CLINICAL PSYCHOLOGY IN ITS RELATION TO THE SCHOOL AND TO SOCIAL MEDICINE.

A SUGGESTION FOR AN ACTIVE AFFILIATION.

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"Wer die Jugend hat, der hat die Zukunft."

Let me endeavor to point out briefly and tersely the problems in clinical psychology which belong both to the school and the clinic, and bring up questions to be solved in part by both, questions which, in themselves, suggest measures for an urgent campaign into the all-important and far-reaching fields of prophylaxis, remedial pedagogics, and preventive medicine.

In the first place, there is the daily problem of the child whose behavior and progress is not just entirely normal. It does not keep pace with the others in its class, or falls behind, or does not progress; or again, cannot get along with the other children, or is just “queer,” “odd,” or “precocious”; or again, is considered “difficult,” one that cannot be managed in the usual way; or the child plays...
truant, or it is an over-sensitive or over-emotional child, or morbidly introspective, or nervous and fearful. Or again, it may be chronically fatigued or twitchy and restless, etc., etc. Such children have but one foot beyond the threshold of normality, and need not yet be rubriced under the abnormal. Just what may the matter be, and what the cause of it (and often momentous too, the course of it)? It is for the clinical psychologist (who is physician and neurologist as well as psychologist) to determine; and it is for him, likewise, in connection with the pedagogue, to suggest the remedy. From this stage of the abnormal normal child there are all grades into the really abnormal—into neuropathy, psychopathy, and mental defectiveness. The school spots and labels some of these, the outspoken ones. But neither teachers (nor psychologists!) should attempt diagnoses, and it is left for the psychoclinicist to learn whether the root of the trouble is physical, physiological, environmental, pedagogical, or psychological; and, if the latter, to sift the mental processes and discover if there is just functional disharmony or psychopathy, or if the intelligence, as such, is involved. This latter—this problem of the intelligence examination—is most intricate and difficult, and Binet-testing—which has become a kind of schoolgirl hysteria with us, and the method par excellence of deciding both diagnosis and fate of the abnormals at most of our clinics—does not solve it in the least. In fact, the Binet-Simon tests are of no value whatsoever in estimating mentally the individual slightly abnormal or really abnormal child, in estimating it for diagnostic, prophylactic, prognostic, sanative, or corrective purposes. The important fact is to probe the component parts of intelligence (memory, comprehension, combination, attention, etc.), and considerable outside the sphere of intelligence beside, and learn if there is any pedagogical retardation, "backwardness," "deficiency," or "defect," and whether in all faculties, or only in certain ones, whether the abnormalities lie in the thought tendencies (or tempo), or, finally, in the general or just some special arc of psychotechnic play. Only in this way can the separate intellectual factors and the separate mental abnormalities be sifted and scrutinized for determinants of diagnosis and remedial procedure. Out of such studies, in Germany, sprang an interesting pedagogical departure. Schulrat Sickinger of Mannheim, namely, thought it to the advantage of that group of children among the normals who were slower in their advance than the majority of their class, and who in consequence were often left back and suffered through the fear of doing poor work, and through having to sit over-long at their home-exercises, through scolding and reproaches, etc., that they be taken care of and developed in special classes (Förder-Klassen), whose work and advance was in keeping with their (somewhat subnormal) ability. And such classes were then instituted. Further study and examination brought out the fact that some students instead of being retarded were advanced along certain lines, that is, had certain faculties abnormally developed. Do they not also suffer in being held back, because of the general class niveau, when in these certain faculties they could, if given the chance, forge ahead? Hence came the idea (suggested by Petzold) to have extra schools not only for the retarded but
also for advanced students; and this has crystal-
ized into an actual, practical procedure in the
Charlottenburg- (Berlin) Volks-Schule, in which
there has been added to every normal class, a sub-
class (termed “B-Klasse”), and parallel with it an
advanced or talent-class (termed “A-Klasse”).

In the above arrangement, however, a flaw might
be detected inasmuch as I have said that the facul-
tative intelligence examination may show not all
the faculties defective, not all advanced, but,
namey, that some may be just normal, some below
and some above normality. An individual, for in-
stance, may have an exceptional memory and yet
very poor combinational ability; or combinational
ability in words and speech may be deplorably bad
while that for line and color may be of singular
excellence (often enough seen in artists). Hence a
child ought to be sent to a superclass for certain
subjects and to a subclass, possibly, for another,
remaining in the normal class for still other sub-
jects. A class procedure with this idea as its un-
derlying principle has indeed been suggested at
the Dresden Pedagogical Congress in 1911
(Raschke of Vienna being the first to propose it),
but whether put into practical effect as yet I do not
know.

At every turn in this pedagogical advance, the
need of the clinical psychologist comes up, for not
only must the status of the various intellectual
faculties be determined, but the causes or reasons
for retardation or defectiveness in the various
faculties, if present, be elicited (diagnosed) by him,
again whether physical, physiological, or psychol-
ogical, whether environmental or pedagogic, and
then, too, the prognosis given, whether easily reme-
died (and how) or whether only with great diffi-
culty, or, in fact, not at all. A child with nasal or
ethmoid disease, for instance, may give a mental
picture of intellectual debility or mild imbecility
(“aprosexia nasalis”), although it is mentally nor-
mal. Congenital syphilis may produce all types of
mental disturbances and defect, from mere in-
ability to concentrate, to absolute idiocy. And this
latter is remediable, even curable. Various func-
tional mental disturbances in the so-called
psychopathic constitution, as well as in the neur-
athenic, hysterical, obsessive, etc., may also have the
strongest deleterious effect upon the intellectual
faculties, and these children, if treated and prop-
erly trained, improve or again become normal. Ab-
normalities in the internal secretions (mono- or
polyglandular irregularities) may cause mild or
serious retardation, possibly mental infantilism,
even precocious advance (hyperpinealism?). In
fact, such important strides have been made of late
in this field of science, that no one, at this stage
of investigation, can aver or deny that the in-
ternal secretions are not the constructing, stimu-
lating, and inhibiting factors in the entire upbuild
and psychodynamic leverage of the brain and mind.
Our therapeutic and experimentally therapeutic
administration of these gland secretions, so easily car-
rried out, may in time prove of inestimable value in
the treatment of mental defects and abnormalities,
possibly, too, in the mitigation of fatigue and path-
ologically affected attention, in the goading of in-
terest, diligence, ambition, even in the stimulation
of mental exuberance, physical growth, and gen-
neral maturity. Very aptly did Woods Hutchinson
express himself not long ago when he said, “We
are such stuff as ductless glands are made of, and
our little life is rounded with a sheep.”
But though psychopathic and neuropathic children may easily enough be recognized by the physician, the problem itself of the intelligence examination, the actual probing to ascertain if intellectual defect is present, or if a child is subnormal or supernormal, is very difficult indeed and only just out of its swaddling clothes. To advance in this work much cooperation between the school, which provides the facilities of observing normal and slightly abnormal children, and the clinic with its outspokenly abnormal charges (the abnormalities in pure and concentrated cultures, so to speak) must still be necessary.

There is another decidedly grave problem, the one of most far-reaching significance, to be taken up by the school, in cooperation with the clinical psychologist. Can one, during the school years, discern signs or symptoms in the child which possibly presage nervous or mental trouble or disaster for it in the near or remoter future? And if this is so, could one not institute proceedings which would keep such child from becoming a future neurasthenic or hysterical or obsessed or psychopathic individual, or, indeed, from becoming a delinquent or criminal, or from the fate of insanity itself? And can aught be done for that pathetic class of mortals who are entirely normal up to the eleventh or twelfth year, or to puberty, and then suddenly cease progressing, or begin to deteriorate into one of the deplorable forms of dementia? What an immense proportion of our members are finally disposed of under one or another of these ominous headings!

And yet we know through such studies as those of Ziehen, Stelzner, and others, that a very large number of such individuals show prognostic signs of impending mischief in childhood (or may have a sinister augury even in their heredity) and that ever so many can be saved to themselves and the State if treated and mentally nurtured in time.

Why are society and Medicine asleep to this vastly important problem? With the abundance of talk on preventive medicine, of insanity exhibits, public propagandas and congresses on the part of psychiatrists and eugenic enthusiasts, it is amazing that the matter is not more opportunely taken up at the door of clinical psychology and the schools, here where it can be easily and simply inaugurated, and on a tremendous scale, here in the school years of the child—at that period in the life of these future unfortunates when they could still possibly be succored! It is evident that the gravity of it is not realized by the physician (and it is primarily a matter for the physician, not for the educationalist) or he is too busy with other problems to give much support to this one. It is possible, too, that just as the subject of psychotherapy was first taken note of after Christian Science and other modern healing cults assumed formidable proportions, so clinical psychology will first be legitimatized within the field of medicine after the schools of education and the psychologist have fostered it and made the province their own.

In the school this problem could be practically pursued in the following way: We know of a large series of signs and symptoms, often slight, often outspoken, as occurring in the childhood of such adult patients whom we treat for hysteria, neuro- or psychopathy, and certain psychoses, as well as in the so-called psychopathic constitutions of various types, the simple abnormals, the affect-individuals, the déséquilibrés, and such who evidence
ethical and moral defects, and whom we find among the delinquents and many criminals. We must look for such signs and symptoms in all school children, and, when found, subject such child to careful scrutiny. A talk could be given to the mothers or guardians and the teachers concerning these signs and symptoms.* and then a sheet upon which the various facts are printed could be given them to fill out in respect to their own child or children. At our clinic we employ such a “questionaire,” our psychopathy-sheet, as it is called, and it has served an excellent purpose, both in spotting the child in danger of some future trouble, and as an aid in the diagnosis of adult patients. Sleep-walking, for instance, points to hysteria in an extremely large number of cases. Bed-wetting, on the other hand, may be nothing but a bad habit, yet it may also be a sign of epilepsy, or, again, a mark of neuropathy or psychopathy in a child. Mistakes in writing may not only be due to poor scholarship; they may be due to nerve-fatigue or they may even be a premonitory forerunner in the epileptic, this latter condition having been pointed out by Stadelmann in his study of the school-child,* etc., etc. In an adult who comes because of an unexplainable pain or symptom, the history of his having been a sleepwalker in childhood, or of having had “stiff-attacks” or periods in which he couldn’t see, or walk, or talk, etc., would lead us to conclude that he had undoubtedly had hysteria, and that the present symptom, if no cause can be found for it, was very probably hysterical.

These sheets could then be looked over in the

*This could even be given by the principals of the schools, the matter for instruction being prepared by the psycho-clinacist.

school, and such children as showed any abnormalities be referred to the clinical psychologist for further interrogation and examination. A diagnosis made, the physician could then confer with the pedagog, and medical measures, or remedial pedagogics, or both, be advised and instituted in the way of treatment.

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PSYCHOPATHY SHEET.†

(T. D., neurotic, hysterical, psychasthenic, psychopathic, psychotic.)

Underline any of the following symptoms or conditions, if present. State duration.
1. Bedwetting.
2. Walking, talking, or screaming in sleep. Night terrors.
3. Fits of temper, rage, or inability to control feelings. Destructiveness.
4. Attacks of convulsions, stiffness, spasms, faints, vertigo, shaking, “absences,” “queer spells.”
5. Spells of vomiting, migraine, car-sickness, difficult breathing.
6. Hysterical, agitated, depressed conditions; apathy.
7. Sudden, extreme changes of mood, or an entire change in disposition.
8. Being over-timid or fearful, over-bashful, over-scrupulous.
9. Tendency to morbid fears, obsessions, impulsions.
10. Being abnormally cruel, or tender; over-susceptible, over-emotional, over-sensitive, over-irritable.
11. Temporary loss of voice, or power of arms, or of legs, or sensation (of any part).
12. Loss of memory (general, or for certain periods); abnormal lack of attention.
13. Loss of vision (for periods); seeing double.

†Copies of this sheet may be obtained from the Fetzer Press, 62 Reade Street, City.
15. Telling lies, playing truant, running away, stealing.
16. Easily led or misled; difficult to train or bring up.
17. Inability to stick to anything (play or work); shiftlessness.
18. Abnormal behavior or acts.
19. Strange fantasies (especially toward or at night), hallucinations, illusions.
20. Abnormal or imperative or fixed ideas; paranoid ideas.
21. Sexual precocity; sexual abnormalities.

Note (underline) if any of the following abnormalities are present:

a. Asymmetry of face, skull, nerve innervation.
b. Abnormality (atypical or misformed) of head, ears, teeth, palate, hands, toes, genitals.
c. Double hair-spiral, growing together of eyebrows, irregular growth of hair into forehead, etc.
d. Irregularity of pupils, difference in color of both irides, pigment or other abnormalities.
e. Left-handedness; speech defect.
f. Infantilism (of stature, general development, etc.)

Knowledge of the heredity of the child is often of greatest importance, especially in the case of those children referred to who progress normally until puberty, and then degenerate. A talk on heredity could, therefore, also be given to the parents (or a heredity “questionaire” or a small brochure be prepared and distributed among them), and it could be pointed out that ever so much can be done for a child to thwart the bad effects of heredity if the facts are known in time, and that, on the other hand, if no counter effort is instituted there is a likely chance of the abnormalities of the ascendants again appearing in the descendants, or if not the same abnormalities, other abnormalities. Thus, many parents could be induced to confide data of this nature to the psychoclinicist in charge.

Finally, other problems, some entirely pedagog-
work is rich of promise, and when fully and carefully carried out will prove an indispensable aid to the school in grading and classifying its charges, and of the greatest boon to the growing child in spying out its abnormalities at the earliest possible moment and endeavoring to obviate them, thus saving the adult from aberration, chronic illness, or infirmity, and society ever so many of its variously invalided mortals.

REFERENCES.


3. See, for instance, the studies of Marburg (W. med. Woch., Vol. LVIII, 1914); McCready (Interstate Med. Jour., XXI, 1914); Dana & Berkeley (MEDICAL RECORD, LXXXIII, 1913); Baldwin (Journal of American Medical Association, Dec., 1914), etc., and especially that genial paper read to us at the Academy two years ago by Frankl Hochwart (appearing later in the American Journal of the Medical Sciences, August 1913).


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