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Mental Health and Sexual Activity

John R. Cavanagh, M.D.

Is it correct to assume that there is a close connection between healthy sexual attitudes and mental health? This is worth discussion. Can, for example, a homosexual be mentally healthy as long as he is a homosexual? What about fellatio, cunnilinctus, masturbation? Are these practices compatible with mental health? There would, I am sure, be different opinions on this score. We tend to believe that

what we like is good. So if we believe that the practices mentioned above are good, we are quite likely to believe that they are healthy. Such an attitude would get us no place scientifically.

In this paper I would like to approach this topic by defining several terms. First, mental health and secondly, sexual activity.

Mental Health

Mental health was defined by Father McGoldrick and I as follows. Note that sex is not even mentioned. Could a few years make such a difference? We must have assumed that sexual health was synonymous with mental health.

POSITIVE MENTAL HEALTH

Definition

POSITIVE MENTAL HEALTH REFERS TO A STATE OF PSYCHIC WELL-BEING PRODUCED BY THE ACTIVITY OF PERSONALITY IN SECURING AMPLE SATISFACTION OF ITS NEEDS, ORGANIC, SOCIAL, PSYCHOLOGICAL, AND SPIRITUAL; WHEN ESTABLISHED, POSITIVE MENTAL HEALTH ASSISTS THE PERSONALITY TOWARD PROGRESSIVE CALM AND PEACE AND THE MORE ASSURED ATTAINMENT OF ITS PROXIMATE AND REMOTE GOALS.

When established, positive mental health assists the personality toward progressive calm and peace. The personality, having secured ample fulfillment of its needs and possessing positive mental health, recognizes itself as possessing greater strength and security than before. This new realization strengthens the personality so that it can advance toward the possession of more profound calm and peace, which is now realized to be both possible and desirable. Peace is defined as the tranquility of order. In a state of peace everything fits into its own place and position; the sensory is directed by the rational and the rational by the supernatural. Basic peace enables one to

render to Caesar what belongs to Caesar and to God what belongs to God.

The personality with positive mental health possesses a sound theology and philosophy of life, visualizing immediate goals whose fulfillment confronts it daily. It also grasps the existence and meaning of the remote goal of life and the absolute need there is for its attainment. By his very nature man is supposed to live so that he will merit eternal glory in the world to come. Man's goals are established by both philosophy and theology. As is evident, apart from definite goals, it is well-nigh impossible to assign values to man's activities.

THE SYNDROME OF POSITIVE MENTAL HEALTH

The following are some of the habits, traits, and attitudes which the personality develops and which account for the syndrome of positive mental health. The individual with sound mental health:

1. Has developed a sound philosophy and theology of life.
2. Has good control of the external and internal senses.
3. Is to a large extent master of his thoughts, ideas, and judgments.
4. Exercises in a high degree the intellectual virtues: knowledge, wisdom, science, prudence, and art.
5. Has developed adequate insight, sufficient critical evaluation of his own conduct.
6. Has trained himself to appre-

ciate the necessity of deferred pleasures.

7. Has at least rational control over such emotions as love, hatred, joy, sorrow, despair, fear, anger, anxiety, worry.
8. Manifests unified self-mastery; harmony between will, mind, and emotions.
9. Is in general cheerful, generous, enthusiastic, outgoing.
10. Has strong will for doing good.
11. Displays conduct which is voluntary rather than impulsive.
12. Has sufficient psychic strength to cope with life's issues.
13. Seeks balance in everything; avoids extremes.
14. Preserves inner calm, has a sense of self-esteem and inner security.
15. Avoids the immature point of view with its four elements: (a) demand for immediate satisfaction, (b) self-centeredness, (c) lack of restraint, (d) failure to face reality.
16. Meets conflict correctly by way of reason and not by the use of defense mechanisms.
17. Keeps his imagination and instincts under the control of mind and will.
18. Has developed social aspirations; tries to fit into a satisfactory social niche.
19. Has trained himself to feel at ease with those of varying

tastes, temperament, and training.

20. Recognizes the value of cooperative spirit.
21. Preserves peace of soul concerning decisions maturely reached.
22. Does not become depressed because of adverse criticism; has developed the ability to absorb shocks.
23. Sees beauty and goodness wherever it is; has a sense of the aesthetic.
24. Has interior grasp of what is implied by peace and happiness.
25. Has developed a taste for good books, understands what is meant by good music.
26. Realizes that he has adequate ability to make good, that with industry and perseverance on his part, success is possible.
27. Understands and applies to himself what is meant by the terms growth and development.
28. Evaluates the realities around him to the degree that they may be of assistance to him.

Other Criteria of Positive Mental Health

In addition to the preceding superior traits and attitudes, constitutive elements of positive mental health, other characteristics may be found in connection with it.

1. A well-adjusted personality should be actively oriented toward proximate, intermediate, and ultimate goals. Mentally ill people are characteristically defective in this regard, e.g.,

psychopathic husbands who make insufficient provisions for the family's future, and hysterical patients who live only for their present gratification. The personality with positive mental health strives for concrete possession of a superior goal and is not content with its mere attainment in imagination. There is a vast difference between the active, effective willing and attainment of one's goal and merely having an inefficacious impulse in its direction. This latter urge may be in the realm of mere wishful thinking and is possessed to a marked degree by many individuals. A man with no goals is going no place, is unmotivated, and, therefore, no value can be attributed to his actions.

2. The mentally healthy personality derives reasonable satisfaction from daily activities.

3. Exterior conduct in the mentally healthy individual substantially conforms to the standards of the group. Personal conduct is not wholly eccentric or radically unsocial.

4. The ability to recognize and correct mistaken ideas and attitudes is characteristic of positive mental health. All people may temporarily make mistakes or entertain false beliefs, but those with positive mental health can quickly be brought to understand the incongruity of their position and to improve it. The individual lacking mental health does not recognize anything unusual in this conduct. The paranoid, for example, believes himself to be the victim of a sinister plot. The schizophrenic lives in images and builds air castles. The gravely disturbed psychoneurotic believes himself to be afflicted by strangely contradictory and fatal disorders. The obsessive-compulsive individual cannot shake off certain complexes nor restrain himself from the performance of certain actions.

5. The mentally healthy person should lead a well-balanced emotional life, neither unduly elated nor abnormally depressed. The individual enjoys the world around him as best he can. He learns the value of a sense of humor. He is not the victim of prolonged mood swings, especially of a depressive nature.

6. Positive mental health colors our habits and attitudes and connotes zest and vigor. The superior traits envisaged by the term positive mental health make the individual enthusiastic about further activity.

7. Organic heredity plays a minor role in the development of Positive Mental Health. Positive Mental Health cannot be transmitted by physical heredity from parents to children. Social heredity, the effect of one's total milieu, is however, most important in this regard.

Glover's appraisal of the average man fits well into the description of positive mental health. Glover defines the normal man as the person who is (1) free from symptoms, (2) unhampered by mental conflict, (3) able to maintain a satisfactory working relationship, and (4) able to love someone other than self. This includes many traits of positive mental health discussed earlier. Again, considering the normal man, Louttit gives the following prerequisites: "1. A physical organism physiologically and anatomically adequate to maintain its own living processes and to carry out necessary receptor, coordinating and response functions. 2. Abilities, both in the nature of so-called general intelligence and in specific aptitudes, sufficient to enable the individual to acquire the knowledge and skills necessary to secure and retain a position significant to the broad socioeconomic needs. 3. Maturity, which involves control and

direction of psychological and physiological drives to the end of the efficient functioning of the person within the group. 4. The operation of all the foregoing in a stable, integrated total individual personality."¹

PERSONALITY

Of late much time and effort have been devoted to the study of personality as it relates to Mental Health. In the preceding paragraphs Mental Health has been discussed. Now briefly, how does this manifest itself in the person? This is important because personality embraces the man - physical, intellectual, social, and moral. Personality has its origin in the individual's early formed and relatively fixed and, therefore predictable patterns of thinking, willing, and feeling, and in the behavior which was shaped by the habits, traits, and attitudes developed while he was making an adjustment to life situations.

A review of the literature on psychology reveals that many authors attribute mental disorder, both neuroses and psychoses (which may be called negative mental health - NMH), to the pathological activity of the personality. They ascribe integrated habits, traits, attitudes (positive mental health - PMH), to the personality functioning on a superior level of efficiency. This would seem to be an acceptable concept.

Psychogenic Causality of Mental Disorders

In the recent past there have been many who believe that all psychic states were the direct result of organic heredity. Thinking in psychology has changed, however, and has veered sharply in favor of the psychogenic causality of mental states. More sur-

prising still, not only strict organic heredity but also such psychologic factors as sin and guilt are no longer accepted as adequate causality or psychic difficulties. Though sin and guilt may be present in the life of the neurotic and the psychotic, their influence is not considered sufficient in itself to produce these disorders. A man with a broken leg may also have pneumonia, but there is no necessary causal relationship between the two ailments.

In an excellent article on this subject written as a quasi rejoinder to two articles published earlier by Mowrer² and Szasz,³ Ausubel summarizes their thinking as follows:

Mowrer claimed that psychology would be wise to regard . . . the behavior disorders as manifestations of sin rather than of disease. Szasz' position . . . agrees with Mowrer's emphasizing the moral as opposed to the psychopathological basis of abnormal behavior.⁴

Personality Disorder is Disease

In his review of their opinions Ausubel commented that "widespread adoption of the Szasz-Mowrer point of view of personality disorder would . . . turn back the psychiatric clock twenty-five hundred years."⁵ Mental disorders are not to be attributed to sin or to moral issues such, but to the warped thinking, willing, and generally disordered psychic activity of the individual. "Personality disorder is disease," states Ausubel, who defines disease as "including any marked deviation - physical, mental or behavioral - from normal desirable standards of structural and functional integrity."⁶

These thoughts are introduced to indicate that neuroses and psychoses

are disorders of the personality and are not, therefore, to be attributed to organic heredity or to the moral issues, i.e., sin or guilt. Mental disorders result from the manner in which the personality receives the issues that the emotional problems of life, the mental disorders, trace their origins to *personality disorders*.

Behavior disorder is the result of malfunctioning of personality and (the term) is frequently applied to the abnormal conduct found in connection with mental disorders.⁷

On the contrary a good life, a moral life, does not guarantee PMH. This should make clear that the psychogenic etiology of mental disorders has been widely accepted. Disorganized methods of judging and reasoning result in psychic disorders. Personality disorder is, therefore, rightly called a disease as defined above. This transition from organic to psychogenic etiology of mental disorders, and the exclusion of the psychic factors of sin and guilt as causes of mental disorder, are truly an advance in psychiatric thinking.

Sexual Activity

So far in this discussion not one word has been said of the relation of sexual activity and Positive Mental Health. Today this would be most unlikely. Unquestionably in this discussion it was assumed that mental health and sexual health were one and the same or at least mental health and sexual health were synonyms. Undoubtedly this is true but today we tend to be more explicit in such matters. First let us consider what the law considers normal. Can we regard that which the law forbids as related to abnormal mental health?

Legally Permissible Sex Acts

Before discussing sexual disturbances and mental health, a consideration of sex acts which are *legally* permissible will help to keep this discussion oriented. In most states, only penile-vaginal sexual relations are permissible under the law. These must take place between a man and woman who are legally married to each other. To be legally married, the couple must be above the legal age for marriage; at the time of their marriage, they must have been free to marry each other; the act must be voluntary on the part of each; and it must be performed in private. In many jurisdictions, both partners must be of the same race since miscegenation is forbidden.

Any other sex act is illegal and as such is subject to punishment. Such a legalistic interpretation fails to take into account certain acts which are employed by many couples as sexually stimulating practices before intercourse. These practices are so common and, from the moral standpoint, so acceptable that one cannot find fault with them. These include such sexual play as oral stimulation of the genitals, anal intromission, spanking, biting, and so forth as long as these practices are acceptable to both partners and as long as the act ends properly with the ejaculation at least occasionally taking place in the vagina. Under the civil law, however, most such acts are forbidden and punishable. The reality of the situation is that such practices are common between married couples. Although such acts are unlikely to come to judicial attention, the possibility that they will do so through pique or anger is always present. This happened in the case of a masochistic woman who could achieve orgasm only if she

was spanked or slapped by her husband. He was unable to understand her sexual needs but she could easily provoke him to anger and thus get him to slap her. On one occasion she provoked him too much and he knocked out two of her front teeth. She swore out a warrant for assault because it was too much for her narcissistic ego to have her self-image distorted by loss of her teeth. A judge issued a peace warrant. Now her sex pleasure is nil because her husband is afraid to give her the sexual stimulus she needs.⁹

Are we to accept as normal only what the law permits? Before discussing this subject further, I would like to discuss the Freudian Concept of Sexuality.

Freudian Concept of Sexuality

We must consider how sexual anomalies develop in the personality if we are to understand what is normal and what is not. What falls in the framework of positive mental health and what does not? A concept of sexual anomalies may be obtained if one understands how such disorders develop. The hypothesis for the development of sexuality as described by Freud and his followers is the best known and most easily understood. Freud was impressed by the frequency with which his patients verbalizations had a sexual significance. The more he investigated these, the more he was led to the belief that neurotic manifestations were due to conflicts between sexual impulses and resistance to the acceptance of these impulses. Freud's study of the reasons for repression of sexuality led him back to very early childhood, and he concluded that

early sexual traumata formed the basis of later neurotic disturbances. He published these findings in 1905.¹⁰

The Freudian concept of sexuality particularly his ideas on the oedipal situation, forms an important basis of present thought. It is, therefore, important to discuss this in some detail because it will lead to a better understanding of sexual anomalies. Freud separated the concept of sexuality from the close association it previously had with the genital organs. He felt that it included "all of those merely affectionate and friendly impulses which usage applied the exceedingly ambiguous word 'love'."

He considered pleasure as the goal of the sexual function and felt that this function exists from the beginning of life. These sexual feelings, he stated, are at first diffuse and their object is the person's own body (autoerotic), as, for example, in masturbation. These feelings later become localized in certain erotogenic zones, the first of these areas being the lips. He considered that the pleasure which the infant gets from sucking (oral stage) was sexual in nature. In adult life, this may lead to *fellatio* or *cunnilingus*. Later the erotogenic zone shifts to the anus where the sensation arises first in the pleasure of giving feces (anal-erotic stage) and later in withholding feces (anal-sadistic stage). In adult life this feeling may persist and result, for example, in sodomy. The next shift is to the genitals where it is at first unorganized (phallic stage) but later develops into the adult or genital stage. Between the phallic stage and the genital phase is a latent period during which the child is interested in other children of the same sex. This is sometimes known as the "homosexual phase." It must be emphasized that

this is a normal stage of development, although a fixation at this level may lead to adult homosexuality.

To explain certain neuroses, Freud stated that the libido (the energy of the sexual instincts) does not move smoothly along with the course of development, but that, as a result of a traumatic emotional experience, it may become fixated at any level of development, or if the individual has progressed beyond a level of development, he may regress to any previous level where pleasure was obtained. The stage of libido fixation determines the choice of the anomaly. He used this mechanism of fixation to explain the various sexual anomalies which he felt merely represented either fixation at, or regression to, the appropriate childhood level of sexuality.

Period of Sexual Latency

The period of sexual latency lasts from about the sixth year to pre-puberty. During this period, the child tends to play with children of the same sex. A boy will liberate his aggressive tendencies by playing rough and tumble games such as "cops and robbers," whereas, the girl tends to play with dolls and keep house and there by expresses her desire to replace her mother. Parents frequently traumatize their children by forcing them into each other's company. Mixed parties for children are often arranged by parents during this period, much before the boys and girls are ready for it. Parents should wait until the children naturally seek each other's company before they force dating upon them. The latter part of this period is commonly considered as a "normal" homosexual period during which children of the same sex seek each other's company. It must be

emphasized that this is a normal situation and should, with the appearance of adolescence, give way to a proper heterosexual orientation. Having a crush or the development of an attitude of hero worship toward some admired figure, usually a teacher or clergyman, also occurs during this period. This should lead to no difficulty, if the adult is mature and well balanced. The "crush" usually passes very quickly.

Fixation

Fixation is a term used by Freud to indicate a failure of the individual to advance to the next stage of sexual development. For example, a child may become fixated at a homosexual level and fail to progress to a normal heterosexual adjustment. On the contrary, a child may advance to a stage of development and then, by a process of regression due to some traumatic episode, become fixated at a lower level. To explain certain neuroses, Freud stated that the libido (the energy of the sexual instincts) does not move smoothly along with the course of development, but that, as a result of traumatic emotional experience, it may become fixated at any level where pleasure was obtained, as for example the homosexual level. The stage of libido fixation, if it occurs, determines the choice of the anomaly. Homosexuality is due, according to this theory, to a fixation at or regression to an earlier level of sexual development.

As may be seen from the above, in accordance with his libido theory, Freud considered unconscious homosexuality as a basic factor in neurosis. More recent analysis, however, has led to the conclusion that inversion is simply a manifestation of a more general personality problem. In a given

case, instead of being the causal problem, it is merely one of the symptoms of a character problem and becomes less significant as the more general character disturbance is resolved.

Emphasis has been placed on homosexuality in this manuscript because it is the most obvious disturbance in an individual which is not compatible with mental health.

Conclusion

What forms of sexual activity are compatible with mental health? Must we consider that only penile-vaginal intercourse is normal? There is general agreement, that there is more than one purpose for the performance of the sex act. Procreation is undoubtedly one of its biological purposes. Psychologically, pleasure is also one of its important ends. Therefore, pleasure without the possibility of procreation undoubtedly falls in the range of mental health. Such pleasure must be mutually acceptable. This is a frequent difficulty and one concerning which many married people, particularly women, find difficulty in discussing. A great deal of anxiety in this area may be avoided if the couple is assured that any act which is desirable or acceptable to both parties is permissible as part of the sex play prior to intercourse.

There is no doubt that incest is not healthy, nor is prostitution, pedophilia or rape. On the other hand, lesser degrees of sadism and masochism to an extent acceptable to both partners are within normal limits. Fellatio, cunnilingus, and sodomy between consenting married couples are not evidence of mental ill-health. These merely mean a fixation of the libido at an earlier stage of development with sexu-

al pleasure fixated at that level. At their worst, this is immature behavior which is not necessarily abnormal. If one were to consider these sexual activities from their mental health standpoint alone, it seems clear that occasional acts of this sort fall within normal limits even though the act does not always end with the deposition of the semen in the vagina.

In the short space available, we cannot list all sexual anomalies and their relation to mental health. For a more complete discussion, see Cavanagh, John R., *Sexual Anomalies*, Corpus Books, Washington and Cleveland, 1969.

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