem of human existence. (To quote Fromm: "The basic needs stemming from the peculiarities of human existence must be satisfied in one form or other, unless man is to become insane, just as his physiological needs must be satisfied lest he die. But *the way* in which the psychic needs can be satisfied are manifold, and the difference between various ways of satisfaction is tantamount to the difference between various degrees of mental health. If one of the basic necessities has found no fulfillment, insanity is the result; if it is satisfied but in an unsatisfactory way—considering the nature of human existence—neurosis (either manifest or in the form of a socially patterned defect) is the consequence." (*Ibid.*, p.67)) It is present when human potential for growth is awakened. This is exactly what productive orientation means. With reference to the psychic need for relatedness, for example, Fromm outlines the nonproductive and productive answers as follows: „Man has to relate himself to others; but if he does it in a symbiotic or alienated way, he loses his independence and integrity; he is weak, suffers, becomes hostile, or apathetic; only if he can relate himself to others in a loving way does he feel one with them and

at the same time preserve his integrity." (*Ibid.*, p. 67)

By taking the existential necessities of the human being as a point of departure—what Fromm likes to call the „nature of the human being“—he comes to the conclusion „that mental health cannot be defined in terms of the 'adjustment' of the individual to his society, but, on the contrary, *that it must be defined in terms of the adjustment of society to the needs of man.*“ (*Ibid.*, p. 72) Nonetheless, society still plays a decisive role in the question of mental health and mental illness: „Whether or not the individual is healthy, is primarily not an individual matter, but depends on the structure of his society. A healthy society furthers man's capacity to love his fellow men, to work creatively, to develop his reason and objectivity, to have a sense of self which is based on the experience of his own productive powers. An unhealthy society is one which creates mutual hostility, distrust, which transforms man into an instrument of use and exploitation for others, which deprives him of a sense of self, except inasmuch as he submits to others or becomes an automaton.“ (*Ibid.*, pp. 72-73)

In this introduction to the conference topic „Productive Orientation and Mental Health“ I have attempted to discuss what is understood under mental health and what criteria can be used to distinguish mental health from mental illness. The criterion which Erich Fromm has suggested states that psychic productiveness and unproductiveness determine whether human beings are mentally healthy or unhealthy, independently of whether they consider themselves to be mentally healthy and socially normal. Everything that is directed toward promoting psychic maturity in the human being is the expression of a productive orientation. What this actually means in detail is the focus of the papers to be presented from various perspectives during the conference.