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The Mental Hygiene Clinic

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**CALIFORNIA SOCIETY FOR
MENTAL HYGIENE**

PRELIMINARY NOTE:

On account of the interest aroused and the questions which are often asked regarding the work of a Mental Hygiene clinic, the Committee on Publicity is republishing an article which appeared in 1917 in the Annual Report of the San Francisco Polyclinic.

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THE MENTAL HYGIENE CLINIC

(From the Standpoint of a Social Worker)

By ELSIE KRAFFT

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The first Mental Hygiene Clinic on the Pacific Coast was opened at the San Francisco Polyclinic, February, 1917, under Dr. Lillian J. Martin, consulting psychologist, with a view to restoring mental health through the application of recent investigations in psychology. The results have justified the experiment. To have even a slight knowledge of the sufferers who come for help is to realize the need of such a clinic. The tragedy of warped and thwarted lives is here; lives haunted by strange fears and obsessions; weighted with intolerable burdens, often imaginary, but none the less heavy; lives unfulfilled and unreconciled. To these the Mental Hygiene Clinic brings new hope, a wider outlook and re-education for the hitherto distasteful task of living.

Re-education—that is the key-note! Definite, systematic training based on scientific findings in the great research laboratories of Europe and America. Let its scientific basis be clearly understood from the beginning. Mental hygiene is not a mere secular confessional. It is not a place where the neurotic and the neurasthenic may dramatize themselves and luxuriate in their own emotional outpourings. They will only too readily do this on the slightest provocation and need no

further encouragement. The confession, tho it has a place in diagnosis and its value in therapeutics, is only part of a cure. Nor is mental hygiene mere friendly talk where soothing-syrup wisdom is dispensed in regular doses. Mental hygiene has nothing in common with those rarified "philosophies" which lay stress on things that are not so and never face the things that are. Mental hygiene fronts the realities of our complex human nature, with its fundamental instincts, its insistent needs, its strivings and satisfactions, and never ventures to exorcise a mental conflict with a "Don't Worry" book.

In the long file of those who come for help (445 patients since the inception of the clinic), are the depressed who have lost all ambition; the terror-stricken in the shadow of mental breakdown; those with weakening memories, no longer able to control their emotions or to concentrate their thoughts; "shut-in" personalities, secluded in their own torturous thinking and imagining themselves slighted or shunned; neurasthenics lacking the initiative to find a position; misfits in uncongenial vocations; the prematurely old and women in the menopause; the psychopaths and the insane; hysterical adolescents; feeble-minded and incorrigible children.

METHOD OF DIAGNOSIS—GET THE THOUGHT FROM UNDER THE THRESHOLD

First comes the diagnosis by introspection. The patient is asked to tell the story of his life. Sometimes this brings a complete confession; often the vital facts are withheld, and it is necessary to search the dream-life for a clue, or to study word-associations to discover where the patient is attentive to something under the threshold. Mistakes and forgettings, the reaction-time of a single word—all are significant of a possible repression that may indicate the deep-seated mental conflict at the base of a psychosis. These constitute the psycho-analytic method of Freud, the great revolutionist who startled the medical world with his theory of the subconscious in relation to mental disease. It is the endeavor of the psychologist to plumb

the subconscious mind, that storehouse of experiences hoarded by the senses, and find the hidden thought or the balked instinct, pushed down below consciousness, repressed yet still functioning and dominating.

METHOD OF TREATMENT—RE-EDUCATION

The "complex" at last revealed and faced, the next step is in the direction of re-education of thought and will to the end that a better adjustment to environment may be made. To some are given exercises for attention, to others exercises for emotional and thought control. Some are required to keep an emotion chart, recording their daily fluctuations of depression and excitement. For many there is work therapy. When we move we think and in dementia precox the throwing of a bean may be intellectual achievement.

TYPICAL CASES

Mr. X., once a skilled mechanic, had gradually slumped down till he could no longer earn a living. Complaining of headaches, deafness, insomnia, and finally confessing to a fear of homicidal impulses, he drifted from clinic to clinic for eight unhappy years. The history begins with an accident in the machine shop where he worked. "Contusion of the neck and hysterical mania" was the diagnosis with which he was sent from the company hospital as a puzzling case to other institutions. Finally he arrived at the Polyclinic. He was sent to the Eye Clinic, to the Neurological. Tests were made. Eyes proved normal, spinal fluid negative and the neurologist reported no delusions and no homicidal impulses. Plainly a case for the Mental Hygiene Clinic. Here was laid bare the slackness of a life spent pottering about a little shop in his home, beginning things, but never finishing, unable to concentrate, unequal to consecutive effort. After a time is unearthed a disturbing "complex"—the rankling thought of his divorced wife, the thought that she would be given a share of salary should he earn one. This undoubtedly acted as a subconscious inhibition. Further, his deafness shutting him within himself, had deprived him of wholesome social contacts. The psychologist at once undertook to re-educate him along the lines of observation, attention and concentration and to stimulate his interest in current events. It was a painfully slow process, for eight years of

desultory existence had slackened the bowstring of will. But gradually he was led back to healthy habits of work. He is now filling a good position, happy and useful once more.

Little Mary Z., a child of seven, partially crippled and nearly blind, is able to speak only 14 words and her chief phrase is "I don't want to!" Not being able to see much, she tastes and smells whatever arouses her curiosity. After she had been sent to tuberculosis neurological and eye clinics and a Wasserman test had resulted negatively, the doctors could only recommend glasses and mental training. The problem is to ascertain how much the child really sees and the extent to which the words she uses have actual meaning. She is being visited three times a week and under this supervision has added to her vocabulary, has learned through exercises in muscular co-ordination to button her own clothes and has become amenable to suggestion. After two months she has been admitted to a kindergarten—encouraging progress in one assumed to be hopelessly handicapped.

K. D., a boy of 14, was sent to the clinic to determine his fitness to assist in the support of the family. Found to be dull normal with a serious heart trouble and defective vision not correctable by glasses, the problem was this: where would his eye defect be less of a handicap? Would he develop better by contact with life than with school-books? To what extent was his heart trouble a handicap? It was decided to place him in the first position within his limitations which should give promise of later advancement; not to thrust him arbitrarily into a job, any job, any blind alley occupation, but to place him, after due appraisal of his resources, his possibilities, his lacks, with full opportunity for growth. This is a task for the psychologist, in accord with the newest ideas of vocational guidance and rehabilitation now coming into recognition with war time needs.

Mrs. Y., the temperamental wife of a coarse Slavonian waiter, became the victim of her own violent temper and tendency to drink. Alarmed at the murderous impulse which had driven her to attack her husband with a pistol, she sought the Mental Hygiene Clinic. There she complained of his irritating ways, his inability to appreciate her longing for "higher things," and of her children whom she found a great burden. The social worker sent to report conditions found her living in a state of constant agitation and domestic chaos; the home a mess, the beds unmade at 4 p. m., herself still in curl-papers and kimono, absorbed in the study of astrology. The husband, returning to this state of things, was naturally "irritating"—there

were quarrels, a resort to alcohol, a family at the point of disruption. The psychologist is now reeducating this family; the wife has exercises in thought control; she keeps an emotion-chart to help her to present a serene face to her children; she follows a weekly schedule for household management. Her housewifely sense has been stimulated, responsibility for her children awakened, whiskey is banished, and gradually her brainstorms are becoming less frequent. There are occasional relapses, but after six months' training, progress is being made with the whole family group.

Miss Q., a self-centered failure with a chronic grievance, drifted from one position to another, always looking for trouble, always thinking chance remarks and casual actions were aimed especially against her. It had grown to be almost an obsession and she was fast becoming an industrial failure when she was sent to the Clinic. Here she was trained in sane thinking and feeling, to turn her thoughts out instead of in, and today she is filling a position as nurse satisfactorily and contentedly.

Through all the training of thoughts and feelings there is a continuous effort to lead the patient outside the narrow walls of self into the life of the community. Most of the "nervous" and insane patients are out of harmony with their environment. It is a social maladjustment. To get them into a larger life—to make them feel themselves a part of the striving, courageous world—is to lead them away from dangerous introspection. The need of a living philosophy is emphasized. Most of these patients had muddled along through planless days—their lives a patchwork of ill-matched activities, miscellaneous, heterogenous, leading nowhere—save to nervous breakdown.