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TOWARD MENTAL HEALTH

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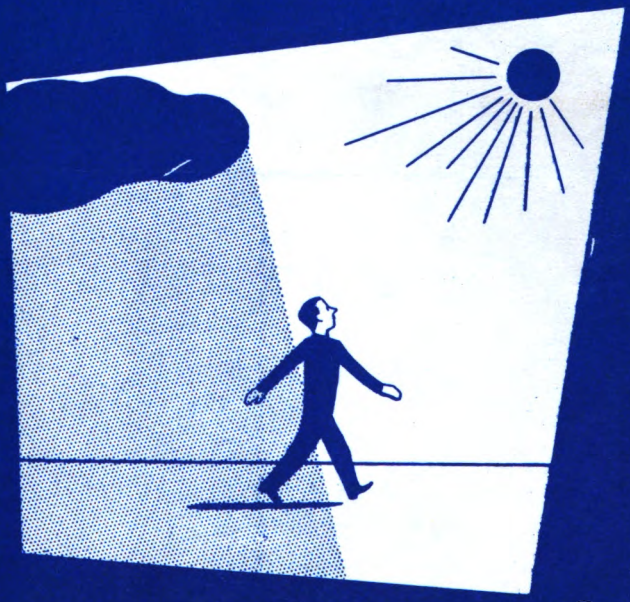
BY GEORGE THORMAN



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TOWARD MENTAL HEALTH

By GEORGE THORMAN

THE story of nervous and mental disease is a story about people you know—your neighbors, friends, and relatives. It is a story about nervous people like Fred, moody people like George, lonely people like Mary—people who have cracked under the strain of living.

NERVOUS AND ANXIOUS PEOPLE

FRED was a good mechanic. In fact, he was so good that his boss decided to promote him to foreman. About a week before the promotion was to be made, Fred took to his bed, said there was something wrong with his leg, and insisted that he couldn't move. X rays were taken; general practitioners were called in. They could find nothing wrong.

This pamphlet was prepared in cooperation with the National Mental Health Foundation and has been carefully checked by a number of the country's leading psychiatrists.

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What had happened to Fred? When he was to be promoted or start on a new job, he became anxious and fearful. He knew how to operate a lathe and was happy while he was doing it. But responsibility for supervising other men had him scared.

Fred's Fears

The psychiatrist—a doctor who has made a study of the emotions and the mind—diagnosed his case as *hysteria,* a form of neurosis. "Fred's bad leg," says the psychiatrist, "was his way of solving a problem. If he had a bad leg, he couldn't be expected to go back to work and face a situation of which he was afraid. Fred wasn't faking. His fears actually interfered with his walking. He was firmly convinced that he couldn't use his leg. Back of his fear of the new job as foreman were a lot of fears and conflicts which he didn't even know he had.



Our fears often grow out of experiences long forgotten

"He felt that he ought to take the promotion. His wife, his friends, his fellow workers all expected him to. A refusal would put him on the spot. How could he explain it? He couldn't say that he was afraid of the added responsibility. And yet he was.

"He was afraid because he thought he would fail. And he was afraid he would fail because of an earlier experience—one which he had forgotten. When he was ten years old, Fred had been left to take care of his younger brother while his mother went on an errand. While she was gone, his brother ran into the street and was almost killed by an auto. When the mother came back, neigh-

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bors told her the story. She punished Fred severely and told him that never, never, would he be left to take care of his younger brother again. This was an unfortunate experience in Fred's life and it left its mark. It made him panicky when he was faced with the supervision of others."

Over a long period of treatment Fred was able to find the reason for his fear and overcome it with the help of the psychiatrist. Now he is back at his old job.

John's Nervous Indigestion

John is a bachelor. For the past ten years he has been going to the family doctor because of nervous indigestion. He complains of poor appetite, dizziness, pains around his heart. Yet the doctor can find nothing physically wrong with him. It is not fair to say that John is only imagining his nervous indigestion. To him it is very real. As a matter of fact, he is sick — emotionally sick.



He says the trouble is in his stomach. But he is emotionally sick

The real cause of John's illness is an emotional conflict which he doesn't realize. If you told him so outright, he would deny it. He does not think of himself as emotionally tied up. He will tell you that if he could get his stomach in good shape, he would be O.K. But here is what John looks like from the point of view of a doctor who understands emotional as well as physical ills.

John was an only child of an overly protective mother. He has turned all of his attention upon himself. Other men find an outlet for their energy in a job or a

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cause. But John is not interested in anything except himself. Consequently, he feels frustrated and unhappy. This frustration comes out in the form of nervous indigestion.

Mind and Body

"Our minds and emotions are closely connected with our bodies. Mind and body interact. Our physical condition can affect our emotions, and our emotions can affect our physical well-being. Doctors have found that more than half of the persons who visit their family physician for treatment of a physical ailment suffer from emotional difficulties which partially explain their physical symptoms. For example, stomach ulcers are frequently connected with worry and anxiety. The help of a psychiatrist may be necessary—or the family doctor himself, if he approaches the patient as a person rather than as a "cardiac patient" or a "stomach case," may be able to bring relief through helping the patient to an understanding of the connection between emotions and symptoms. In such cases, helping the patient overcome his worrying is just as important to his recovery as is proper diet and medical attention.

War Neuroses

"Four out of every ten men who were discharged from the army for medical reasons were suffering from some nervous or mental illness. About 60 per cent of these men did not see combat service. They cracked after a few months or a few weeks of training because they were unable to adjust to the drastic changes which army life required. Some of them had never been very successful in civilian life. Others could get along well enough in their peacetime jobs and homes, but could not fit into army life and had to be discharged.

Few of those who were discharged for neuropsychiatric

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reasons needed hospital care. Most of them were returned directly to civilian life and were able to take up their normal peacetime activities again without much difficulty. In many communities, service organizations, mental hygiene clinics, and Veterans Administration guidance centers are helping them with their problems of readjustment.



IN HEAVY COMBAT 1 OUT OF EVERY 4 SUFFERED FROM NEUROSIS

War neuroses were much more common among those who saw combat. For example, infantry divisions, while in heavy combat, frequently had 250 neuropsychiatric casualties for every 1,000 men, while the troops who stayed in the U. S. had only 50 cases for every 1,000 men. The combat cases (sometimes called combat fatigue) were usually treated successfully near the battle front immediately after the first symptoms of mental breakdown appeared.

New Treatments for War Neuroses

One interesting treatment used for these war neuroses starts by injecting a sedative (such as sodium pentothal) into the patient until he becomes semiconscious. He is then led to relive the battle scene which first brought on the nervous breakdown. The psychiatrist usually plays the part of a fellow soldier, calls out to the patient in an alarmed voice, tells him to duck gunfire, and in every possible way reproduces all the conditions of actual combat. By so doing, the psychiatrist forces the patient

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to recall the original incident which he is trying to forget because it was an extremely painful experience. Perhaps it is the death of his comrade, the fear of an air raid, the horror of having killed someone.

Once the patient recalls his experience and expresses the feelings he has covered up, he finds relief from his anxiety. The doctor then follows up each treatment in which the sedative is used with an interview of fifteen to thirty minutes. This is essential to the patient's recovery. Group sessions at which the patients are encouraged to talk over their symptoms and feelings have also proved quite helpful.

Neuroses Are Common

None of us is perfectly balanced. All of us are subject to emotional conflicts to some extent. Neurosis is one of the most common forms of emotional disorder. About one out of ten of us suffers from such disorders because of an underlying conflict. Most of these conflicts go on inside us without our knowing that they are there. We only know the symptoms: frustration, unhappiness, obsessions, strange compulsions, fears that we cannot account for, ailments that have no physical basis. The psychiatrist helps us look back of these fears, anxieties, tensions, shows us how they are connected with earlier experiences, helps us resolve our emotional conflicts. Freed of tension, we are able to solve our problems and overcome our frustrations.

In most cases these emotional difficulties do not stop us from doing our work. Neurotic people can work and take care of their personal affairs. They do need treatment, however, for their own well-being and should not hesitate to get help from a psychiatrist who has had much experience in dealing with emotional and nervous disorders. Delay in getting treatment will only bring more unhappiness, frustration, and worry.

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MOODY PEOPLE

SOMETIMES not only are emotions seriously disturbed, but the mind becomes confused and the whole personality is profoundly changed.. These more serious types of illness which affect the emotional and mental life are called psychoses—a medical term for what we sometimes improperly call "insanity." The psychoses account for a much smaller number of persons who need psychiatric treatment, but because they are more easily recognized and more dramatic they are sometimes better known. Yet even the most severe form of psychosis may develop gradually, and it is sometimes easy to pass it by in the early stages, as we shall see in the cases of George and Mary.

George's Changing Moods

We are all more or less subject to changes in mood. One week we feel on top of the world. The next week we hit a slump. When these changes become extreme in nature, doctors regard it as a serious form of mental illness called *maniac-depressive psychosis.* George is an example of a person who is suffering from this illness.

Most of George's friends and business associates thought he was a hard worker who never knew a day of worry in his life. He had impressed them as one of those successful people with enough energy for three persons. He worked late into the night—was at his desk early again the next morning. They often told him he ought to take it easy, but George seemed to thrive on hard work.

He did quite well—had the highest salary in his office. Still he wasn't satisfied. Success only spurred him on to greater efforts. He began to spend his money lavishly —bought a large house, sank most of his money in a risky investment. His friends became worried about his reckless spending, but George was full of optimism, sure that

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he would win. He became more and more excited, and was in such a state that he couldn't sleep or eat.

Then George began slowly to change. He lost his feelings of self-confidence and optimism. He was no longer sure of his business judgment, stayed away from his office, sat staring into space for hours. He said that he would surely lose his job, blamed himself for having brought ruin to his family, cried out to God to spare his soul. It was in this state of depression that he sat home all day, afraid to go to the office, afraid the telephone would ring.

What Causes Moodiness?

Doctors are not so sure about the causes of these cases of extreme moodiness. Some cases seem to be brought on by grief or some emotional crisis. Others are not. But the psychology of the manic-depressive illness seems to be fairly clear. These persons become depressed because they feel that they are not attaining the goal which they have set for themselves. Most of them are ambitious. They are overly anxious to achieve success, and they often set their ideal far above what they can accomplish. When they find themselves falling short of their ideal, they plunge into the depths of despair.

Sometimes the illness may be due to childish emotional bonds to father or mother which the individual wants to break, but somehow cannot. At the same time that these persons want to have parental affection and guidance, they yearn for freedom from emotional ties and harbor a deep-seated resentment against those to whom they are closely bound. They are torn by intense inner conflict and turmoil.

Danger of Suicide

Some of these depressed people are potential suicides. Many of the stories you read in the newspaper about someone who committed suicide because of disappoint-

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ment in love or financial failure are about persons who are really mentally ill. They could have recovered and lived useful lives if their relatives had recognized their illness and placed them under treatment in time.

Many families make the mistake of thinking that the patient will "snap out of it." Melancholy persons cannot be cheered up, jollied out of their moods, or reasoned with. As soon as symptoms of moodiness are recognized, consult your physician. He may suggest psychiatric advice. If the symptoms are so severe that there is danger of suicide, adequate precautions must be taken. The psychiatrist will give advice on this point and can help the family physician and the patient's relatives make proper provisions for care and treatment. He will know whether institutional care is needed or desirable. The family should assume responsibility for seeking and following professional advice.

THE RETREAT FROM REALITY

Mary's Breakdown

Everyone said Mary was headed for big things when she went to college. She had been the best student in her graduating class in high school and seemed on her way to a brilliant career as a concert pianist. In the middle of her second year at the state university she failed in half her subjects and at the end of the year she was forced to drop out of school.

At home Mary was flighty, irritable, and moody. Her conversation came in jerks. She would start a sentence and then be unable to finish it. She wanted to be left alone, wouldn't go out of the house, stayed up late at night reading, burst into crying spells. Her family called the doctor and Mary was sent to a mental hospital.

"Mary is a victim of *schizophrenia,*" says the psychiatrist, "one of the most common forms of mental illness

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found in our mental hospitals. The word schizophrenia means 'splitting of the personality' and it is a good word for this disorder because it describes what seems to happen. These patients are physically in the real world, but mentally they are in a dream world of their own—they lose contact with reality.



"In Mary's case this withdrawal from reality results in a dull state, a complete breakdown of the will to act, to move, to survive. Mary won't eat, refuses to dress, seldom talks. She just sits all day long with her legs drawn up under her chin, gazing off into space. Lift her arm and it falls back lifeless and limp; talk to her and you get no answer—no response of any kind.

"Not all withdrawals from reality take this particular form. For example, one of our patients insists that she is the wife of a famous movie actor. Another patient believes that we are trying to poison him. Such delusions are usually found in cases of schizophrenia. No amount of reasoning will change these mistaken notions. The patient clings to them desperately because they satisfy an emotional need, and he cannot seem to check his ideas against the real facts. This does not mean that the illness is unreal. It is just as real as scarlet fever."

Why Did Mary Retreat?

Mary was an unhappy, lonely child dominated by a mother who never let her child play with other children, made all Mary's decisions for her, kept her weak and

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dependent. Consequently, Mary was never strong enough to assert herself or rebel against her mother's tyranny. She may have wanted to rebel, but she could never bring herself to do it. The problems which Mary faced and the strain they put on her emotional life were too great for her. She had no friends to whom she could go. Her father was too absorbed in his own problems to give her any attention. Mary turned inward, withdrew completely from those around her, and finally broke under the load.

Doctors aren't entirely certain that this is a complete explanation of how schizophrenia develops. Some of them believe that this psychological explanation isn't the whole story and that someday we shall find an organic cause for schizophrenia. Perhaps it is some complicated bio-chemical process we haven't yet disovered. Probably the cause will be found neither completely in the body nor entirely in the mind—but in both together. For after all, man is a living being. Part of this living being is physical, but another part of it is mental and emotional.

Hopeless Cases?

Even though we don't know all about the causes of schizophrenia, it can frequently be cured. Cases like Mary's would probably have been labeled incurable twenty years ago. But medical science has developed new and more effective ways of treating schizophrenia. In many hospitals shock treatment—insulin or electric—and modified forms of psychoanalysis are bringing good results.

For example, here is a patient who before his treatment was confused and bewildered, and talked to imaginary voices. The doctor walks up to him.

"Good morning."

"Hello."

"Where are you?"

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"I don't know for sure. You're a doctor, aren't you?"

"Yes, do you remember me?"

"Maybe. I think I've seen you before."

"Do you hear any strange voices talking to you, John?"

"Voices? No, not now. I do hear them though, sometimes."

"I know. That's why we're giving you these treatments, to help you get rid of those voices."

What a strange contrast to the incoherent, confused conversation of an hour ago. "He's much better now," the doctor explains. "Tomorrow he may slip back into the same mental confusion and emotional disturbance. But each treatment brings some improvement, brings him closer to reality, clears up some of the mental chaos. Of course, the shock treatment doesn't cure all cases, but it is one of our most effective treatments for schizophrenia."

How does insulin shock work? Medical authorities are not agreed on this. Perhaps chemical changes produced by the insulin restore the proper balance in the mental and emotional processes. Perhaps certain brain cells are destroyed, new pathways made in the brain, and normal association reawakened to functioning again. Some day medical science will discover what lies back of this miracle, but today we can only marvel and theorize.

Other Treatments

Shock treatment isn't the only therapy for patients like Mary. Work is one of the mainstays for rebuilding wrecked personalities. It helps the patient gain confidence in his abilities, gives him a feeling of importance and usefulness, prepares him for his return to the community, develops a sense of responsibility so essential to his recovery.

A planned recreational program can often do wonders in drawing a patient out of himself into social contact with others. In play, a patient gets to know those around

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him, starts talking, becomes responsive, friendly, and cheerful. With this renewed interest in one's fellow man comes a pride in one's personal appearance, morale goes up, the process of learning to live with others develops.

Psychiatrists can often help these patients get well through friendly understanding and scientific knowledge of how the mind works. Once the patient knows that the psychiatrist does not blame him for his abnormal behavior, he feels freer to talk with him about his problems; he may tell the psychiatrist about feelings that he has never talked about to anyone else; he may express fears that disturb him which he has never dared mention before. The assurance and insight which the patient acquires helps him reorganize his emotional life and speeds recovery.

All of these influences—known technically as psychotherapy, occupational therapy, and recreational therapy —provide a friendly environment in which sick minds can become well again.

OTHER MENTAL ILLNESSES

SCHIZOPHRENIA (which accounts for about 20 per cent of all patients admitted to our mental hospitals) and manic-depressive psychosis (10 per cent of first admissions) are sometimes referred to as *functional psychoses.*

There is another group of mental diseases called the *organic psychoses* because they are known to have a definite organic basis. Among these are *psychosis with cerebral arteriosclerosis* (hardening of the arteries of the brain) and *senile dementia,* both of which come with old age and are due to the breakdown of the human machine. These two types of mental disorders account for almost 22 per cent of the patients admitted to our hospitals, and there are strong indications that they will make up even a larger percentage of chronic cases in the future.

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General paresis is caused by the attack of the syphilis germ on the brain. About 7 per cent of all patients admitted to mental hospitals are victims of this disease. Basic nerves are affected, legs and arms move in a disjointed, awkward manner, speech is difficult, and in advanced stages total mental derangement results. Malaria treatment and artificial fever therapy are proving effective in combating neurosyphilis. Regular injections of antisyphilitic chemicals or drugs can usually stop the disease in the early stages.

OTHER DISORDERS

Psychopathic personalities are persons who show lack of emotional maturity, unwillingness to take responsibility, emotional instability. They may be impulsive or socially antagonistic—lie, steal, and are sometimes sexually perverted. Some psychopathic personalities are addicted to drugs or alcohol.

Alcoholism, especially when it becomes chronic, is a form of personality disorder. In extreme cases, toxic effects result in delirium tremens, which is characterized by tremors, fears, and hallucinations.

Mental deficiency, or feeblemindedness, is an arrested development of the brain. Mental deficiency cannot be cured in a medical sense. It is sometimes difficult to know whether a child or adult is feebleminded, but special tests given by experts can determine his limitations. Contrary to popular opinion, most feebleminded children can be given special training and taught to do manual work. It has been estimated that there are more than 1,500,000 mentally deficient persons in the United States.*

There are still other disorders in which personality

* See *Forgotten Children, The Story of Mental Deficiency,* National Mental Health Foundation, Inc. Philadelphia, Pennsylvania.

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changes may occur. Sometimes serious mental illness develops, though in very many cases the mind is unaffected. A few of these disorders are listed below.

Brain tumors or other injury to the brain tissue may interfere with certain functions of the nervous system and affect the legs, arms, speech, or sensory mechanism. Only about .5 per cent of first admissions to mental hospitals are classified in this group. Brain surgery may sometimes remove the cause of the disorder in certain types of tumor and restore proper functioning of the brain.

Encephalitis, or sleeping sickness, and *multiple sclerosis* are also organic neurological disorders.

WE CAN CUT THE TOLL

EACH year serious mental illness strikes thousands of new victims and takes its toll in human suffering and misery. Each new case means a promising career cut short, another family without a mother or breadwinner, a tremendous social and economic waste. Translated into dollars and cents, the cost of mental illness in lost earnings amounts to almost a billion dollars each year. The other costs of nervous and personality disorders greatly increase this burden. What can we do to prevent this terrific human and economic loss?

Safeguarding Our Children

First of all, we can safeguard the mental health and happiness of our children. Prevention starts at birth. A baby is a bundle of desires and wants. He wants to be fed, to be otherwise physically comfortable. When these wants go unsatisfied the baby becomes restless, begins to cry. Feed him or change his diaper and he stops crying. If you fail to satisfy these basic desires, his whole organism is affected—his emotional life gets out of balance,

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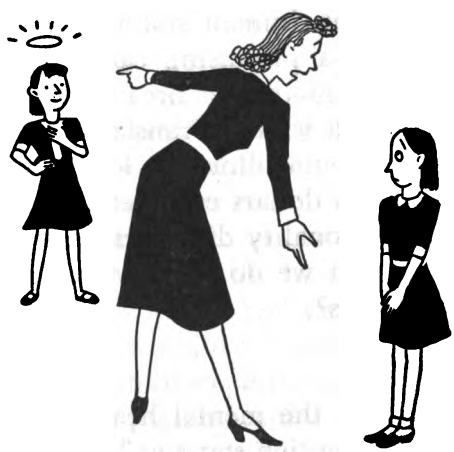
he feels frustrated and unhappy. Most important of all—give your baby the love he needs and wants. Without this love and affection, he feels lost. The strange new world into which he is born is "a buzzing, booming confusion." He needs to feel secure and protected, and he looks to his parents for this sense of security and protection. Don't fail to give it to him.

Helping Them Grow Up

The time comes when babies must grow up and learn to do things for themselves. Some babies find it hard to break away from their mothers, and some mothers find it hard to give up their babies. Don't keep your child tied to your apron strings all his life. He needs to explore things, learn to get along with other children, and cooperate with them successfully. Encourage him to dress himself, to develop new skills as he grows older. Give him freedom. If you hedge him in with all kinds of unnecessary do's and don't's, he will be irritable, unhappy, and bad-tempered.



Don't make invidious comparisons

Give him a feeling of self-confidence by showing pleasure at what he does well. And don't compare him unfavorably with other children or with his brothers and sisters. Remember that each child has his own characteristics and rate of development. Youngsters are sensitive and feel inferior and unloved when you do this. A child needs all the self-confidence that he can muster and you can help him develop it.

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When They Are Afraid

All of us are afraid. It is no wonder that children have fears. Sometimes children catch their fears from parents—become afraid of snakes because mother is afraid of snakes. Some fears are caused by a feeling of insecurity. A family quarrel, for example, can make the child very disturbed and fearful. Some parents deliberately frighten their children with threats of bogeymen, goblins, or policemen. This is extremely cruel.



One way to get attention

It is a mistake to try to shame the child out of his fears because they are very real to him. A feeling of being loved, calm assurance, and an explanation that there is nothing to be afraid of is the best cure. You can sometimes take the child's mind off his fears by telling him an exciting story or getting him to play his favorite game. Often just the physical presence of the parents is enough to give the child a feeling of security.

What To Do With Johnny

"I don't know what I'm going to do with Johnny. He won't go to school half the time, and when he does go the teacher sends notes home that he has been a bad boy." This is an old story—Johnny's not getting along well in school.

Why is he loud and why is he always getting into trouble? Maybe it's the only way he has of getting a reputation for himself. Maybe he can't work arithmetic problems as fast as Jimmy or play ball as well as Harry. Consequently, he feels inferior—he, too, wants recogni-

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tion. Making noise is one way of getting it. He becomes anxious and loses his self-control.

Why doesn't he want to go to school? The reason he gives may not be the real one. The real trouble may not be school or Johnny, but something no one has taken the trouble to find out. Maybe he hates his father. Everytime Johnny thinks of school he thinks of father. Why? Because in school you have to behave yourself, and if you don't you get punished. So Johnny stays away from school because it reminds him of father's authority, father's scolding, father's whipping.

Once we have learned to understand why Johnny acts as he does, we can begin to help him with his problems. In many communities mental hygiene clinics and child guidance centers do this very thing. Frequent conferences between teachers, parents, social case workers, child psychologists, and child psychiatrists can do a lot to change Johnny from a misunderstood boy to a happy one.

About Sex

About the time that Johnny starts to school (if not considerably sooner) he becomes interested in sex. He will probably begin to ask a lot of questions about it. The chances are he has heard a number of things about sex from other children at school. Maybe he will begin showing off some obscene words he has learned—words of which he doesn't know the meaning. He will probably play with his genitals.

This is not the time to take Johnny behind the woodshed or give him a good "talking to." From then on he might not mention any more "bad words" but he would think about sex more than ever. (Sex is much more interesting when we make it obscene and forbidden.) Answer Johnny's questions directly and honestly. You will have taken away the false notion that sex is wrong and sinful, and his curiosity will be satisfied.

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Unhappy Grown-ups

Some of us grow up unhappy and stay unhappy. We never quite know why. We just have the feeling that our lives lack something, that we aren't up to our best. We are dissatisfied with ourselves. We see others succeed, and we feel that we have failed. We worry about the future, develop all kinds of anxiety about ourselves and our family. Or we may feel guilty about something we have done and blame ourselves without reason. Maybe we feel "mixed up inside," torn first one way and then another, unable to make decisions and unhappy after we have made them. Somehow we aren't able to "pull ourselves together."

These mental conflicts not only cause us to be unhappy, but they wear us down emotionally, tire us out physically, and if they remain for a long time, finally cause us to reach the breaking point. We need to face these conflicts and problems openly. This may be hard to do. Some of our feelings are very sensitive. We may not want to talk about them or even think about them. All the more reason for bringing them out into the open where they can be examined and dealt with intelligently. It is when we suppress these conflicts that they cause us most of our trouble.

What Kind of World?

Some of our mental breakdowns are caused by the kind of a society in which we live—a highly competitive society in which there are few winners and many losers. The drive for success puts an added strain on living, and some can't survive the struggle. Everyone is in competition with everyone else—not only for economic gain, but for esteem, love, respect, and recognition. The impact of competition is felt even in the family. Brothers and sisters vie with one another for the affection of their par-

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ents, sons are rivals of their father's for the affection of the mother, and daughters are rivals of the mother.

Competition brings with it hostility. Since everyone is a rival, we view one another as enemies, each seeking a share in the stake. Competition also brings with it feelings of inferiority because it means that the fear of failure haunts us. We feel that we must succeed and our self esteem suffers if we fail. Hostility, fear of failure, a feeling of guilt, insecurity — these are the things out of which neuroses are made.



Two worlds

Our society places a great deal of stress on money. We must keep up with the Joneses. But the majority of us can't get all of the things we want. The result is frustration and dissatisfaction. For a still larger number of persons, our economic order has even more drastic consequences—the anxiety which comes from low wages and fear of unemployment.

Conflicts within our personality are often embedded in our culture. For example, on the one hand we are taught to love one another, and on the other hand everything is done to spur us on to success at the expense of our fellow men. We are told that we are free to make our mark on the world, but we find that we are limited and hedged in by social convention and circumstance. It is no wonder that these contradictions in our culture reflect themselves in our emotional life and pull us in opposite and wholly different directions.

We are trying to reduce these conflicts in order to can provide a happy, normal life for all our people. Laws

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are passed to give us economic security and remove the fear of hard times. Our schools are placing less emphasis on competition and more on cooperation. We are beginning to recognize that every person has his own limitations, and his success must be judged in terms of his own particular abilities.

Parents are learning about child training and psychology. We are trying to help people make a success of marriage. Social workers are helping people with their personal and family problems and are also assisting courts, psychiatrists, and schools in working with warped personalities. Teachers in public schools are taught to recognize emotional disturbances and how to deal with problem children in the classroom.

Industry is beginning to see why the mental health of workers is important. Enlightened personnel practices under the direction of a competent industrial psychologist and social case worker can serve as an effective prevention measure. Theological students are now being trained in many seminaries to understand psychiatric problems and get first-hand contact with mental disorders in clinical training courses.

These are all important steps toward cutting the toll which mental illness takes. But more needs to be done.

provide a happy, normal life for all our people. Laws

The Dark Past

Ancient man's cure for mental ills was magic. Strange rituals were concocted to drive out evil spirits that were causing the derangement. During the Middle Ages this primitive practice persisted. Even as late as the 18th century mentally ill persons were hanged, imprisoned, tortured, and persecuted as agents of Satan, chained in kennels like wild beasts, jailed and flogged, or left to wander about naked and starved.

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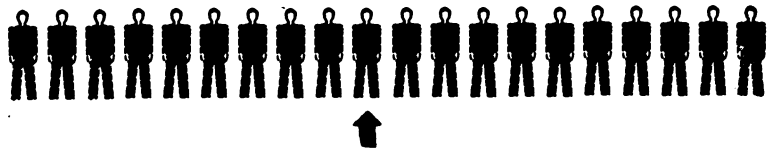

ONE OUT OF EVERY 22 SPENDS PART OF HIS LIFE IN MENTAL HOSPITAL

Coming of Age

The middle of the 19th century brought in a new day in the concept of mental abnormality as an illness, and in the scientific treatment of sick minds. Discoveries in neurology, endocrinology, and related fields, and a growth of humanitarian pity for the sick brought new hope to the mentally ill. In 1896 Emil Kraeplin presented to the scientific world the first organized classification of psychiatric disorders. Freud was outlining his new approach to the understanding and treatment of neuroses about the same time, and Adolf Meyer was developing his mind-body approach; Wagner-Juaregg was curing neurosyphilis with fever treatment in 1917; Manfred Sakel announced insulin shock treatment in 1933.

NEEDED: A NATIONAL MENTAL HEALTH PROGRAM

THE problem presented by nervous and mental diseases is an enormous one—the most serious medical problem facing our nation. Out of every twenty-two living persons, one will spend part of his life in a mental hospital. Recent studies indicate that one out of every ten persons in the United States is emotionally or mentally maladjusted and needs treatment for some personality disorder. More than half the patients who visit their family doctor for some physical ailment are really suffering from some type of emotional disorder. Nervous and mental disease takes a larger toll than do cancer,

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infantile paralysis, and tuberculosis combined. How can we cut this toll?

We Need More Clinics

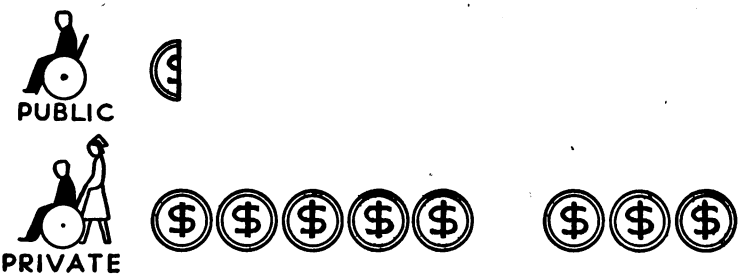
We can cut the toll if we have more mental hygiene clinics where parents can come to talk over with trained persons their own problems and the problems of their children. These clinics can sometimes ward off an impending illness by giving prompt treatment and save persons who might otherwise have serious breakdowns. In other cases life is made more bearable and productive.

Every community should have such a center. Yet there are twenty-five states which do not have even one clinic and there are vast areas of other states where no psychiatric treatment can be had. We have only one-fifth of the number of clinics we need. Experts are now at work planning the best methods of setting up clinics throughout the country, but wider support is needed for such measures if the job is to be done effectively.

Better Hospitals

Maintaining our public institutions for the care of the mentally ill costs us over $200,000,000 dollars each year. Yet these funds are not enough to maintain minimum standards of physical well-being. Some of our states spend

SOME STATE HOSPITALS SPEND ONLY 40¢ A DAY PER PATIENT WHILE PRIVATE HOSPITALS SPEND $8



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as little as forty cents a day to care for each patient as compared to private institutions which spend upward from $8.00 a day a patient. In some instances, state-supported institutions spend only seventeen cents a day a patient for food. Some of our public institutions are now crowded to almost twice their capacity. Mentally ill persons are forced to stay in buildings that have been condemned because there is no money available for new structures. Few new hospitals are being built and most architectural plans follow traditional but outmoded patterns.

More Psychiatrists

A good hospital needs enough doctors, nurses, and attendants to give each patient the care that he requires. When one doctor has to care for as many as 1,000 patients (as is the case in some instances) he simply can't give intensive and individualized treatment. Authorities estimate that we need at least four times as many psychiatrists as are now available.

Now let's take a look at what we are doing to make up this tremendous deficit. If a medical student wants to go into psychiatry as a career, he first must serve as a resident doctor attached to a hospital approved by the American Psychiatric Association. There are less than 300 vacancies available each year in approved centers for psychiatric training, and in December, 1944, there were only 237 residents in training. Dr. Edward Strecker, former president of the American Psychiatric Association, estimated that "at the present normal rate of training men to care for people who are sick mentally, it would take us a hundred years to educate a sufficient number."

We can't afford to let this situation go unchecked. One of the most important factors in the cure of nervous and mental disease is getting the patient under treatment at

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the earliest possible date. The longer the patient goes without treatment, the slimmer are his chances of recovering. With the severe shortage of doctors, nurses, attendants and other staff facing our hospitals, patients go too long without any specific treatment and eventually are added to the growing number of chronic cases that are already overcrowding our institutions.

More Psychiatric Nurses

We need five times the number of psychiatric nurses now available. It is not uncommon to find only one nurse for 1,000 patients in our state hospitals. Under these conditions, standards drop to a dangerously low level. Nursing care is summed up in these brief notes: "Patient bathed once per week; shaved two times per week." This is not scientific care. It does not even come up to the standards we maintain in our almshouses.

The training of nurses lags far behind the need. Of the 1,307 accredited nursing schools in this country, only 32 are located in mental hospitals. Fourteen states have no training course in psychiatric nursing. Yet more than half of all the hospital beds in this country are occupied by mental patients.

More Trained Attendants

We can't have good hospitals without good attendants, and good attendants are hard to get—especially at the paltry wages some of our state institutions pay. Attendants are seldom given any training in the proper care of the mentally ill and have no understanding of emotional and mental disorders. Sometimes they are neglectful, abusive, and brutal.

But there are not even enough of such untrained, incompetent attendants available to meet minimum requirements. Often one attendant is placed in charge of more than one hundred patients. Most institutions hire

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anyone who applies for the job, and put him on the wards without any instruction. No licensing or training of any kind is required to carry out the very important job of caring for those who are mentally ill.

More Scientific Research

In the development of scientific investigation of the causes and treatment of mental disorders lies our chief hope for the future. Yet a study made several years ago showed that out of our 557 institutions caring for psychiatric cases, only twenty-nine were engaged in some active research project. Less than 20 per cent of our public institutions can be designated as research centers. Without scientific research, our institutions become stagnant, scientific interest dies for want of encouragement, and the patients suffer for lack of care and treatment.

More Psychiatric Wards

Although modern medical science recognizes the close interdependence of the physical, mental, and emotional processes, most of our general hospitals have no facilities for diagnosing or treating psychiatric diseases. This means that the term "general hospital" is wrong, since it really excludes the large number of patients who suffer from disorders that are definitely mental or which are complicated by mental factors. If the patient is to be assured that he will receive an accurate diagnosis when he comes to a general hospital, psychiatrists will be needed on the general hospital's staff. Only about a hundred general hospitals have taken this necessary step. And only about fifty of them have separate wards for diagnosing and treating mental diseases.

Legal Reform

In most states the law does not come near providing the kind of protection and care for the mentally ill that

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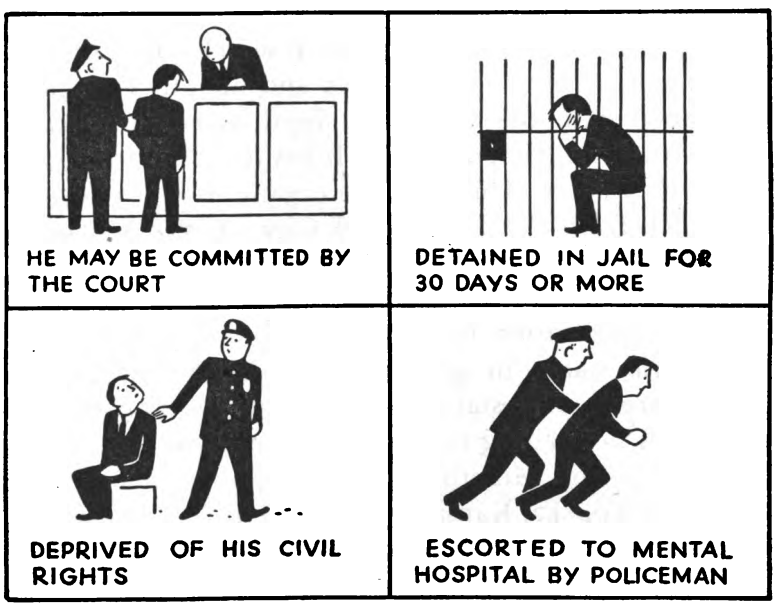
it should. Often legal procedure runs counter to the best interest of those it should protect. Patients are compelled to face the humiliation of court commitments as if they were criminals, are "detained" in jails for thirty days or longer, taken to the hospital by police officers,

A MENTALLY ILL PERSON IS NO CRIMINAL BUT THIS IS THE WAY HE IS TREATED



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deprived of their civil rights. Far too often there is no provision for impartial, frequent inspection of institutions or adequate supervision of their administration. Most states fail to provide any help or service to the patient during the crucial period after he leaves the institution.

Thorough revision of the law is needed to correct these practices and bring our legal treatment in line with a scientific and enlightened attitude toward the mentally ill. State legislatures have been largely indifferent to re-

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vising their statutes or providing adequate funds for the care of their mentally ill.

What Is Being Done?

Various professional organizations are trying to meet the problem of nervous and mental disease. The American Psychiatric Association sets up standards for care in psychiatric hospitals, encourages the training of psychiatrists, psychiatric nurses, and psychiatric aides. It furthers psychiatric education and research, and the development of out-patient clinics and all other agencies concerned with the social and legal aspects of mental disorders. The Association publishes the *American Journal of Psychiatry*. Offices of the organization are located at 9 Rockefeller Plaza, New York City. Austin M. Davies is the Executive Assistant.

The Commission on Hospital Care of the American Hospital Association is encouraging the development of psychiatric wards in general hospitals. Some training centers are being established to train psychiatrists and nurses. A heartening recent development was the establishment of the Menninger Foundation School of Psychiatry at Topeka, Kansas, in October 1945. The school is assisted by the cooperation of the Veterans Administration and plans to receive 150 doctors in successive classes for graduate training in psychiatry. A large proportion of the doctors and psychiatric aides now being trained enter service with the Veterans Administration.

Government Aid

The National Mental Health Bill, introduced to Congress in 1945, shows promise of closing some of the gaps in our facilities for the treatment of mental disorders. Recognizing the need for more psychiatrists and therapists, the bill authorizes the United States Public Health Service to form a National Institute of Mental Health to

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serve as a center for training and research. The bill also makes provision for grants-in-aid to public and non-profit institutions for training interns and residents in psychiatry, and makes liberal provisions for fellowships in psychiatry in graduate medical schools.

The bill is not designed to furnish federal funds for the routine care of patients in mental hospitals. Rather, it provides for a program of early diagnosis and prevention in order to reduce the number of patients needing long-term care. To meet this need for an effective program of prevention, grants can be made to the states for the establishment of centers for prevention and diagnosis. A National Advisory Council composed of six leading medical or scientific authorities is to be responsible for reviewing research projects and providing information about mental health. The bill will greatly expand the present advisory services of the United States Public Health Service.

Laymen Are Helping

Professional organizations and government agencies are not the only ones who are working for a more adequate mental health program. State societies for mental hygiene and other citizen groups are active in expanding facilities in their local communites for the treatment and care of the mentally ill. Some state societies are organized by professional persons; in others, laymen carry on the program. Every citizen has a stake in the work of his state mental health organization and should give his support to its efforts for bringing better understanding of the prevention and treatment of mental disorders.

National organizations are developing nation-wide programs of public education for the improvement of services to the mentally ill. The National Committee for Mental Hygiene, founded in 1909 by Clifford Beers, who had been a patient in a mental hospital himself, works for the conservation of mental health; the reduc-

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tion and prevention of mental disorders and defects; improved care and treatment of persons suffering from mental diseases; special training and supervision for the feebleminded; and the issuing of reliable information on these subjects and on behavior problems in such fields as education, industry, delinquency, and dependency. The Committee publishes occasional bulletins on psychiatric rehabilitation and two journals: *Mental Hygiene* and *Understanding The Child.* Dr. George S. Stevenson is medical director of the organization, whose headquarters are at 1790 Broadway, New York City.

The National Mental Health Foundation, more recently established, sponsors a nation-wide program of public education to create a better understanding of mental disorders, their prevention, and cure. Its purpose is to correct false beliefs about mental disorders, cooperate with other agencies in stimulating research and training and in providing better care and treatment for the mentally afflicted, and replace outmoded laws with enlightened legislation. A magazine, *The Psychiatric Aid,* and handbooks published by the Foundation for psychiatric aides and attendants in mental hospitals and schools for mental deficients, give institutional workers a better understanding of the proper care and treatment of the mentally ill and deficient. Headquarters of the National Mental Health Foundation are located in Philadelphia, Pennsylvania (address Box 7574).

WHAT *YOU* CAN DO

YOU can join with others in the fight against nervous and mental disorders by supporting those organizations that are working for the improvement of mental institutions, pressing for enlightened legislation, and helping to establish centers for prevention, treatment, and research.

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You can help by acquainting yourself with the truth about mental illness—how it develops, how it is treated, and how it can be prevented. You can treat mentally ill persons as sick persons in need of sympathetic understanding and scientific, humane care. You can convince others to take the same intelligent attitude.

You can see to it that your community provides facilities for prevention and early treatment. Good hospitals and clinics won't come by just wishing for them. They will come only when an enlightened citizenry sees the need for them and is willing to spend the money it takes to operate them. In a democratic society, each of us is responsible for all matters of public concern. We cannot blame others unless we have done everything we can to see that these needs are met.

The fate of the 8,000,000 persons who would profit from expanded psychiatric services hangs in the balance —people like Fred, George, and Mary—people who are your neighbors, your friends, and your relatives. We are accountable to them. We must not fail.

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