



Creative Health and the Principle of Habeas Mentem

FILLMORE H. SANFORD, Ph.D.

Many will note and frequently recall this prophetic phrase, "there will be more education and less priestly mandate, more advice and less control, more consultation and less prescription, more facts and fewer arcane pronouncements."

✱ My first reaction to the question, "where are we going in public health?" is a feeling of very considerable pride that I, if only through the desperation of your program committee, am included temporarily in the "we." I am aware, of course, and gratefully so, that public health people, because of the nature of their concerns and the magnitude of their aspirations, do not often use "we" with the exclusiveness I have just implied. The best thing I know about the profession of public health is that when it says "we" it includes all mankind. As a beneficiary of your vision and of your accomplishments I can say loudly, both as a comforting prediction and as an expression of faith, "Whither thou goest, I will go."

But neither faith nor comfort can prevent an American citizen from telling his betters exactly how to run their business. During the next few minutes I want to trace out what seems to me some significant long-term trends in our society; then, descending a bit from these clouds, I hope to talk about some general implications for human welfare; and finally, I will put together some hesitant declarative sentences about ways in which the public health profession might, if its pooled wisdom dictates, bring itself to confront what may turn out to be the coming century of the psychological man.

My diffidence, which I will try to handle sometimes by apology and sometimes by making statements with spectacular assurance, now leads me to tell

Dr. Sanford is executive secretary, American Psychological Association, Washington, D.C.

This paper was presented before the Association Symposium at the Eighty-Third Annual Meeting of the American Public Health Association in Kansas City, Mo., November 14, 1955.

you that I am equipped for the task I have chosen by virtue of the fact that I read the papers, I have regular contact with Washington taxi drivers, and I have recently paid a visit to the largest crystal ball in the world, now housed in the Smithsonian Institution. And I am opposed to disease. You will also see that my few years of involvement with the strange, young, and burgeoning profession of psychology will introduce some biases — sometimes charitably labeled perspectives—into my paragraphs.

Now—off to the clouds! I want to attempt the delineation of four major trends in our changing culture, four trends likely to affect the way life is lived in 1975 and likely to have significant implications for any who choose to concern themselves with the advancement of human welfare.

1. There will be increasing freedom from drudgery. Atomic power is coming. Automation is coming. The four-day work week is not far off. The guaranteed annual wage is at least partially here. Leisure replaces drudgery, and a worry about the second loaf of bread gives way to a worry about the second television set.

2. There will be an increasing freedom from the major killing diseases. It is already true that anyone who personally remembers typhoid or smallpox or yellow fever is as "dated" as anyone who remembers Theda Bara or Caruso. One is not being too starry-eyed to expect that we will, in the foreseeable future, be able barely to remember many of our chronic as well as our communicable diseases.

3. There will be an advancing level of general education. There has been a tremendous increase in the proportion of our population graduating from high school and from college. And there has been an increasing flood of educative material pouring into American homes through radio, television, magazines,

and newspapers. We can expect the average man of 25 or 50 years from now to know much more about his world and about those aspects of it having a direct bearing on his own welfare.

4. There will be an increase in scientific knowledge of the world, perhaps particularly about the world of human behavior. The progress of science seems to be geometric—it snowballs! The more we know, the more we are equipped to learn. In the next 25 or 50 years we can expect natural science to open up new worlds to us—and that may not be a figure of speech. Perhaps equally geometric and at least equally startling will be our progress in the scientific knowledge of human behavior. Fifty years from now such primitive notions as the unconscious, conditioning, and the I.Q. will be old hat and we will be contending as best we can with newer ways of making better predictions about human behavior.

These general developments, which we can abbreviate as trends toward freedom from drudgery, freedom from disease, and freedom from ignorance, seem to have a degree of genuine validity. If so, it is extremely likely that the world of health and welfare is in for some very genuine evolution.

Relying again on enumeration, let me set down three statements about problems or challenges or—more neutrally—developments, that will confront those who concern themselves with the health and welfare of human beings. After making these three skeletonized statements I will come back to put what meat I can on each of them.

There will be an increased, and an increasingly effective, concern for positive—or perhaps better—creative health.

There will be increasing pressure for the human welfare professions to change the character of their roles.

There will be an increasing, and increasingly effective, concern with the psychological welfare, or the behav-

ioral health, of the human individual.

Each of these lower order trends is tied in its own way to the four trends enumerated earlier. Perhaps it is best, however, in view of the level of fantasy at which we are operating here, not to encumber ourselves with either attempted logic or the tracing out of sequences. Let me instead take each of these three points and belabor it a little.

Creative Health

The history of man's dealing with his own health can be talked about, if one is not too picayune about standards of scholarship or the need for precise definitions, in terms of four delineable phases. The first of these we might call the phase of passive acceptance. At one time, in his ignorance and in his engrossing preoccupation with the diurnal grimness of survival, the most man was able to do about his health was to reconcile himself as gracefully as possible to its imminent cessation. We need not concern ourselves here with the ways early man—and some not so early—went about achieving his comfort in the face of the grim inevitabilities. Since we are not entirely out of this phase and since none of us expects to live forever, we can examine our own behavior and find there some time-tested mechanisms for achieving a dignified if not a comfortable meeting with death. A second phase is the phase of cure. As knowledge gradually advances and as there are available resources for applying it, man learns to patch himself up after he has been victimized by some force of nature. I need not dwell on this phase either, since each of you is a better medical historian than I, and since each of us has had personal experience, upon occasion, with this phase of health history.

Phase three, the phase of prevention, comes as we learn more about the causes of debilitation and as there are more people around—professionals and

otherwise—who can take an active hand in developing human well-being. In the last few decades, to speak in strictly chronological terms, our society seems to have made great progress into and through the phase of cure and into the phase of prevention. For this progress the profession of public health, and the American Public Health Association as its effective mechanism, can take as much pride as needed to keep its morale high. Now for phase four—the phase of creativity. Though we are not yet entirely passed through the phase of passive acceptance, and only really beginning to move from cure into prevention, there seem to be around a number of signs that the phase of creative health will soon be upon us. Knowledge is advancing and its advance seems to be more geometric than arithmetic. Society, at least in peacetime, is willing to devote more and more of its resources, human and otherwise, to the advancement of human welfare. As we gain freedom from ignorance, from drudgery, and from the great killers, we will gain the knowledge and the energy necessary to explore the limits of man's creativity and vitality, to find means whereby every man cannot only avoid disease and debilitation but can rise to his own best level of energy and vigor, of spontaneity, of creativity, of enjoyment.

As we gain greater knowledge, as that knowledge is more widely shared, as we have more time and energy available to us after mere survival is achieved, and as we are required to devote less energy to mastering the chronic and communicable diseases we may face the need for a new concept of health. My own fantasies say that health will become somewhat less a matter of urgency and more a matter of thoughtful organized planning. It will become less a matter of life and death and more a matter of really living. It will become somewhat less a matter of structure and somewhat more a matter of function. We will be

less concerned with maintaining sufficient health to stay out of bed, to keep up productivity, to pass as normal, and more concerned with maintaining such a level of vitality that each human individual can have the best of all possible chances of pursuing, at his own unique and individual peak of effectiveness, the great adventure of living.

Between these lines you can see creeping in my own feeling that we will move also toward serious and increasingly effective attention to the psychological or behavioral vitality of the human being. I wish to return to this topic a little later. You can also see in and between my sentences a tendency to think in terms of the welfare of the individual rather than in terms of health as a community or public matter. Let me state my underlying assumption, which you may or may not share, that when many individuals in a community are confronting the same problem, that problem is a community problem. And I would argue that if chronic disease is a public health problem, so is chronic vitality.

Changing Role of Professions

My general thesis here, firmly unsupported by fact, is that along with the trend toward creative health we are due to see what we might call a democratization or secularization of the health and welfare professions. As people less frequently encounter life-and-death urgency in the area of health and when people possess more general knowledge about the problems they do encounter, there will be a reduced inclination to let professional people plant themselves on priestly pedestals or to play the role of magical fixers.

Already we can see many signs among the more educated segments of society of a hostility to the expert who plays his role directly. To my mind the future will bring increased pressure

on teachers, lawyers, physicians, dentists, psychologists, engineers—and on Indian chiefs, too—to work out a somewhat revised professional role. The ignorant and dependent man with an urgent problem gives himself gladly, body and soul, into the hands of an expert who can solve his problem. And the more God-like the expert, the greater the comfort in the dependency. On the other hand, an informed and independent man with a nonemergency problem will not take gracefully to the magical fixer, whatever the label in the fixer's professional hat. Such a citizen—and his tribe will increase—wants to solve his own problems in his own way. He wants a highly competent expert to give him information rather than preformed answers. He wants facts and cues about alternative ways he can interpret them. He will be resistant to prefabricated solutions handed him on a ritualistic platter. He wants to make his own decisions about his own welfare. And once he makes his own decision he will be much more inclined to act on it than on decisions handed down from above.

In the years ahead all the health and welfare professions will have to move along a road already being explored by public health. Down this road there will be more education and less priestly mandate, more advice and less control, more consultation and less prescription, more facts and fewer arcane pronouncements.

In this general connection let me describe what seems to be the evolving and necessary professional role of the psychologist. Psychology, by its nature, is a relatively strange profession, but a look at the psychologist's relation to those he serves may have some value as an illustration of something. And it may be a welcome variation, about now, for the speaker to walk a bit in his own yard rather than roam the random countryside.

It seems to me vitally important that the psychologist behave neither like the physicist nor like the physician. If this advancing young science and this bustling young profession is not to miss its own boat and fail to make its best contribution to the human enterprise, it must find its own way of advancing its own science and of rendering its own unique professional services.

The psychologist—when he adopts a service role—deals almost exclusively with problems falling over toward the creative end of the four-phase continuum we have talked about. At least most of the time the problems are non-emergency, though they may appear very urgent to the person who suffers them. He deals with problems of behavior, and it seems to be in the nature of things that behavioral problems must be solved by those who behave—human beings. Some day it may be possible to solve problems of learning or perception or emotional chaos or leadership or morale through the administration of wonder drugs, but it seems highly improbable. The behavioral problems of an individual, the management problems of an administrator, the military problems of a general, the child-rearing problems of a parent, the educational problems of a teacher—all must be actively dealt with by the individual, the administrator, the general, the parent, and the teacher. The psychologist can be useful to each of them. He can, through calling on his technical knowledge or through conducting tailor-made research, give them facts relevant to the problem. And what is often more important, he can give them alternative ways of viewing the problem, of casting it into manageable terms. He can serve as a technical resource, feeding carefully selected and skillfully presented input into the integrating and decision making mechanisms of another human being. And, too, he can be a mighty instrument whereby the client learns the

client's way through the client's problem.

He cannot apply magical formulas, administer drugs, assume control, solve problems, or make decisions for another human being. He cannot assume complete responsibility for another human being unless that human being is patently unable to assume responsibility for himself. He must most often be responsible to, not for, a person. The person he serves is not a patient, sitting quietly while something is done to him, but a human being who is an independent entity—or capable of becoming so—a human being who has the potential of being his own best expert on his own behavioral problems.

The psychologist's role, then, is close to that of the teacher. He is, in a way, a translator of behavioral science, busy finding ways to take knowledge out of science and put it into the nervous systems of all who can profit by that knowledge. In the realm of behavioral health—or behavioral vitality—he is something of an exponent of the do-it-yourself movement. Of course, I am oversimplifying things here and perhaps saying them awkwardly, too. Anyone who has been involved on either end of a course of psychotherapy will recognize as very shallow the description I have given of that enormously intricate process. But shallowness is by no means total inaccuracy.

Psychotherapy, like consultation, is teaching and learning. The client must learn his way out of his problem and into independence. He must control himself, make his own decisions, be his own boss, run his own life. He must not learn long-term dependency on the counselor. The counselor, through the subtle application of knowledge and skill, helps the client free himself, forever, from counselors.

Not very well hidden in this description of the psychologist's professional relation with other human beings is an implicit thing that might well be called

the principle of *habeas mentem*—the right of a man to his own mind.* In our system of justice we have, by building the principle of *habeas corpus* into precept and precedent, protected the right of a man to his own body. In the coming years, in order to keep our experts from imposing their own ideas and values on the not-so-expert, we may need to weave into all codes of professional conduct the principle of *habeas mentem*. This principle becomes more and more important, it seems to me, as we devote more and more professional skill to the solution of nonemergency human problems. And it takes on great significance as the potency of ideas approaches that of drugs.

Before letting go of the tail of my fantasy about the role of the psychologist, let me make two more brief points that seem to have relevance for the partnership of psychology, and perhaps of other professions, with a supporting society. First, I would say that the idealism creeping into my description, an idealism emphasizing brotherly giving rather than fatherly fixing, is a realizable ideal for a profession only so long as that profession is firmly rooted in an ongoing science. If the creators of knowledge are continually creating, he who translates knowledge into utility has a continuing and changing job. He can freely give away knowledge because tomorrow he will have more and better knowledge. If there is no advancement of knowledge, the professional person, for his own survival, will feel the pressure to keep secrets, to hoard technics, to protect his position of power, and to cultivate dependency.

A second point is this. It seems a practical necessity for psychology to

take definite steps to insure that technical knowledge about human beings is made widely available to human beings. Knowledge is power. Those who have knowledge are perceived as powerful. Powerful people are always potentially threatening people. All knowledgeable people in a society, particularly in an informed and democratic society, must take steps to convince society that the power of knowledge will be used for the public good. The best long-term way to insure that power will be used for the public good is to invest the power in the public. The power of knowledge can be invested in the public through the free and effective dissemination of knowledge.

The above sentences, while they relate initially to psychology, deal with knowledge in general. Perhaps they have some meaning for professions in general. They seem to me to have particularly salient meaning for psychologists because knowledge of human behavior has—or at least is publicly perceived as having—very tremendous power. If the psychologist or any other behavioral scientist is seen as hoarding his knowledge he will become a serious threat and will be the victim of hostility—probably justified. Already, even with his small knowledge of human behavior and even with his inherent readiness to tell anybody more about this knowledge than anybody wants to know, the psychologist is the object of considerable suspicion. Both as a scientist and as a professional person, he must take steps to insure that knowledge of people is knowledge for people. This to my mind is a very practical consideration. But in it, mundane practicality coincides with the values of democracy, the traditions of liberal education and our deep belief in the infinite worth of the independent human individual. I will not talk more about the profession of psychology or about behavioral science in society. If there is a point here for public health

* The term *habeas mentem* was first used, as far as I know, by George Kelly in an informal presentation at the 1955 Annual Meeting of the American Psychological Association.

you already have seen it more clearly than I can articulate it.

But one more general point on the role of professions. In the long run we can count on it that our dynamic culture will change and that there will be changing demands on all professions. The sort of changes I have talked about may be the veriest of fantasy, but some change will occur. And there is some point in asking about the general ability of the profession of public health to change with the times. While no one possesses either the knowledge or the concepts to diagnose the flexibility and viability of a profession, I hope that you have the wisdom to continue in the coming years to grow and change in such ways as will let you make your greatest contribution to mankind. Some institutions appear to have a built-in readiness to evolve. Democracy itself is such an institution. Other institutions ossify. They come into being as mechanisms to serve a social need. They do serve for a while. But after a while they seem to become more interested in their own survival than in serving their purposes. They reach a stage in which theories become dogma, pioneers become old fogies, yesterday's solutions are rigorously imposed on today's problems, and society is berated because it has not the sense to be served in the way it ought to be. Such an institution, though it may show remarkable tenacity, will eventually disappear, whatever pious noises are made about its traditions and its sanctity. How does an institution avoid encrustation and eventual death? I wish I knew, but I do not. But I somehow have a faith that the profession of public health has sufficient vigor and viability now to build into itself, in ways its own wisdom will dictate, mechanisms for perpetual evolution. As one with an investment in the future of public health I need such a faith and am comforted by the fact that I have it.

Increasing Concern with Behavioral Health

Most generally, when we speak of health, we speak in terms of the body. And we think of a healthy body as one able to stay out of bed and perform at some moderate level of effectiveness its daily chores. I have, with temerity, predicted that in an era of creative health we will not be satisfied to think of health in terms of the body's ability to operate at a moderate level of effectiveness. We will start thinking about ways in which the body can function at its own built-in best. And along with this change in our level of aspiration for the body will come, it seems to me, an increasing desire to have every human being characterized by behavior of creative vitality. We will worry if the individual's pattern of behavior shows disorganization, debilitation, disruption. We will worry about all those who fail to live up to their own capacity, who have healthy bodies but do not use them to their own satisfaction, who are admirably equipped for physiological survival but who do not achieve psychological vitality.

Already there is afoot a very significant and visible mental health movement. We are successfully directing public attention to the "nation's number one health problem." We are trying to recruit and train a vastly increased number of professional people to help us deal with mental illness. The national and state governments are pouring millions of dollars annually into mental hospitals and into programs of research and training. Society has recognized mental health as a problem and has begun to marshal resources to do something about it.

The mental health movement is presently characterized by a focus on the 700,000 people in our mental hospitals. In terms of the four phases enumerated earlier, we have moved out of passive

acceptance and into the phase of cure. We will be in this phase for some time, probably, because we have not yet learned very effective or economical ways to cure mental illnesses. Better cures will be found as we continue our stepped-up programs of medical and behavioral research.

There are also obvious signs that we are moving into the phase of prevention of mental illness. Both professionals and laymen talk more and more often about the 7,000,000 living Americans who may be future candidates for admission to our mental hospitals. And occasionally we hear a kind word said for the 70,000,000 or more Americans who may not be living up to their own best psychological snuff, who are tied in emotional knots, who cannot handle well their vocational or marital or child-raising problems, who somehow get along in life but in a limping, low octane way which they do not like at all. The creative phase seems not too far away.

As a matter of fact, if we look outside the realm of official and professional dealings with health, we may become convinced that the creative phase is upon us. Parents and teachers and ministers by the tens of millions are already actively involved in attempts to promote creative behavioral health—or creative behavioral vitality. A pervasive trait of our culture has come to be a belief that the human personality does indeed grow, that it has the capacity to achieve both happiness and maturity. We all raise our children and teach our students and even interact with our neighbors in ways we feel will help them become good, healthy personalities. Our efforts are characterized by good will and hostility, wisdom and ignorance, common sense and bigotry. But the efforts go on. Our belief in the inherent worth of the human individual, our refusal to accept a deterministic philosophy of life, and our high standards of living make it possible if not

inevitable that we turn our energies to the achievement of behavioral vitality for every individual.

In a sense, then, the layman is far ahead of both the professional and the scientist in the area of behavioral health. There seems to me good reason to believe that, barring major economic or social upheaval, the public will go right ahead with its varied and highly motivated attempts to produce personalities characterized by maturity and vitality. Such a situation seems to me to present exciting and potentially explosive possibilities.

There very probably will be a continuing and expanding support for scientific research on the behavioral sciences. There will be an increase, perhaps geometric, in the scientific knowledge of human behavior. There will be an increasing demand for professional people to serve as middle-men between the scientist, who is the creator of knowledge, and the ordinary citizen who is the consumer and applier of knowledge. Actually, these sentences should not be phrased in a future tense for the trends are upon us. In psychology, for example, the level of research effort in all fields has increased mightily in the last decade. The body of hard scientific knowledge about human behavior, though still small, has grown. The membership of the American Psychological Association has increased from less than 3,000 in 1940 to more than 14,000 in 1955 and is still growing. The average American citizen, through formal education and mass media of communication, has easy—some think too easy—access to the facts and theories of psychology. There is a reality already here—a grim reality to some who basically disapprove of letting man learn too much about man, but an exciting reality to others who see a hope that behavioral science and life will overtake nuclear science and death.

Does all this have anything to do with health? Probably not, if we find it best to keep the concept of health encapsulated in its present semantical bindings. Probably not, if the concept of health needs to carry on its back the present related concepts of "patient," of the "doctor-patient relationships," and "total responsibility." These health concepts, so vitally necessary in the realm of urgency, may have a straight-jacketing effect on our attempts to solve the problems of creative health, particularly the problems of creative behavioral health. Coming concerns and coming opportunities to advance welfare should not and cannot be avoided on the grounds that they do not fit into existing conceptual pigeon holes or into existing institutional niches.

It seems desirable, and probably inevitable, that we either will need to revise our concept of health or find entirely new concepts to deal with the strange and challenging things that are coming.

Does all this have anything to do with public health? I do not know, but I hope so. I have the impression that the profession of public health, even though it has people in it, is less likely than most professions to achieve ossification, more likely than most to maintain its tradition of avoiding any paralytic effects of tradition. And I have the impression that the values and aspirations of public health equip it more than most professions to assume a leadership in the movement toward creative health and behavioral vitality.

Before concluding this perilous journey through the clouds, I would like to make one additional point. I would feel disloyal to my 14,000 employers in the Psychological Association if I did not engage in just a little bit of guild building by suggesting to you that psychologists of today can be of considerable use to you today as you go about your business. Most of you

spend a tremendous part of your professional day dealing with human beings. You deal with them in the light of your own theories of motivation, of learning, of group processes. You formulate hypotheses about the best ways to achieve a certain desired effect and, in essence, you conduct experiments to see how your hypotheses hold up. On the basis of your views about human behavior and what makes it tick, you decide on courses of action. You carry them out and you gather evidence about how they work.

In this respect you are doing pretty much what the psychologist does. But the psychologist may have some knowledges and skills to help you do it better. The psychologist will not have the skills or experience or the wisdom to make the decisions you make or to carry out the programs you design. But he can feed into you some facts and some alternative points of view—some enlightened confusion, I like to call it—which may be of assistance to you. And you may call upon his research skills to help you design your programs and to evaluate their effectiveness.

I have a strong suspicion that there now lies on library shelves a good deal of material in psychology—and in other behavioral sciences—that could, if somehow made properly available, be of genuine usefulness to you. Somehow it just lies there, immobilized in generalizations and hidden by a screen of technical language. This material needs to be put into such a form that you could tell whether or not it has relevance for you.

Perhaps the research people themselves could do more to bring their knowledge out from under the bushel. But this is probably an unrealistic hope. Research is a very full-time job, requiring highly unique skills. The job of translating is also a full-time job, requiring other unique skills. Perhaps the best way to examine the utility of

behavioral science in the ongoing programs of public health is the way public health itself is going about it. You have taken into your field a number of psychologists, you are teaching them your problems and you are seeing if they can turn their skills to the achievement of your own ends. Personally, I think these people will be useful to you. I think they already are being useful. The personnel and testing project in the APHA central office (the Professional Examination Service), for example, seems to me to have significant utility. So do the varied studies now in progress in the Behavioral Studies Section and in other places in the Public Health Service. Some of you know of this

applied research. Many of you will hear of it. In this general connection let me say that the newly formed Joint Committee on Behavioral Science in Public Health is both an encouraging indicator and a mechanism whereby the behavioral scientists and the profession of public health may profit through a joint look at common problems and shared goals.

In conclusion—at long last—let me express to you my gratitude that you exist, and my very warm hope that wherever you go in public health, you will find both the direction and distance to your liking. My impressions of you lead me to the belief that humanity will be well served if your values are advanced and your aspirations realized.

Training Courses for Diabetes Workers

A series of four courses in various aspects of diabetes is being offered in 1956 for the fourth consecutive year in its Boston Diabetes Research and Training Unit by the Public Health Service. Patient education, nursing, clinical, community, and nutritional aspects of the disease will be discussed.

Each course of five full days is limited to a small group of from 12 to 20. There is no tuition and information on living arrangements is provided when application is received.

The courses with their dates, the group designed for, and the limitations as to number follow:

Patient Education in Diabetes, February 27–March 2—“for those concerned with individual and group instruction of persons with diabetes.” Twelve persons

Nursing Aspects of a Diabetes Program, March 19–23—“for nurses who work in official and non-official agencies . . . hospitals . . . clinics, schools, and industry.” Fifteen persons

The Clinical and Community Approach to Diabetes, April 23–27; October 1–5—“for professional workers . . . interested in diabetes programs.” Twenty persons

Nutritional Aspects of a Diabetes Program, May 21–25—“for dietitians and nutritionists in public and private health agencies, clinics, hospitals and other institutions.” Fifteen persons.

Address applications and inquiries to the Public Health Service, Diabetes Field Research and Training, 639 Huntington Ave., Boston 15, Mass.