

MENTAL HYGIENE, YESTERDAY AND TODAY

VIII

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Introduction

Mental hygiene has become a byword, a common term, in the phraseology of today; but few people have a true conception of the meaning of the term. To most of us it is a catch phrase which we use carelessly and frequently, along with other scientific terms, as a means of "showing off" our rapid strides in scientific education and attainments. It is another means of proving to ourselves and others that we have advanced culturally to the "highest forms of civilization" as we, in our pride, are prone to think. The school child, the business man and woman, the professional man, the wealthy and the poor, alike, mouth these two words "mental hygiene", but each maintains his own individual connotation, the one differing considerably from the other.

Why, then, are these words used so frequently if there is no specific definition for them? There is a definition for them to the specialists in the field who, by their efforts to put into practical use the teachings of mental hygiene, are also trying to give the general public a working conception, rather than a theoretical one, of the possibilities of mental hygiene. If, then, the lay members of society would care to know how this term came to be applied to the society of today, it would benefit them to know the history of the origin, development, and application of this very practical theory of mental hygiene.

All through the literature of the ages, we meet descriptions of the insane, the maniacs, the crazy people, the fools the idiots, and the parts they play in the normal affairs of life. In some places we seen them deified, in some persecuted, in some used for entertainment, but in all feared and exploited. In few places do we find that there is any true knowledge of or attempt at understanding the causal factors of such mental abnormalities, although

they are the most dreaded of disasters. It has been only during the last century that any truly constructive work has been done in this line. A curiosity was aroused in several men to know just what the psyche is. Their conjecturings led to theories, theories to experimentations, experiments to other, more applicable theories, as to the relationship between the normal and the abnormal mind. Such work developed into a true study; a new science was introduced to a world profoundly interested in sciences; a place was made for this infant in the scientific world; it was nurtured on experiments and its growth was rapid. It has now reached the adolescent stage in which it is filling out and branching out, trying to bring every other field within its grasp; trying to cure the world. And it is from just this tendency toward incorporation that the mental hygiene movement has developed.

This movement is an effort to stabilize the human relationships by governing the environmental, physical, and mental factors in such a way as to promote social and individual well being. The goal is to develop a society which has formed the habits of avoiding worry, of banishing groundless fears, of frankly recognizing the limitations of individual powers, of refusing to seek in fantasy refuge from the demands of living, of taking the necessary time to do the work of the day, of facing the realities of life unafraid; to form habits of patience and decision, of whole-hearted and courageous action, of serenity and happiness.

Mental Hygiene, Yesterday and Today

Yesterday

The beginnings of the history of insanity are veiled by the lack of scientific knowledge of the subject. Such references as are found are hidden in the literature of the ages. Allusions are made to people of importance with descriptions of their queer actions. Sometimes there are attempts to explain the causes for such actions; but, more often than not, especially in very ancient times, they are taken as a matter of course and need no explanations.

Descriptions of the insane are found in the literature of the early Babylonian times. It was the practise of the family of the afflicted person to take him to the market place so that the passers-by might stop to confer with him about his disease, to discover whether they have themselves been afflicted with the same disease as the sick person, or have seen others so afflicted; thus they could advise him to use the same treatment as that by which they escaped a similar disease, or by which they have known others to be cured. It was against the law to pass such a sick person in silence without inquiring into the nature of his trouble, and to withhold the knowledge of any remedy which might be efficacious in the case. Thus we find, in the absence of specialized physicians, that the entire people are the physicians.

Herodotus tells us, of Egypt, that the art of medicine is divided among the physicians, each of whom applies himself to one disease only, and that it is all entirely in the hands of the priests. With such divisions in medicine, naturally mental illnesses are placed under separate catagories. Although the same method of diagnosing the nature of the disease

diagnosing the nature of the distemper was employed as in Babylon, religion begins to show its influence in Egypt in the case of the mentally afflicted. A temple, dedicated to Saturn, was set aside as a refuge, or asylum, for those afflicted with melancholia. In this temple these patients were subjected to the powerful calmative influence of poetry and soothing music to alleviate their melancholia and pain.

The Old Testament literature, a Jewish history contemporaneous with these times, is replete with references to mental abnormalities. There is the story of Saul, chastised by the spirit of the Lord and troubled with an evil spirit, who, during his attacks of mental disturbance, found diversion in listening to David's music; and, during attacks of suspicion and jealousy aroused by ideas of persecution, turned against this same David and his own son, Jonathan, trying to kill them; and finally, in a fit of depression, threw himself on his own sword to commit suicide. Then there is Samuel, who awoke during the night, hearing the voice of the Lord calling to him; and who, there-after, devoted himself to the Lord, often conversing with him. Again, there was Nabuchadnezzar, a Babylonian king, who thought he was turned into an animal so acted like one. Many more are the illustrations and descriptions found in this literature which are comparable to descriptions of the mentally ill of today. But, whereas today they are diagnosed as mental cases and are cared for in hospitals, in that day they were considered as either the chosen or the cursed of the Lord and were allowed complete freedom, and in some cases had large followings.

The Rig Veda of the Hindu (1500 B. C.) contains the first mention of medicine and surgery, practises placed in the hands of the priests and scholars. Different kings have left inscriptions

as to their personal achievements in erecting hospitals. King Dutha Gamani, for instance, lets every one know how charitable he was, for "Daily I have maintained, in eighteen different places, hospitals supplied with food proper for patients and medicaments necessary to practitioners of medicine for the proper treatments of disease". Another tells us that "to each patient he assigned a male and female servant that he might be cared for night and day". A good description of the medical practises of the time is given by the following, from Cumston:- "the physician, the patient, the drugs, and the nurse represent the four pillars of medicine upon which recovery depends. When three of these pillars are as they should be, then with the aid of the fourth, which is the physician, recovery will be complete, and the physician will be able to cure a very severe disease in a very short time. But without the physician the other three pillars are quite useless, even if they are themselves all they should be. --- A nurse is a pillar when he is good hearted, when confidence can be placed in him, and when he exactly follows the physicians' orders." Although none of these writings tell us very specifically the treatment of the insane, we gather from the humane treatment of the physically sick that the mentally ill were as humanely treated and cared for in lunatic asylums and that these people, as a whole, were far ahead of their European contemporaries in the kindness of their treatments.

During all these earlier periods, superstition and religion are the dominating factors in human relationships. Superstition was attendant with all acts of feelings and the powers of the gods were attributed to acts of commission and omission. Naturally enough, then, diseases were due to the workings of malign, individual spirits who dominated the body or soul of the stricken person either through

the exhortations of some enemy or though lack of proper propitiation of the spirit. It was considered necessary to keep the friendship of the spirits at all times and to propitiate them when they were angry; hence fetishes and conciliatory rites abounded. No wonder, then, that the insane were respected as the abodes of deities; and, as such, were worshiped, carefully guarded from danger, and held as sacred priests. Sometimes these beliefs led to the sacrifice of these people to the gods as being especially chosen and of god-like character, therefore not for this life. No distinction was made in the types of insanity although epilepsy was considered especially sacred and a god-like frenzy was attributed to prophets and poets.

Several means were used in the care of these same people. Among the propitiatory rites, purification was considered essential. Animal and plant substances were considered potent medications. Among other miscellaneous beliefs, that of the power of music and motion predominated. Different versions of these beliefs were held by the ancient Arabs, Syrians, Chinese, and North American Indians; whereas the Africans believed, rather, in the desertion by the soul of the body which was then of no use. The power of the moon over humans was a common belief. Moon-struck beings were allowed to wander for a time, were then captured, fettered, and finally sacrificed.

Following the time of Asclepieia, it is assumed that the physicians and surgeons in Greece became a distinct class from the priests. But not until the advent of Hippocrates was medicine put on a truly scientific basis. "His eminence", according to Garrison, "is three-fold: he dissociated medicine from theurgy and philosophy, crystallized the loose knowledge of the Coan and

Cnidian Schools into systematic science and gave physicians the highest moral inspiration they have". Further than this, he disavowed any supernatural relation to insanity. Epilepsy, the sacred disease, appeared to him to be in no wise more divine nor more sacred than other diseases, but had a natural cause from which it originated like other affections. The reason it was thought divine was because of the ignorance and wonder of the people and its dissimilarity to other diseases.

A truer understanding of the mental patient now arose and systematized care was provided for him as an outgrowth of observations. Treatments, in Greece, included surgery, hydrotherapy, massage, frictions, gymnastic treatment, baths, and hypnotism. The surroundings must be conducive to quiet and comfort, the rooms small, cool and moist in summer, warm in winter. The walls should be smooth, of a monotone in colour, and with no paintings because, in delirium, the patients might get excited, jump out of bed, and grasp at them. Nor should the bed covers have any patterns as the spots and designs might annoy excitable patients. Music and gentle rocking held a high place in the treatment of the nervous and irritable; the bed was hung as a cradle and rocked, brought near a fountain or some other musically soothing sound. Cheerful, amusing tales were told melancholics. Sweet essences were rubbed on the patient's face or feet, his head was stroked, or he was scratched gently on the temple and around the ears, or otherwise massaged. After purging, he was placed on a light diet; and, if he refused food, he was often placed between convalescents who were eating to arouse an inclination for food. The insane patient was to be kept

occupied, his work made prominent and given much praise. Changes of scenery and travel were recommended, and his friends were admonished never to speak of anything disturbing.

It took centuries for the slow development of science and scientific attitudes to establish such forms of humane and beneficial treatment for the insane. Superstition and ignorance had led to abuses and exacted enormous toll before the true light was seen and understanding was paramount. Nor were the good works of Hippocrates and the scientific treatments by the Greeks to be long lived. The dark ages, following the beginnings of the spread of Christianity, and the medieval periods had a backward rolling effect. All that had been learned was again lost in newly begotten superstitions and new religious wars. The outgrowth of servile obeisance to authority tended to the absolute suppression of experimental science, which gave way to logic and "reason".

A resumption of the rule of ignorance coupled with the new religions led to new forms of abuses. Now insanity was believed to be the result of bodily inhabitation by demons and spirits, the co-workers and underlings of Satan. Three methods of driving out demons from the insane were used:- the main weapon against the devil and his angels has always been exorcism by means of ecclesiastical formula and signs. These formulas degenerated at one time to the vilest cursings, threatenings, and vulgarities. A second means was by an effort to disgust the demon and wound his pride. To accomplish this purpose, the most blasphemous and obscene epithets were used by the exorcist, which were allowable and perfectly proper when addressing demons. The pride of the demon was also to be wounded by the use of the vilest smelling drugs,

by trampling underfoot and spitting upon the picture of the devil, or even by sprinkling upon it foul compounds. Some even tried to scare the demon by using large sounding words and names. The third method of exorcism was punishment. The attempt was frequently made to scourge the demon out of the body. All forms of torture were employed, and in the great cities of Europe, "witch towers" where witches and demoniacs were tortured, and "fool towers" where the more gentle lunatics were imprisoned may still be seen.

Hospitals no longer were in order. The care of the sick and poor was left to such care as the monastic orders might provide. Monastic hospitals had, usually, a room set aside for mad people and their warders; but lack of cleanliness and care seemed to be the dominating feature. Ordinarily the social attitude was a discouraging one for the insane person. Mock courts were held for them; they were ridiculed; and often stoned away from the community after they had provided sufficient entertainment. Fear of the violently insane led to the practise of providing a watch for them; but, since that proved to be too tedious, they were soon subjected to tortures of fright and shock by darkness, hunger, and cold, and were chained or placed in box-beds or strait-jackets to insure a safe and easy disposal of them.

It is strange, then, that in the midst of such cruelty and misunderstanding any plan could be evolved and put into actual practise such as that which was adopted at Gheel, Belgium. Here the community plan of individual, family care was started. The community was separated into five divisions, each being put under the supervision of a doctor and two inspectors. Then each family was given the care of one or two insane patients. The patients were accepted as members of the family and of the community, being

given the same responsibilities and social contacts as the normal members. The influence of normal, family life, the presence of children, and the ability to demonstrate mutual care were considered important factors to their well being and cure. At all times the doctor and inspectors were available in case of any need for advise or direction. To prevent any damage or real harm, no dangerous patients were admitted to the community. It has been estimated that a cure of nineteen percent has been accomplished. And to prove the practicability of such a plan, we need note only that it has been satisfactorily carried on, now, for the last thirteen centuries and is still a favored institution at Gheel.

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Stepping Stones to Today

At the time when ignorance of the inner workings of the human mind and a sincere conviction as to the wickedness of the insane were causing inexcusable cruelties, Philippe Pinel was born, 1745, at Saint André-d'Alayrac, France. Philippe was a studious lad; and, at seventeen years of age, became a member of a clerical order. Later, however, he went to Toulouse, where he studied mathematics, natural science, and medicine. Although he obtained his degree in medicine, he was not very successful with the practise. After three rather discouraging years at Montpellier, he finally, 1777, went to Paris to continue his medical studies and to teach mathematics. In 1793, Pinel was appointed director of Bicêtre Hospital. On taking over this position, he was astonished at the condition of the patients, and immediately sought to improve them. To do so, he had to secure governmental consent; and, in getting this needed consent, he brought suspicion upon himself as a fool and a royalist sympathiser, since this was in the turbulent times of the French Revolution. Needless to say, however, Pinel continued his plan for freeing the lunatics from their chains and putting a stop to the exhibition of them as so many animals in a menagerie.

In 1795, Pinel left the Bicêtre to accept the directorship of the Salpêtrière. Here, he not only freed the insane from their chains, but he also introduced warm and tepid baths in place of icy plunges as a treatment. Other innovations included sewing for the women, farming for the men, and tube feeding. Furthermore, being rather skeptical of the prevailing medical "systems", Pinel attempted to classify diseases in general and mental diseases in particular. In 1805, Napoleon appointed him as his consulting physician; and, it is said, that while answering the emperor

(after his return from Elba) in the negative as to whether or not insanity was on the increase, Pinel commented to himself on the trace of madness from which "superior geniuses and famous and ambitious conquerors are not exempt".

It was from such conditions as these described by Pariset and Esquirol that Pinel freed the insane; "Vice, crime, misfortune, infirmity, the most varied and revolting diseases, all were heaped together and treated alike. The buildings were untenable. Men crouched there covered with filth, in cells of stone, narrow, cold, dripping, without air or light and furnished only with a litter of straw, rarely renewed and soon infected, hideous lairs in which one would have hesitated to shut up the vilest animal. The insane, thrown into these sewers, were at the mercy of their keepers, and their keepers were malefactors from the prisons. The wretched patients were loaded with chains and tied with ropes like convicts. ... The injustice of their treatment transported them with rage, despair and wrath, inflaming their deranged minds, drew from them night and day cries and howlings that rendered still more dreadful the clanking of their chains." "These unfortunate people are treated worse than criminals, reduced to a condition worse than that of animals. I have seen them naked, covered with rags, and having only straw to protect them against the cold moisture and the hard stones they lie upon, deprived of air, of water to quench thirst, and all the necessities of life, given up to mere jailors and left to their surveillance. I have seen them in their narrow and filthy cells, without light and air, fastened with chains in these dens in which one would not keep wild beasts. This I have seen in France, and the insane are everywhere in Europe treated in the same way". Naturally, a complete and drastic reform was

not immediately accomplished; but Pinel had sown the seeds of reform; his influence was great and the spirit of his work spread fairly rapidly. By 1838, there had taken place, in France, a general transfer of the insane from workhouses and prisons to special asylums.

As early as 1247 Saint Mary of Bethlehem was founded in England to provide shelter and a safe retreat for the poor, the stranger, and the pilgrim, and to afford succour to all Christians, in any other afflictions. Literature is replete with references to Tom o' Bedlam, the wandering lunatics from Bethlehem, or Bedlam, as it later came to be called. Those patients who were considered able to go around without too much danger to the people at large, were (it is said) tagged or marked by iron collars and sent out with a trumpet on a career as orating mendicants. But Hyslop says, "Certain it is that 'Toms o' Bedlam' have established a cult, and a lucrative one, for their appeals to charity have met with a ready response. In early days Tom o' Bedlam had his imitators, who derived pecuniary benefits from the simulation of crankydom--. To protect the public from such imposture the governors of Bethlehem issued a notice in 1675 and 1676 that they never sent patients out to beg, and that no brass plates, or other marks of any kind, were ever attached to patients either during their residence or after their discharge."

Concerning the disregard of the public to the care of their insane, Elkanah Settle writes in his "Threnody on the Death of Dr. Edward Tyson" (physician to Bethlehem 1684- 1708),

"O Bethlehem, Bedlam, with a grinning smile
Let ~~scurrying~~ fools thy glorious rise revile,
As if Augustas too profuse they saw

To raise such costly walls for beds of straw,
The lazar lodg'd ev'n in the Dives' roof.
'Tis charity that builds, and that's enough!
Then let thy walls magnificently shine,
When founded in a service so divine."

Such conditions could scarcely be conducive to the well being of any patient; rather, it is no wonder that they were driven mad by such circumstances.

A contemporary of Pinel, in France, was D. Hack Tuke, in England. Disgusted with the prevailing abuses that were so evident at the time, Tuke founded a little asylum of his own. He converted his yard into a pleasant place where the insane might have the beneficial effects of green grass, running fountains, pure air, and sunlight. Tuke was a member of the medico-psychological association and joint author of the "Manual of Psychological Medicine". With such recognition, the influence of his teachings and beliefs became wide spread, as that of Pinel was becoming in France, and did much toward the alleviation of the sufferings of the insane.

Despite these separate movements in Europe, the conditions of the insane in the United States were still those of the medieval periods; and it was not until the burning zeal of Dorothea Dix drew attention to this fact that any move was made to remedy them. Miss Dix, born in Hampden, Maine, in 1802, first had her sympathies aroused by accounts of the hardships and sufferings of the women in the East Cambridge House of Correction, whom she volunteered to instruct. It was here "in the East Cambridge House of

jail Miss Dix was first brought into immediate contact with the overcrowding, filth, and herding together of the innocent, guilty, and insane persons, which at that time characterized the prisons of Massachusetts, and the inevitable evils of which were repeated in even worse shape in the almshouses." When Miss Dix had published a statement concerning these findings, she was so assailed with the question as to whether this was the exception or the rule that she devoted the next two years visiting every jail and almshouse from Berkshire to Cape Cod. The results of these investigations she gave in the Memorial to the Massachusetts Legislature in 1843. Excerpts from this report will be sufficient to descriptively typify the times:-

"Dedham- The insane disadvantageously placed in the jail. In the almshouse, two females in stalls, situated in the main building; lie in wooden bunks filled with straw; always shut up. One of these subjects is supposed curable. The overseers of the poor have declined giving her a trial at the hospital, as I was informed, on account of expense.

"Wayland- Visited the almshouse. There,-- caged in a woodshed, and also fully exposed upon the public road, was seen a man at that time less violent, but equally debased by exposure and irritation. He then wore a portion of clothing, though the mistress remarked that he was "more likely to be naked than not"; and added that he was "less noisy than usual". I spoke to him, but received no answer. A wild, strange gaze, and impatient move of the hand, motioned us away. He refused to speak, rejected food, and wrapped over his head a torn coverlet. Want of accommodations for the imperative calls of nature had converted the cage into a

place of utter offense. "My husband cleans him out once a week or so; but it's a hard matter to master him sometimes. He does better since the last time he was broken in." I learnt that the confinement and cold together had so affected his limbs that he was often powerless to rise.

"It may not appear much more credible---,that a few months since a young woman in a state of complete insanity was confined entirely naked in a pen or stall in a barn. There, ~~un~~furnished with clothes, without bed and without fire, she was left-- but not alone. Profligate men and idle boys had access to the den, whenever curiosity or vulgarity prompted. She is now removed into the house with other paupers; and for this humanizing benefit she was indebted ~~th~~ the remonstrances, ~~in~~ the first instance, of an insane man."

Appalled with such findings, and feeling called to delve further into the matter, Miss Dix devoted her life to the study of the conditions of the insane and to an effort to have governmental regulations passed concerning their treatment. She was instrumental in having asylums built and good care afforded these most unfortunate people. Nor were her efforts confined to Massachusetts; she went over all the United States, Canada, Nova Scotia, Newfoundland, England, and Scotland. She was instrumental in founding or enlarging thirty four asylums, all the way from Great Britain to Japan.

In the latter half of the eighteen seventies was born a man who was destined to do much for the welfare of people as a whole and insane people in particular. This man was Clifford W. Beers. His life story is fascinating; and parts of it, to those of us

who can not understand the processes of an abnormal mind, seem almost unbelievable.

Mr. Beers' boyhood was normal in every respect. When he first started to college, an older brother became sick with what was thought to be epilepsy, and much of Mr. Beers' time was spent with this brother. At first, fear that his brother might have an attack during the day and in public assailed him. Then finally, the overpowering fear that he, himself, was doomed to be an epileptic began to haunt him. It made him unable to recite in class; it seemed almost to be his dominating thought, but it did not deter him from graduating and starting to work. Following an attack of the grip, however, his neurasthenic condition became worse, the culmination being an attempt at suicide. For three years after, Mr. Beers lived in the land of mental abnormalities, experiencing delusions and hallucinations, and suffering the mistreatments and tortures commonly inflicted upon the insane.

Following Mr. Beers' return to mental normalcy, he set about campaigning for the establishment of a mental hygiene society and for reforms in private and state hospitals for the insane. His efforts have been so successful, so well planned, and so sanely executed, that today he is able to see not only dreams of local reform but of international development and improvement in active execution through the efforts of the International Society for Mental Hygiene.

Directly paralleling these philanthropically inspired people, during the last three centuries, were others directing their efforts in entirely different fields. But these others, by dint of observations, studies, experiments, and scientific researches have not only made names for themselves but have also done much in the

advancement of science. An advancement without which no effort of any number of philanthropically minded people would have been able to make any lasting or effective changes in society. Medicine, criminology, psychology, all were beginning to step to the fore to establish and maintain their places in science.

Lombroso, an Italian, and his colleague, Ferrero, worked on the assumption and tried to prove that certain physical characteristics were evidences of certain mental and personality traits, especially in relation to criminals. Gall and Spurzheim resorted to physiognomical indications as a means of discovering the functions of the brain and developed the theory of phrenology. Freud, through his observations, became the father of the psycho-analytic movement, the fundamental views of which were the sexual etiology of the neuroses, and the unconscious forces as the bases of conscious life. Adler, by means of clinical observations, approached the problem of neurotic character traits from the organic side rather than from the functional. Still others, such as Jung, Janet, and Kraepelin, have added the results of their studies; and, out of it all, has grown that vastly deep, interesting, and helpful science, psychology- the basis of medical diagnosis and therapy in the treatment of the insane.

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Today

Inspired by a desire to help the miserable people he had left behind in institutions, Mr. Beers was moved and encouraged to write a book depicting his experience. The product of this desire was "A Mind That Found Itself", the manuscript of which won the interest and active aid of William James and Adolph Meyer and other outstanding psychiatric leaders, men who, among themselves, were just beginning to realize that there was no sharp line of demarcation between the mentally sick and the mentally well. When his book was published in 1908 and met with immediate response, Mr. Beers felt that "the world was his oyster" and that he wanted "to put cocktail sauce on it". He wanted at once to take advantage of the range of intellectual leaders of the country who were backing his idea to form a national organization. He was persuaded, however, to make a more modest trial first. So, on May 6, 1908, he gathered together a small group of fourteen intelligent, influential people at the home of Anson Phelps Stokes in New Haven to organize the Connecticut Society for Mental Hygiene for "the improvement of conditions among those actually insane and confined, and the protection of the mental health of the public at large". To finance this undertaking, Mr. Beers borrowed from friends whom he convinced, by his own glowing enthusiasm, of the necessity for it and the future of such an undertaking.

Scarcely a year had passed before this movement took a step, and a large one, by bringing into being the National Committee for Mental Hygiene on February 19, 1909. Mr. Beers was appointed secretary to this society, as he had been to the first which he left, at this juncture, to devote still more of his time and energy to the greater work.

Cooperation and support was offered, in this undertaking, from many fields. Psychologists, social service organizations, educators, doctors, lawyers, business men, all types of activities became interested and active in this National Mental Hygiene movement. A program for the education of the public at large was instituted. And programs of mental hygiene, the betterment of all living relations to insure mental stability and well being among all, were inaugurated. Influential people offered the financial support without which no constructive work would have been possible.

In 1917, Dr. C. M. Hincks, of Toronto, visited Mr. Beers; and, after learning about the movement in the United States, returned home to organize the Canadian National Committee for Mental Hygiene. This was a long waited for event, because, with a second national committee in existence in another country, the movement became international.

So rapidly was this movement accepted that 1918 saw fully organized committees in Argentina, Austria, Belgium, Brazil, Canada, Cuba, Czechoslovakia, Finland, France, Germany, Great Britain, Hungary, India, Italy, Japan, Netherlands, New Zealand, South Africa, Spain, Switzerland, Turkey, United States, and others in process of organization in Australia, Norway, Sweden and still other countries.

By 1919 the international movement was formally launched by the appointment of an organizing committee, which in turn sponsored the International Committee, thus making the international movement permanent, crystallizing it in the form of an organization, and insuring future international congresses at periods of five years, following the first one in New York, November 1923, with

intermediate meetings of smaller dimensions at such times and places as circumstances might indicate.

The purposes of the International Congress, as outlined at the first meeting were:-

1. "To bring together from all countries, at this first International Congress, workers in mental hygiene and related fields, for exchange of information and experience and for mutual consideration of individual and social problems growing out of nervous and mental disease, mental defect, and mental and emotional maladjustments of the individual to his personal and social environment.
2. "To consider ways and means of world cooperation and of more effective promotion of mental hygiene in the various countries.
3. "Through a program planned for the purpose, to endeavor to correlate the special knowledge and experience of psychiatrist, psychologist, psychiatric social worker, occupational therapist, public administrator, educator, sociologist, and those of related professions, in determining how best to care for and treat the mentally sick, to prevent mental illness, and to conserve mental health.
4. "Through discussion and conference, to endeavor to arrive at common agreements concerning sound mental hygiene, objectives for the organized movement.
5. "Through news and comment resulting from the Congress, to arouse greater world interest in mental hygiene, and secure greater acceptance of the idea that mental disease can, in large measure, be prevented, and that greatly increased governmental and philanthropic expenditures for mental hygiene will find justification in lives saved for productive activity and will be good public policy."

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Stepping Stones to a Future Mental Hygiene Program

The scope of mental hygiene is far reaching. The pre-school child, the school child, the adolescent, the adult in all walks of life, the normal and the abnormal, all alike present problems too vast to be unravelled by any untrained and unskilled in such work. That is why people trained in psychiatry, medicine, social work, and education, working together under and with the mental hygiene societies have come to play such an important part in the world of today, striving by their combined efforts to make the world of tomorrow a much better place in which to live.

Many factors contribute to the personality development of the child, each one of which must be taken into consideration: first are the factors of inheritance such as physical appearance and well being, emotional nature, and mental ability; and second are the factors of environment, such as home relations, neighborhood conditions, educational advantages, companions, etcetera. The formative period for the child starts almost from the word "go". As one father has said "that in his judgment the time when his baby needed most of his own time and attention was in the period preceding nine months of age; for he was convinced that anyone who had established satisfactory social relations with a nine months-old baby, and was able to maintain them, had gained something which would last for a life time." If this is true, and it has been experimentally proven to be so, it can readily be seen that all other relationships and means of education must be well established by this time. The emotional life of the infant, especially, needs careful supervision. In this the parents are not always prepared, as they themselves may not have had the emotional training to pass

on to their children; then is the time for the hygienist to step in to educate both the parent and the child. In this first formative period, also, the abilities and natural trends of the child should be found out and amplified under supervision. The inclinations of the child should not be suppressed but directed.

As the mental hygienist can't break into every home where there is a child, he has to do his best work in those homes where proper methods of training have been so long delayed that sometimes great damage has been done, in the line of re-education of the child and education of the parent. More and more, now, however, the child guidance clinics are becoming recognized as an indispensable aid to the distraught parent in that greatest of responsibilities, the raising of a child.

The next step the child takes is into the educational fields. Here his contacts are broadened and his personality traits suffer many bumps against radically differing traits unless all are carefully supervised. Due to the introduction of mental hygiene programs in the school curriculum, school is no longer composed merely of the three rote "R"s, but now includes physical training, esthetic training, vocational training, nature study, and, most important of all, character training. It is this last carefully supervised work which reaches beyond the class room to the home and the neighborhood through the school nurses and social service workers that brings the child into broader social fields with less difficulty in adjustment. Here too are found not only personality and emotional maladjustments but also such mental abnormalities as might be present. Here-to-fore any child who was mentally backward was either left in school and just passed along in deference

for the parent or taken out of school and kept at home to be hidden from the public eye. Today classes are provided for the mentally retarded child which will carry him along only as fast as he can go, without forcing him or subjecting him to the shame of having to compete with normal children. In this way he is given a chance to prepare himself to meet the demands of society and to make his own little niche in the world, perhaps not very big but at least independant and safe.

It is this mental prophylaxis employed up to the age of adolescence that, combined with the mental hygiene programs to promote the development of intellectually normal adolescents, ripens and develops the characteristics of the individual toward systematized powers for an ever-growing independance, physical, emotional, and moral. This is the period of change, of uncertainty, and the fixation of tendencies; self-consciousness, budding aspirations; desires to leave the old but fears of the new- all are component yet warring features of the adolescent. Unfortunately, opposition usually arises between the adolescents and adults at this time, practically prohibiting any useful collaboration of intervention. Since this is true, mental hygienists have found that the best method to break through this opposition is to employ tact, faith, and constancy, without laying down any general rules for youth. The goal, set by the hygienists, is to insure the child, arrived at adolescence and then at maturity, that he shall not lose but preserve, adapted to his age, the qualities that make the grace and the allurements of childhood- originality, spontaneity, disinterested sincerity, vitality, and optimism. By keeping these qualities

keenly alive in the consciousness and in the practise of young people, the best possible way of well-being and progress may be insured.

The person starting out in quest of higher education has been supposed to be one who could readily adjust himself to any circumstances. Truly this is a false supposition, for the college student is thrown into new circumstances, a new environment, practically on his own for the first time in a place where new and unaccustomed demands are made upon him. Each student has his own problems to cope with so fails to see that the problems of another are overcoming him, nor would he, more than likely, be able to help that other as his own field of experiences and knowledge are too limited. Hence there is the crying need of competent psychiatrists and understanding faculty members who can recognize problems arising, then bring the student to a complete realization of his own difficulties and needs and finally aid him to "recovery". It is up to these people to give the student a greater understanding of his own inhibitions, and to provide him with the tools of insight, emotional stability, imagination, and the courage to venture, as well as vocational guidance. Mental hygiene in the colleges is growing to be a specialized instrument for cooperative endeavor- cooperation with individual students, with groups of students, with departments of sociology, psychology, personnel research, administration, law, medicine, and religion, for the purpose of turning out into the world people mentally, emotionally, and vocationally adjusted.

The age old institution of marriage has been questioned many times as it creates many difficulties in life. /First, there are the

problems of the married people themselves in their relationships to each other, to the world at large, and finally, to their children; and second, the problems presented by the children as they grow from stage to stage presenting issues in behavior, success and failure, emotional relationships with one another and parents and in personality development. The main problem now, since that of the child has already been discussed, is that of personal adjustment. A full knowledge is needed of emotional attitudes, of causes not results, a recognition of the dynamics of the family situation and the need for rational reconstruction of attitudes. Often troubles arise from the inability to adjust to one another and again from financial difficulties. In the old days the marriage tie was considered a sacred bond which must not be interfered with by any outsider; but now, with the help of mental hygiene, people realize that with competent, scientific help, marriage can be made a safe and happy institution. Now people are trained in emotional control, in means of personality adjustment. When it is a matter of finances, social workers aid by helping the family budget their income and adjust themselves to that income;; and, when necessary, even give them financial aid.

Some of the home difficulties are caused directly by vocational troubles. The choice of vocations have been, for the most part, hit and miss propositions of taking the first "job" that came along, regardless of training or aptitude for the work. Then, because of financial obligations, the job was kept. Now the educational system provides for vocational training. Mental and motor skills tests are given to determine the abilities of

of people for certain lines of work. This helps to do away with the eternal hopeless struggle to keep up with a job for which a person's capabilities do not fit him, and to help him choose that line of work for which he is best fitted and which ~~he~~ will like the most.

In these days of hurry few people take the time to learn to play; then, when they become tired of their work and have some spare time on their hands, they don't know what to do with themselves. This problem has become the subject of much experimental work by mental hygienists. They have found that recreation, properly governed according to the needs of the individual should be considered as a rebuilding of exhausted forces, both physical and mental. Physical exercise in the sense of an exercise of the will power is especially necessary for those who lead a sedentary life or who move only in a stereotyped way within a limited space. For all people, no matter what their profession, business, or other vocation, the following principle is important: a vocational mode of life must be supplemented and complemented by suitable exercise. Avocations must afford release of motor activities and will power, and develop the many other capabilities of the individuals that are left undeveloped by our modern life. To afford instructions for such recreations as are properly suited, there are recreational centers in which instructions are given to people in all walks of life in the proper ways in which to spend their leisure time to give them the most satisfaction and to give the most good, physically and mentally.

Thus we see that mental hygiene, in relation to the every day life of the normal individual, has many far reaching effects; it deals with his mental, emotional, vocational, and avocational

education, and it helps him adjust to his environment, no matter what that environment may be. Beyond the reaches of the normal, mental hygiene goes still further in its accomplishments in relation to the abnormal people in our society. It has changed the treatment of the criminal from one of drastic punishment, confinement, and torture to one of understanding sympathy and means of reeducation; as it has found that the criminal is usually an ill adjusted individual, unable to cope with the rigors of societal demands either because of emotional, environmental, or mental abnormalities.

Then too, the feeble-minded and insane have become to be looked upon not as witches and devil ridden beings but as sick people who need good medical care, education, and assistance. The feeble-minded are placed in institutions where education is provided them in such measures as their mental abilities will allow in an effort to make them as fit for a place in society as they can possibly be, or kept there to keep them from being harmed. The insane are given quiet, rest, hydrotherapy, physiotherapy, and occupational therapy as their cases might justify in an effort to cure them and to help them again take their rightful place in society.

If mental hygiene is given the proper support and encouragement that it needs, the future of society will promise to be as near a Utopia as any can possibly be from the standpoint of the individuals making up that society. Mental difficulties, emotional maladjustments, educational and vocational maladjustments will be very nearly eradicated; and the world will be a sane, stable, and enjoyable place for the individual.

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