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Discussion of "Psychological Research and Mental Health"

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of the efficacy of a certain practice, I got the impression that this was somehow unique to the hospital setting.

Actually, I think the problem of "culture inertia" to various "engineering" changes is a problem common to those who would attempt to apply behavioral science to the fields of education, industry, etc., and not particularly unique to any single technology.

Dr. Knopf's comments relative to the small samples of patient population seem to be indicative of present concern over large samples of Ss. It would seem, however, that a case could still be made for the intensive systematic study of a relatively few cases, especially when these cases are necessarily difficult to come by. When some of the difficulties of studying psychotic behavior (especially obtaining any kind of reliable response measures) were mentioned, the present work by the Harvard group at Waltham occurred to me where it has been reported that operant response measures have been successful in about 80 per cent of the chronic population as compared to about 40 per cent with the standard clinical tests. I am very interested as to whether or not any such type of research is presently being attempted at Iowa City. It would seem to me that such procedures would appear to have a great deal of promise.

Once again, let me say that I enjoyed all the papers and I think we may well take pride in the amount and quality of active research represented today.

Discussion of "Psychological Research and Mental Health"

By LEONARD WORELL

Although the papers in the symposium deal with quite diverse topics, there are at least two points of similarity. First, it is apparent that all the participants felt somewhat uncomfortable about and restricted by the concept of mental health. This is, of course, understandably related to the absence of a clear definition of the term. Now, it seems to me that there are at least three ways in which the concept may be employed, two of which have been used by varying participants.

First, some seem to assume that we have a bad concept which defies definition, or that we more or less have some agreement among ourselves as to what we mean, or that a definition is unnecessary. Dr. Heilbrun appears to favor the latter by his statement that "all research has mental health implications" which I believe encompasses more research than I would be willing to concede, while Dr. Otis seems to lean in the direction of a rough consensus existing among ourselves, about which I also have considerable reservation. Aside from specific disagreements, however, it is my belief that what this amorphous approach to mental health represents is the convic-

tion that even if we formulated a definition, this would not in the least affect the research which is being performed. The principal emphasis appears to be on the doing of research and on making predictions of behavior, and whether the research holds implications for mental health is of a distinctly secondary importance. This, of course, does not diverge from the aims of the animal researcher, as expressed by Dr. Otis, who is primarily concerned with the effects of conditions on animal behavior with human implications being of ancillary significance. This resulting research orientation makes much sense to me in that a stress is centered on the examination of phenomena having implications for the understanding of organisms rather than a more narrowly defined, albeit socially important, area.

This position, however, is not an easy one for many to adopt, particularly those who are continually confronted with individuals who need understanding and treatment. This group feels the need to make some decision about what constitutes mental health or its absence. Therefore, a partial solution is forged by accepting more or less traditional classificatory schemes as indicating an absence of mental health. Now, the fact that diagnostic groupings, as Dr. Knopf has pointed out, are unreliable is neither news nor surprising. What is surprising, perhaps, is that research in great quantities is still directed toward making attempted differentiations among these unreliable events. It would seem that more useful results might be anticipated by adopting alternative tactics, some of which have been suggested here. The recent increasing interest in the behavior of disturbed persons in more or less traditional laboratory situations, as indicated by Dr. Knopf for the phenomenon of generalization and Dr. Cohen for verbal learning, is certainly provocative. Despite inconsistencies in labeling procedures, a number of consistent findings seem to be emerging in these situations. The major importance of this work, I feel, is that we are gathering knowledge of behavior in situations about which we know more than any others in psychology. Consequently, despite our knowing our subjects imperfectly, we do know the situations.

More pertinent to mental health, however, is the research presented by Dr. Otis which does suggest at least one alternative to the diagnostic impasse. That disturbed individuals are frequently responding to stimuli different from those to which non-disturbed ones respond seems to be supported by considerable observation. Aside from drive stimuli, which was suggested, the person also is responding to thought stimuli, body stimuli, etc. We have, however, only scratched the surface in terms of making predictions with these non-apparent stimuli and associated responses. It seems feasible though, following the lead of drive stimuli, to define characteristics of abnormal individuals more narrowly, somewhat along the lines suggested by Wittenborn and Lorr, and to determine the relationship

of these narrowly defined behavior groupings to other behaviors or antecedent conditions. For example, it is possible to distinguish patients on some content characteristics—some are cooperative, others are not, suggesting the development of defenses against responding to people—or more broadly conceived, disturbed individuals may respond to different kinds of reinforcements than do the mentally healthy as implied in Dr. Cohen's paper. Still within the same vein, patients might be differentiated according to delusional content—some have delusions centering around physical complaints, others around intellectual functioning, and so on. It would seem possible to make predictions of facilitation or inhibition of performance in a variety of situations using these descriptions. Basically, what I am suggesting is that greater advances may be made toward understanding mental health by focusing on more narrowly defined response networks and non-apparent stimuli.

A third approach which seems most positively oriented toward mental health is one which attempts to define the term. I don't think that many would disagree with me in the assertion that when we are talking about mental health we are essentially referring to adjustment. And yet, despite a profusion of writings on adjustment, no one has successfully integrated adjustment within a systematic, theoretical orientation. Bordering as it does on the area of values, this is somewhat understandable. Aside from theory, however, we have not even had a systematic experimental attack on the concept. In order to discuss research having mental health implications, we should have some empirical understanding about what we are making implications. In recently reviewing the literature on adjustment, my impression was that two general definitions seem to cover the variety of what has been said. It has seemed that either a personal definition or a social definition of adjustment, or a combination of the two, has been adopted. There has, however, been a dearth of research examining the nature of each, not to mention the investigation of the relationship between these approaches. Without this type of information, the alternative is simply to do research and leave the implications to the more venturesome.

A final point of similarity which is quite heartening is that research is being conducted thoroughly within relatively confined areas. It seems to me that there are two ways of unifying material with regard to mental health—through theory or research. We do not have a sufficiently comprehensive theory as yet, so that research must carry the burden. A number of the participants have indicated the extension and pursuit of a given problem—rather than haphazard—single study here—a different one there—approach frequently found. I think it is apparent that a firmer and broader body of knowledge is gained by having the individual or group that has nursed and is immersed in a problem develop it further.