

# The Concept of a Healthy Individual

---

*A talk given to the Royal Medico-Psychological  
Association, Psychotherapy and Social  
Psychiatry Section, 8 March 1967*

---

## **Preliminaries**

We use the words 'normal' and 'healthy' when we talk about people, and we probably know what we mean. From time to time we may profit from trying to state what we mean, at risk of saying what is obvious and at risk of finding we do not know the answer. In any case our standpoint moves on with the decades, so that a statement that suited us in the forties might seem to serve us badly in the sixties.

I shall not start off with quotations from those authors who have dealt with this same subject. Let me say at once that I have derived most of my concepts from those of Freud.

I hope that I shall not fall into the error of thinking that an individual can be assessed apart from his or her place in society. Individual maturity implies a movement towards independence, but there is no such thing as independence. It would be unhealthy for an individual to be so withdrawn as to feel independent and invulnerable. If such a person is alive, then there is dependence indeed! Dependence on mental nurse or family.

Nevertheless, I shall study the concept of the health of the *individual*, because social health is dependent on individual health, society being but a massive reduplication of persons. Society cannot get further than the common denominator of

individual health, and indeed cannot get so far, since society needs must carry its unhealthy members.

### **Maturity at Age**

In terms of development it can be said that health means maturity according to the maturity that belongs to the age of the individual. Premature ego development or premature self-awareness is no more healthy than is delayed awareness. The tendency towards maturation is part of that which is inherited. In a complex way (which has received much study) development, especially at the beginning, depends on a good-enough environmental provision. A good-enough environment can be said to be that which facilitates the various individual inherited tendencies so that development takes place according to these inherited tendencies. Inheritance and the environment are each external factors if we speak in terms of the emotional development of the individual person, that is to say, of psychomorphology. (I have wondered whether this term could be used instead of the clumsy use of the word 'psychology', prefixed by the word 'dynamic'.)

It can usefully be postulated that the good-enough environment starts with a high degree of adaptation to individual infant needs. Usually the mother is able to provide this because of the special state she is in, which I have called primary maternal preoccupation. Other names have been given to this state, but I am using my own descriptive term. Adaptation decreases according to the baby's growing need to experience reactions to frustration. In health the mother is able to delay her function of failing to adapt, till the baby has become able to react with anger rather than be traumatized by her failures. Trauma means the breaking of the continuity of the line of the individual's existence. It is only on a continuity of existing that the sense of self, of feeling real, and of being, can eventually be established as a feature of the individual personality.

It is at the begin  
world, that hea  
vidual alone. I  
healthy child i  
make no sense  
to make an obj  
able to be clear  
between the s  
psychical rea  
vironment.

I am refer  
lives in a sub  
give each inf  
A living rela

The facilita  
adaptive to  
part of the  
functions s  
function of  
becomes o  
Principle v  
child. Her  
the enviro

In the fi  
would ne  
ment acc  
zones. T  
starting  
primaci

### Infant-Mother Interrelationships

It is at the beginning, when the baby is living in a subjective world, that health cannot be described in terms of the individual alone. Later it becomes possible for us to think of a healthy child in an unhealthy environment, but these words make no sense at the beginning, till the baby has become able to make an objective assessment of actuality, and has become able to be clear about the not-me as distinct from the me, and between the shared *actual* and the phenomena of personal psychical reality, and has something of an internal environment.

I am referring to the two-way process in which the infant lives in a subjective world and the mother adapts in order to give each infant a basic ration of the *experience of omnipotence*. A living relationship is involved, essentially.

### The Facilitating Environment

The facilitating environment and its progressive adjustments adaptive to individual needs could be isolated for study as a part of the study of health. Included would be the paternal functions supplementing the mother's functions, and the function of the family with its more and more (as the child becomes older) complex manner of introducing the Reality Principle while at the same time giving back the child to the child. Here, however, my aim is not to study the evolution of the environment.

### Erotogenic Zones

In the first half century of Freud any statement of health would need to be made in terms of the stage of id-establishment according to the successive predominance of erotogenic zones. This still has validity. The hierarchy is well known - starting with oral primacy, followed by anal and urethral primacies, and then followed by the phallic or 'swank' stage

(the one that is so difficult for girl toddlers), and finally by the genital phase (three to five years) in which the *fantasy* includes all that belongs to adult sex. We are happy when a child fits in with this blueprint for growth.

Then in health the child reaches the characteristics of the latency period, in which there is no forward movement of id-positions and there is but sparse backing to id-impulse from the endocrine apparatus. The concept of health here is associated with the existence of a period of teachability, and in this period the sexes tend rather naturally to segregate themselves. These matters have to be mentioned, because it is healthy to be six at six and ten at ten.

Then comes puberty, usually announced by a prepubertal phase in which a homosexual tendency may perhaps manifest itself. By the age of fourteen the boy or girl who has not stepped over into puberty may be inherently, and *in health*, thrown into a state of confusion and doubt. The word 'dol-drums' has been usefully applied here. Let me emphasize that it is not illness when a mid-puberty boy or girl flounders.

Puberty comes both as a relief and as an immensely disturbing phenomenon, one that we are only just beginning to be able to understand a little. At the present time boys and girls at puberty are able to experience adolescence as a period of growth in company with others in the same state; and the difficult task of sorting out what belongs to health and what belongs to illness in adolescence belongs to the post-war era in particular. The problems are, of course, not new.

One can only ask for those who are engaged in this task to put the emphasis on the solution of the theoretical problems rather than on the solution of the actual problems of the adolescents, who may, in spite of the inconvenience of their symptomatology, be best able to find their own salvation. The passage of time has significance here. The adolescent is not to be cured as if ill. I think this is an important part of the statement of health. This is not to deny that there can be illness during this age period when adolescence is due.

Some ado  
to offer no h  
theirs is the  
parate phen  
changes, th  
ideals and  
sionment al  
seems to be  
and of infir  
leave this s  
feel real, to  
From being  
and this is

We need  
difficulties,  
and indeed  
that late ac  
adventure,  
lescence to  
hood and  
good to wa  
synonymou  
area of conf

If we pr  
section star  
ego psych  
puberty ca  
equivalent  
already a fe  
the age pre  
girls at pub  
drives are  
being, wit  
achieving a  
to ride the

Maturit  
genitality t

Some adolescents suffer greatly, so that it is almost cruel to offer no help. At fourteen they are commonly suicidal, and theirs is the task of tolerating the interaction of several disparate phenomena – their own immaturity, their own puberty changes, their own idea of what life is about, and their own ideals and aspirations; add to this their personal disillusionment about the world of grown-ups – which for them seems to be essentially a world of compromise, of false values, and of infinite distraction from the main theme. As they leave this stage, adolescent boys and girls are beginning to feel real, to have a sense of *self* and of *being*. This is health. From being comes doing, but there can be no *do* before *be*, and this is their message to us.

We need not encourage adolescents who have personal difficulties, and who tend to be defiant while still dependent, and indeed they do not need encouragement. We remember that late adolescence is the age of exciting achievement in adventure, so that the emergence of a boy or girl from adolescence to the beginnings of an identification with parenthood and with responsible society is something that is good to watch. No one would claim that the word 'health' is synonymous with the word 'ease'. This is specially true in the area of conflict between society and its adolescent contingent.

If we proceed we begin to use a different language. This section started in terms of id-drives and ends up in terms of ego psychology. It is a great help to the individual when puberty can bring a potential for male potency and for the equivalent in girls, that is to say, when full genitality is already a feature, having been reached in the reality of play at the age preceding the latency period. Nevertheless, boys and girls at puberty are not deceived into thinking that instinctual drives are all, and in fact they are essentially concerned with being, with being somewhere, with feeling real, and with achieving a degree of object constancy. They need to be able to ride the instincts rather than be torn to pieces by them.

Maturity or health in terms of the achievement of full genitality takes on a special form when the adolescent changes

over into the adult who may become a parent. It is convenient when a boy who wishes to be like his father is able to dream heterosexually and to perform in full genital power; also when a girl, who wishes to be like mother, is able to dream heterosexually and experience genital orgasm in sexual intercourse. The test is: can sexual experience join up with liking and with the wider meanings of the word 'love'?

Ill health in these respects is a nuisance, and inhibitions can be destructive and cruel in their operation. Impotence can hurt more than rape. Nevertheless, we do not feel contented nowadays with a statement of health in terms of id-positions. It is easier to describe the developmental process in terms of id-function than in terms of the ego and its complex evolution, yet the second method cannot be avoided. We must attempt to do this.

Where there is immaturity in the instinctual life, then there is danger of ill health in the individual, in personality or character or behaviour; but one must be careful here to understand that sex can operate as a part-function so that, although sex may *seem* to be working well, potency and its female equivalent can be found to deplete, instead of enrich, the individual. But we are not easily taken in by these things, since we are not looking at the individual according to behaviour and surface phenomena. We are prepared to examine the personality structure and the relationship of the individual to society and to ideals.

Perhaps at one time psychoanalysts did tend to think of health in terms of the absence of psychoneurotic disorder, but this is no longer true. We now need more subtle criteria. We need not throw away what we used formerly when we now think in terms of freedom within the personality, of capacity for trust and faith, of matters of reliability and object constancy, of freedom from self-deception, and also of something that has to do with richness rather than poverty as a quality of personal psychical reality.

**The Individual**

If we assume reasonable capacity, then we see a person. There is, for a society – an extension of a man or woman is able to *society without too great*. There must, of course, be a personal impulse, but a society with total loss of it is not normal at all.

If it is clear, then, that health is a simple matter, that is, of disturbances or tensions towards full genital function in respect of anxiety in this context that an individual is characterized by doubts, frustrations, and the main thing is that the individual *his or her own life*, taking and able to take credit in one language it can be from dependence to independence.

The thing that was health in terms of id-ology. A look at the genital, preverbal stage, the environmental primitive needs that are characteristic.

At this point I tend to go for the physical, gradually widens in the care of the infant, in which can be extended to independence leads on to the idea of

no may become a parent. It is con-  
o wishes to be like his father is able to  
nd to perform in full genital power;  
wishes to be like mother, is able to  
and experience genital orgasm in  
e test is: can sexual experience join  
h the wider meanings of the word

pects is a nuisance, and inhibitions  
cruel in their operation. Impotence  
Nevertheless, we do not feel con-  
statement of health in terms of id-  
describe the developmental process  
than in terms of the ego and its  
e second method cannot be avoided.  
his.

urity in the instinctual life, then  
health in the individual, in per-  
behaviour; but one must be careful  
ex can operate as a part-function  
seem to be working well, potency  
can be found to deplete, instead  
But we are not easily taken in  
are not looking at the indivi-  
our and surface phenomena. We  
the personality structure and  
individual to society and to

choanalysts did tend to think of  
ce of psychoneurotic disorder, but  
ow need more subtle criteria. We  
we used formerly when we now  
within the personality, of capacity  
ers of reliability and object con-  
lf-deception, and also of some-  
chness rather than poverty as a  
reality.

### The Individual and Society

If we assume reasonable achievement in terms of instinct capacity, then we see new tasks for the relatively healthy person. There is, for instance, his or her relationship to society – an extension of the family. Let us say that in health a man or woman is able to reach towards an identification with society without too great a loss of individual or personal impulse. There must, of course, be loss in the sense of control of personal impulse, but the extreme of identification with society with total loss of sense of self and self-importance is not normal at all.

If it is clear, then, that we are not contented with the idea of health as a simple absence of psychoneurotic disorder – that is, of disturbances relative to the progression of id-positions towards full genitality, and the organization of defence in respect of anxiety in interpersonal relationships – we can say in this context that health is not ease. The life of a healthy individual is characterized by fears, conflicting feelings, doubts, frustrations, as much as by the positive features. The main thing is that the man or woman feels he or she is living his or her own life, taking responsibility for action or inaction, and able to take credit for success and blame for failure. In one language it can be said that the individual has emerged from dependence to independence, or to autonomy.

The thing that was unsatisfactory about the statement of health in terms of id-positions was the absence of ego psychology. A look at the ego takes us right back to the pre-genital, preverbal stages of individual development, and to the environmental provision: adaptation geared to the primitive needs that are characteristic of earliest infancy.

At this point I tend to think in terms of HOLDING. This goes for the physical holding of the intra-uterine life, and gradually widens in scope to mean the whole of the adaptive care of the infant, including handling. In the end this concept can be extended to include the function of the family, and it leads on to the idea of the casework that is at the basis of

social work. Holding can be done well by someone who has no intellectual knowledge of what is going on in the individual; what is needed is a capacity to identify, to know what the baby is feeling like.

In an environment that holds the baby well enough, the baby is able to make *personal development according to the inherited tendencies*. The result is a continuity of existence that becomes a sense of existing, a sense of self, and eventually results in autonomy.

### Development in Early Stages

Now I wish to look at what is going on in the early stages of personality development. Here the key word is *integration*, which covers almost all the developmental tasks. Integration carries the baby through to unit status, to the personal pronoun 'I', to the number one; this makes possible I AM, which makes sense of I DO.

It will be appreciated that I am now looking in three directions at once. I am looking at infant care. Also I look at schizoid illness. In addition, I am seeking a way of stating what life can be about for healthy children and adults. In parentheses, I would say that it is a characteristic of health that the adult does not stop developing emotionally.

I will take three examples. In the case of a baby, *integration* is a process, one that has its own pace and increasing complexity. In schizoid disorder, the phenomenon of *disintegration* is a feature, especially the fear of disintegration and the pathological organization of defences in the individual designed to give warning of disintegration. (Insanity is usually not a regression, which has an element of trust in it; it is rather a sophisticated arrangement of defences whose object is to prevent a repetition of disintegration.) Integration as a process of the kind that features in infant life reappears in the psychoanalysis of the borderline case.

### *The Concept of a Healthy*

In adult life, integration is enjoyed. The extended meaning of the term is integrity. Disintegration, in resting and dreaming, can be allowed by the health associated with it accepted, especially associated with creativity, so that I state that the creative impulse applied as organized defence against disintegration is a precondition for the creative impulse in creative living.<sup>1</sup>

### *The Psychosomatic Partn*

A subsidiary task in infant development is somatic indwelling (leaving the infant). Much of the physical part of infant care—bathing, feeding, and so on—is a part of the baby's achievement of a psychosomatic harmony with itself.

In psychiatry again, it is a fact that there is only a loose connection between the psyche (ever it may be called) and the body. The psyche may even be absent from the body for a period of time, or may be projected.

In health the use of the body is for the enjoyable things, and this is a task that continues to adolescents. So here again is the connection between schizoid disorder and health.

1. It is thought by some, in *Human Pleasure and Behaviour*, that the experience of the pleasure in the experience of creation arises from the nearness to the edge of disintegration. The artist's achievement may safely lead them close to disintegration, but the artist's achievement is potential. The artist's achievement may cause great pleasure, but it may also leave them close to disintegration, leaving them there. The artist's achievement is a knife-edge, because achievement is a knife-edge. This experience must be re-

In adult life, integration is enjoyed along with the ever-extending meaning of the term right up to and including integrity. Disintegration, in resting and in relaxation and in dreaming, can be allowed by the healthy person, and the pain associated with it accepted, especially because relaxation is associated with creativity, so that it is out of the *unintegrated* state that the creative impulse appears and reappears. Organized defence against disintegration robs the individual of the precondition for the creative impulse and therefore prevents creative living.<sup>1</sup>

#### *The Psychosomatic Partnership*

A subsidiary task in infant development is that of psychosomatic indwelling (leaving the intellect out for the moment). Much of the physical part of infant care – holding, handling, bathing, feeding, and so on – is designed to facilitate the baby's achievement of a psyche-soma that lives and works in harmony with itself.

In psychiatry again, it is a feature of schizophrenia that there is only a loose connection between the psyche (or whatever it may be called) and the body and its functions. The psyche may even be absent from the soma for a considerable period of time, or may be projected.

In health the use of the body and all its functions is one of the enjoyable things, and this applies especially to children and to adolescents. So here again is a relationship between schizoid disorder and health. It is distressing that healthy

1. It is thought by some, as in Balint's paper (in *Problems of Human Pleasure and Behaviour*, 1952) discussing Khan, that much of the pleasure in the experience of art in one form or another arises from the nearness to unintegration to which the artist's creation may safely lead the audience or viewer. So where the artist's achievement is potentially great, failure near the point of achievement may cause great pain to the audience by bringing them close to disintegration or the memory of disintegration, and leaving them there. The appreciation of art thus keeps people on a knife-edge, because achievement is so close to painful failure. This experience must be reckoned part of health.

persons may have to live in deformed or diseased or old bodies, or may be starving or in great pain.<sup>2</sup>

### *Object-relating*

Relating to objects can be looked at in the same way as psychosomatic coexistence and the wider issue of integration. Object-relating is something that the maturational process drives the baby to achieve, but cannot happen securely unless the world is presented to the baby well enough. The adapting mother presents the world in such a way that the baby starts with a ration of the *experience of omnipotence*, this being the proper foundation for his or her later coming to terms with the Reality Principle. A paradox is involved here, in that in this initial phase the baby creates the object, but the object is already there, else he would not have created it. The paradox has to be accepted, not resolved.

Now let us carry this over to the fields of mental illness and to adult health. In schizoid illness, object-relating goes wrong; the patient relates to a subjective world or fails to relate to any object outside the self. Omnipotence is asserted by means of delusions. The patient is withdrawn, out of contact, bemused, isolated, unreal, deaf, inaccessible, invulnerable, and so on.

In health a great deal of life has to do with various kinds of object-relating, and with a 'to-and-fro' process between relating to external objects and relating to internal ones. In full fruition this is a matter of interpersonal relationships, but the residues of creative relating are not lost, and this makes every aspect of object-relating exciting.

2. Here belongs another complication – the intellect, or the part of the mind that may become split off, and be exploited at great cost in terms of healthy living. A good intellect is no doubt a wonderful thing, so special to human beings, but there is no need for the intellect to be too closely linked in our minds with the idea of health. Study of the place of the intellect relative to the area I am discussing is an important subject, consideration of which would be out of place.

Health here includes of intimacy. All these sense of feeling real feeding back into the person's inner world and yet is personal a Introjective and pro taking place. It follow as I have said) may b those who are psycho must be allowed to c

### *Recapitula*

At this stage of the a a consideration of o whether to confine o to those who are he to cover those who to 'make it' in the health that did not include this latter c I mean.

### *Two Kind*

I find it useful to d There are those wh are to that extent living. There are perience of the k down, and who memories (or the were in at momen of storm and stre We recognize

live in deformed or diseased or old  
ing or in great pain.<sup>2</sup>

be looked at in the same way as  
nce and the wider issue of integration.  
thing that the maturational process  
e, but cannot happen securely unless  
the baby well enough. The adapting  
ld in such a way that the baby starts  
*experience of omnipotence*, this being the  
s or her later coming to terms with  
paradox is involved here, in that in  
y creates the object, but the object is  
ld not have created it. The paradox  
esolved.

over to the fields of mental illness  
chizoid illness, object-relating goes  
s to a subjective world or fails to  
e the self. Omnipotence is asserted  
The patient is withdrawn, out of  
ed, unreal, deaf, inaccessible, in-

life has to do with various kinds of  
a 'to-and-fro' process between re-  
nd relating to internal ones. In full  
f interpersonal relationships, but  
ating are not lost, and this makes  
ting exciting.

her complication - the intellect, or the part  
become split off, and be exploited at great  
y living. A good intellect is no doubt a  
cial to human beings, but there is no need  
o closely linked in our minds with the idea  
place of the intellect relative to the area I  
portant subject, consideration of which

Health here includes the idea of tingling life and the magic of intimacy. All these things go together and add up to a sense of feeling real and of being, and of the experiences feeding back into the personal psychical reality, enriching it, and giving it scope. The consequence is that the healthy person's inner world is related to the outer or actual world and yet is personal and capable of an aliveness of its own. Introjective and projective identifications are constantly taking place. It follows that loss and ill fortune (and illness, as I have said) may be more terrible for the healthy than for those who are psychologically immature or distorted. Health must be allowed to carry its own risks.

### Recapitulation

At this stage of the argument we must burden ourselves with a consideration of our terms of reference. We need to decide whether to confine our consideration of the meaning of health to those who are healthy from the beginning, or to extend it to cover those who carry a germ of ill health and yet manage to 'make it' in the sense of reaching in the end a state of health that did not come easily and naturally. I feel we must include this latter category. I will very briefly describe what I mean.

### *Two Kinds of Person*

I find it useful to divide the world of people into two classes. There are those who were never 'let down' as babies and who are to that extent candidates for the enjoyment of life and of living. There are also those who did suffer traumatic experience of the kind that results from environmental let-down, and who must carry with them all their lives the memories (or the material for memories) of the state they were in at moments of disaster. These are candidates for lives of storm and stress and perhaps illness.

We recognize the existence of those who lost grip of the

tendency towards healthy development, and whose defences are organized in rigidity, the rigidity being itself a guarantee against forward movement. We cannot extend our meaning of the word 'health' to cover this state of affairs.

There is a middle group, however. In a fuller exposition of the psychomorphology of health, we would include those who carry round with them experiences of unthinkable or archaic anxiety, and who are defended more or less successfully against remembering such anxiety, but who nevertheless use any opportunity that turns up to become ill and have a breakdown in order to approach that which was unthinkably terrible. The breakdown only seldom leads to a therapeutic result, but the positive element in the breakdown must be acknowledged. Sometimes the breakdown does lead to a kind of cure, and then the word 'health' turns up again.

There seems to be a tendency towards healthy development that persists even here, and if these people in my second category can manage to hitch on to this tendency towards development, even if late, they may yet make good. We can then include these in among the healthy. Healthy by hook or by crook.

#### *Flight to Sanity*

We need now to remind ourselves that a flight to sanity is not health. Health is tolerant of ill health; in fact, health gains much from being in touch with ill health in all its aspects, especially the ill health called schizoid, and with dependence.

In between the two extremes of the first or lucky group and the second or unlucky group (in respect of early environmental provision), there is a big proportion of all persons who successfully hide a relative need for breakdown, but who do not actually break down unless existing environmental features trigger it off. These may take the form of a new version of the trauma, or it may be that a reliable human being has raised hopes.

So we ask ourselves these people who are round with them (g experiences) do we We have to take into are many uncomf to exceptional achie with, but they push t art, philosophy, reli the answer, but I do question: what about

#### *True and False*

There is a special potential breakdown perhaps, give us so affairs is clear-cut, ill health takes ove consciously needed the world, this false the true self. (The never be found an in by the false-self this. The false self successful defence. the Kleinian conce depression but th process of course, as their opposites luminous for darl indifference, and

This is not heal holidays, and it al ageing or old peop is a perpetual, an Seriousness has

healthy development, and whose defences  
ility, the rigidity being itself a guarantee  
ement. We cannot extend our meaning  
to cover this state of affairs.

group, however. In a fuller exposition of  
gy of health, we would include those  
th them experiences of unthinkable or  
who are defended more or less suc-  
remembering such anxiety, but who  
opportunity that turns up to become ill  
n in order to approach that which was

The breakdown only seldom leads to a  
at the positive element in the breakdown  
ed. Sometimes the breakdown does lead  
d then the word 'health' turns up again.  
a tendency towards healthy development  
ere, and if these people in my second  
e to hitch on to this tendency towards  
late, they may yet make good. We can  
among the healthy. Healthy by hook or

ity

nd ourselves that a flight to sanity is not  
erant of ill health; in fact, health gains  
touch with ill health in all its aspects,  
lth called schizoid, and with depend-

o extremes of the first or lucky group  
nlucky group (in respect of early en-  
on), there is a big proportion of all  
ully hide a relative need for breakdown,  
ually break down unless existing en-  
trigger it off. These may take the form  
the trauma, or it may be that a reliable  
sed hopes.

So we ask ourselves the question: how wide a spectrum of  
these people who are making good in spite of what they carry  
round with them (genes, early let-downs and unfortunate  
experiences) do we include among those who are healthy?  
We have to take into consideration the fact that in this group  
are many uncomfortable people whose anxiety propels them  
to exceptional achievement. They may be difficult to live  
with, but they push the world forward in some area of science,  
art, philosophy, religion or politics. I do not have to decide  
the answer, but I do have to be prepared for the legitimate  
question: what about the world's geniuses?

### *True and False*

There is a special case of this awkward category, in which  
potential breakdown dominates the scene, that does not,  
perhaps, give us so much trouble. (But nothing in human  
affairs is clear-cut, and who shall say where health stops and  
ill health takes over?) I refer to those people who have un-  
consciously needed to organize a false-self front to cope with  
the world, this false front being a defence designed to protect  
the true self. (The true self has been traumatized and it must  
never be found and wounded again.) Society is easily taken  
in by the false-self organization, and has to pay heavily for  
this. The false self, from our point of view here, though a  
successful defence, is not an aspect of health. It merges into  
the Kleinian concept of a manic defence - where there is a  
depression but this depression is denied, by unconscious  
process of course, so that the symptoms of depression appear  
as their opposites (up for down, light for heavy, white or  
luminous for dark, liveliness for deadness, excitement for  
indifference, and so on).

This is not health, but it has a healthy aspect in terms of  
holidays, and it also has a happy link with health, in that for  
ageing or old people the quickness and liveliness of the young  
is a perpetual, and surely legitimate, counter to depression.  
Seriousness has its link, in health, with the heavy

responsibilities that come with age, responsibilities that the young wot not of, usually.

Here I need to mention the subject of *depression* itself – a price to pay for integration. It will not be possible for me to repeat here what I have written on the subject of the value of depression, or rather the health that is inherent in the capacity to be depressed, the depressed mood being near to the ability to feel responsible, to feel guilty, to feel grief, and to feel the full joy when things go well. It is true, however, that depression, however terrible, is to be respected as evidence of personal integration.

In ill health there are complicating destructive forces that when inside the individual favour suicide and when outside carry liability to delusions of persecution. I am not suggesting that these elements are part of health. Nevertheless, in a study of health it is necessary to include the seriousness akin to depression that belongs to individuals who have grown up in the sense of having become whole. It is in such persons that we can find richness and potential in a personality.

#### *Omissions*

I must omit the localized subject of the antisocial tendency. This is related to deprivation, that is to say, to a good era that came to an end at a phase in the child's growth when the child could know, but could not cope with, its results.

This is not the place to write about aggression. Let me say, however, that in the community it is the ill members who are compelled by unconscious motives to go to war and to attack as a defence against delusions of persecution, or else to destroy the world, a world that annihilated them, each one of them separately, in their infancy.

#### **Life's Purpose**

I want finally to look at the life that the healthy person is able to live. What is life about? I do not need to know the answer,

#### *The Concept of a*

but we can agree that it is about sex. Lorelei said: 'The bracelet lasts for ever.'<sup>3</sup> Initially to health, and it is clear that we can get on to the point that this is not just a value between individual emotions. No doubt the vast majority for granted, but at what denying a fact, namely, the of feeling unreal, of feeling themselves, of falling from being detached from the being nothing, nowhere of anything.

#### *The Three Lives*

My last word must be people live.

1. The life in the world as the key even to man's ment.

2. The life of the physical reality. This is wide and deeper, and more dreams (or what dream)

With these two you either may be exploited find fantasy in living sufficient, invulnerable there is another area not easily referred to

3. The area of culture

3. Anita Loos, 1935.

at come with age, responsibilities that the usually.

mention the subject of *depression* itself – a migration. It will not be possible for me to have written on the subject of the value of the health that is inherent in the capacity of the depressed mood being near to the ability to feel guilty, to feel grief, and to feel things go well. It is true, however, that depression, is to be respected as evidence of per-

are complicating destructive forces that individual favour suicide and when outside delusions of persecution. I am not suggesting are part of health. Nevertheless, in a necessary to include the seriousness akin belongs to individuals who have grown up and become whole. It is in such persons wholeness and potential in a personality.

alized subject of the antisocial tendency. deprivation, that is to say, to a good era that phase in the child's growth when the that could not cope with, its results. to write about aggression. Let me say, community it is the ill members who are conscious motives to go to war and to attack delusions of persecution, or else to de-world that annihilated them, each one of their infancy.

ose

at the life that the healthy person is able out? I do not need to know the answer,

but we can agree that it is more nearly about BEING than about sex. Lorelei said: 'Kissing is all very well but a diamond bracelet lasts for ever.'<sup>3</sup> Being and feeling real belong essentially to health, and it is only if we can take being for granted that we can get on to the more positive things. I contend that this is not just a value judgement, but that there is a link between individual emotional health and a sense of feeling real. No doubt the vast majority of people take feeling real for granted, but at what cost? To what extent are they denying a fact, namely, that there could be a danger for them of feeling unreal, of feeling possessed, of feeling they are not themselves, of falling for ever, of having no orientation, of being detached from their bodies, of being annihilated, of being nothing, nowhere? Health is not associated with denial of anything.

#### The Three Lives

My last word must be about the three lives that healthy people live.

1. The life in the world, with interpersonal relationships as the key even to making use of the non-human environment.

2. The life of the personal (sometimes called inner) psychological reality. This is where one person is richer than another, and deeper, and more interesting when creative. It includes dreams (or what dream material springs out of).

With these two you are familiar, and it is well known that either may be exploited as a defence: the extrovert needs to find fantasy in living; and the introvert may become self-sufficient, invulnerable, isolated and socially useless. But there is another area for human health to enjoy, one that is not easily referred to in terms of psychoanalytic theory:

3. The area of cultural experience.

3. Anita Loos, *Gentlemen Prefer Blondes*, New York, Brentano, 1935.

Cultural experience starts as play, and leads on to the whole area of man's inheritance, including the arts, the myths of history, the slow march of philosophical thought and the mysteries of mathematics, and of group management and of religion.

Where do we place this third life of cultural experience? I think it cannot be placed in the inner or personal psychical reality, because it is not a dream – it is a part of shared reality. But it cannot be said to be part of external relationships, because it is dominated by dream. Also, of the three lives, it is the most variable; in some anxious, restless people it has practically no representation, whereas in others this is the important part of human existence, where animals do not even start. For into this area come not only play and a sense of humour, but also all the accumulated culture of the past five to ten thousand years. In this area the good intellect can operate. It is all a by-product of health.

I have tried to work out where cultural experience is located, and I have tentatively made this formulation: that it starts *in the potential space between a child and the mother when experience has produced in the child a high degree of confidence in the mother*, that she will not fail to be there if suddenly needed.

Here I find I join up with Fred Plaut,<sup>4</sup> who used the word 'trust' here as the key to the establishment of this area of healthy experience.

#### *Culture and Separation*

In this way health can be shown to have a relationship with living, with inner wealth, and, in a different way, with the capacity to have cultural experience.

In other words, in health there is no separation, because in the space-time area between the child and the mother, the child (and so the adult) lives creatively, making use of

4. F. Plaut, 'Reflections About Not Being Able to Imagine', *Journal of Analytical Psychology*, vol. 11, 1966.

the materials that are available in the Beethoven quartet.

This is a developmental phenomenon.

There is very much more to be said but I hope I have succeeded in showing that human being is unique. Other beings have animal instincts, but they look very much like animals. Monkeys are more nimble than humans, more sinuous, fishes more graceful, because they are able to do things on their own, and do not have cultural experience (except perhaps whales).

It is human beings who are unique, so, we can perhaps distinguish between those that this is not healthy and those that are healthy people and healthy experiences.

#### Summary

What I hope I have achieved is:

1. Use the concept of health and illness.
2. Link health with living and inner wealth.
3. Point out the importance of the ego and the concern the ego has with the id-positions in the unconscious.
4. Link these ego positions with health and adult health.
  - (a) integration
  - (b) the psychosocial
  - (c) object-relations
5. Point out that

e starts as play, and leads on to the whole  
tance, including the arts, the myths of  
arch of philosophical thought and the  
atics, and of group management and of

this third life of cultural experience? I  
ced in the inner or personal psychological  
not a dream – it is a part of shared  
be said to be part of external rela-  
is dominated by dream. Also, of the  
most variable; in some anxious, restless  
y no representation, whereas in others  
art of human existence, where animals  
into this area come not only play and a  
also all the accumulated culture of the  
d years. In this area the good intellect  
by-product of health.

rk out where cultural experience is  
tatively made this formulation: that it  
*space between a child and the mother  
roduced in the child a high degree of  
, that she will not fail to be there if*

with Fred Plaut,<sup>4</sup> who used the word  
to the establishment of this area of

#### aration

e shown to have a relationship with  
n, and, in a different way, with the  
experience.

alth there is no separation, because  
between the child and the mother,  
(ult) lives creatively, making use of

ctions About Not Being Able to Imagine',  
*Psychology*, vol. 11, 1966.

the materials that are available – a piece of wood or a late  
Beethoven quartet.

This is a development of the concept of transitional  
phenomena.

There is very much more that could be said about health,  
but I hope I have succeeded in giving the idea that I think a  
human being is unique. Ethology is not enough. Human  
beings have animal instincts and functions, and at times they  
look very much like animals. Perhaps lions are more noble,  
monkeys are more nimble, gazelles more graceful, snakes  
more sinuous, fishes more prolific, and birds more lucky  
because they are able to fly, but human beings are quite a  
thing on their own, and when they are healthy enough, they  
do have cultural experiences superior to those of any animal  
(except perhaps whales and their relatives).

It is human beings who are likely to destroy the world. If  
so, we can perhaps die in the last atomic explosion knowing  
that this is not health but fear; it is part of the failure of  
healthy people and healthy society to carry its ill members.

### Summary

What I hope I have done is to:

1. Use the concept of health as absence of psychoneurotic  
illness.
2. Link health with maturation ending with maturity.
3. Point out the importance of maturational processes that  
concern the ego rather than those related to a consideration  
of id-positions in the hierarchy of erotogenic zones.
4. Link these ego processes with infant care, schizoid  
illness and adult health, using in passing the concepts of
  - (a) integration
  - (b) the psychosomatic partnership
  - (c) object-relatingas examples of what obtains in the total scene.
5. Point out that we have to decide how far to include, and

whether to include, those who reach to health in spite of handicaps.

6. Name the three areas in which human beings live, and suggest that it is a matter of health that some lives are valuable and effective, that some personalities are rich and creative, and that for some experience in the cultural area is the most important bonus that health brings.

7. Lastly, indicate not only that society depends for its health on the health of its members, but also that its patterns are those of its members reduplicated. In this way democracy (in one meaning of the word) is an indication of health because it arises naturally out of the family, which is in itself a construct for which healthy individuals are responsible.

## Living C

---

*An amalgam  
prepared for*

---

### Definition of

Whatever definition v  
that life is worth living  
is or is not a part of an

To be creative a pe  
existing, not in consci  
operate from.

Creativity is then t  
indicates that he who  
when the word 'doin  
there is creativity.

It is possible to sho  
the activities that indi  
reactions to stimulus.  
of reacting to stimuli  
vidual has no life. But  
'being' has no releva  
feeling that one *is*, one  
doing over reactive-d

These things are n  
arrangement and rean  
are laid down in the  
the beginning are the  
Most people must b  
middle between the t