Some Aspects of Mental Hygiene

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SOME ASPECTS OF MENTAL HYGIENE*

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THE occupation of a presidential chair by one to whom the experience is new and unexpected cannot fail to have serious consequences on the mental attitude of the occupant. His sense of inferiority is unpleasantly aroused by looking back at the names of his predecessors in office, while his sense of reverence for presidents in general, a habit of mind that has grown with increasing years, is in danger of destruction. My pride in the honor that has been bestowed upon me is justly tempered by the knowledge that I owe my position, not to individual merit or to eminence in psychiatry, but to the graceful and generous tribute paid from time to time by the members of this section of the Royal Society of Medicine to their neurological brethren. This symbol of the cordial relationship between psychiatrists and neurologists is peculiarly happy in its appearance at the present moment. The borderland that separates and yet unites our respective territories has for some years past been the scene of an invasion by a somewhat heterogeneous multitude of students, the large majority of whom claim to be disciples of Freud and Jung. These invaders have sprung not only from the ranks of psychiatry and neurology, but in many instances have wandered from more distant realms of medicine and of science. As was inevitable in an unorganized movement of this kind, those taking part in it have not all been equally well armed. Some have lacked sufficient training in psychiatry and neurology, while others have been deficient in the critical faculty and the sense of proportion so necessary to scientific campaigns. It was equally inevitable, perhaps fortunate, that such an invasion should be neither peaceful nor silent. There have been pitched battles between the immigrants and those who considered themselves to be in possession. There have been noisy and unseemly squabbles among the new inhabitants, and this turmoil has been going on in the midst of an international and social upheaval which has brought into relief, perhaps as never before, the strength and the weakness of the human mind, its success and its failure in adapting itself to strange and stressful circumstances. It is not to be wondered at that while the storm provided an immense amount of material for study, it created an atmosphere unsuited for well-considered judgments. The last year or two have, however, given us some leisure in which to review the origin, the progress, and the results of the new movement in psychology. I do not propose to enter upon a discussion of the merits or defects of our modern psychopathology and psychotherapy. In the first place, I shall summarize shortly our present position; in the second, I shall consider how to use what is best and most firmly established of our knowledge, old and new, of psychological processes for the advancement of mental hygiene. In fulfilling my first purpose I shall be dogmatic. My opinions will not be acceptable to everybody, although they probably represent more or less accurately the views of many psychiatrists and neurologists.

VALUE OF PSYCHOANALYSIS

Psychoanalysis is essentially a method of scientific clinical investigation, and, like all other methods of scientific investigation, it requires in the investigator a trained and critical mind and in the investigated subject a degree of intelligence rather above than below the average, if the results obtained are to be of value. As Dr. Henry Head has repeatedly insisted, it is impossible to investigate the problems of sensation on subjects of low intelligence. The information obtained from such an investigation may be useful for purposes of
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large number of mental disorders can hardly be overstated, and it is for the future to determine the limits of its usefulness.

ITS PRESENT POSITION

The present position of psychotherapy, as well as the diseases from which it suffers—if a remedy can be the subject of disease—were admirably described by Dr. T. A. Ross1 in opening the discussion at the Cambridge meeting of the British Medical Association, and I cannot refrain from endorsing his eloquent plea for the establishment of a more friendly spirit among those who practice and put their faith in different methods. If this brief description of our present position in regard to psychopathology and psychotherapy is accepted, we are justified in hoping for a great advance in the practice of mental hygiene in the not very distant future. I would include under this term all measures that aim at the prevention of mental disorders, whether they are in the nature of neuroses, psychoneuroses, or psychoses.

Mental hygiene as a branch of medical science has been a miserable, neglected, and stunted plant, difficult to keep alive and still more difficult to rear, but it has a brighter future now that we are beginning to realize what it has lacked and to supply the necessary material for its development. It has always been the same in medicine. Hygiene in respect to tuberculosis was primitive and ignorant until the discovery of the tubercle bacillus. The prevention of sepsis was devoid of principles until the work of Pasteur and Lister paved the way. But if mental hygiene is to grow and to become robust, the soil must be prepared, a congenial atmosphere created, and sufficient labor and material provided.

ORIGIN OF “NERVES”

Let me turn your attention to some of the weeds that have choked the plant we would see flourish. To my mind the strongest and most obnoxious is one that was sown in ignorance and that has been nourished on fear. I refer to the fallacious belief, deeply implanted in the public mind and waiting a long-delayed exhumation by our profession, that so-called functional nervous disorders or “nerves” are not

1 See British Medical Journal, October 23, 1920, p. 619.
mental disorders. Surely the time has come to discard a verbal quibble that is unworthy of a scientific profession. There are signs in the air which lead me to think that unless we take this step ourselves the weed will be uprooted before our eyes by force of public opinion. But if we ourselves eradicate this weed, we shall, in the first place, be able to speak quite as frankly about mental disorders as about gastric disorders, and to discuss psychotherapy as freely as we do diet. If we recognize, and cause to be recognized, that there are all degrees and kinds of mental disorders, we shall gradually, but surely, break down the barrier that at present separates "nerves" from insanity, and that preserves for the latter the position of a mysterious and malign ogre lurking in the background and ready to pounce upon its victims from an unseen world. No harm is or ever can be done by dispelling ignorance or clearing up mystery. The fear of insanity, the fear of the unknown, the fear of something coming on them without provocation and finding them defenseless, haunts a multitude of patients and prevents that peace of mind which is the first essential in restoring their "nerves". Tell them that their symptoms are mental, that they have long suffered from a disorder of mind, and familiarity will breed contempt in place of unspoken fear. By so doing you will remove the feeling of defenselessness, and promote a confidence that the condition is understood and that your treatment is not based on a wrong diagnosis. It is useless to tell a patient who is obsessed by the fear of insanity that he is only suffering from "nerves". In nine cases out of ten, he will suspect either that you are deceiving him or that you are ignorant. Let him see that you recognize his symptoms as mental, and he will leave the treatment in your hands.

Needless to say, what I have here outlined is not sufficient. It is necessary to explain that what you mean by mental disorders are of everyday occurrence and in every one's experience. You will instance the fact that you may suffer from an obsession that is dispelled by a night's sleep or by talking to a sympathetic friend; that such an occurrence is not a question of nerves, but illustrates a transient disorder of mind. Moreover, you must explain that although symptoms are mental, they are not necessarily of mental origin. They may be due to other, more physical, causes, or to a combination of both. For this reason it is necessary to make both a physical and a psychological examination, the latter perhaps including a careful investigation of the patient's past and present reactions to circumstances and environment. In these days you will hardly need to emphasize the fact that the condition of the teeth, of the lower bowel, or of the ductless glands may play a part, even if a subordinate one, in the production of mental disorder. It will take years before public opinion accepts the idea that mental disorders are among the commonest of ills and that we all suffer from them in a greater or less degree. But once insanity or madness is generally regarded only as an advanced form of mental disorder and not as an independent monster without relationship to other conditions, it will lose much of its frightfulness.

The theme I have entered upon could be pursued in many directions, but I can safely leave the trail to be followed by my audience. I am only concerned really with the plea that we should get rid of false terms such as "nervous" disorders when we mean "mental" disorders, and so clear the ground of the chief obstacle to rational mental hygiene. May I add that I am not preaching what I do not practice, and that I have seen no reason to regret the introduction of the word "mental" to patients when I have had the time to explain precisely what meaning I attach to it? In fact, it is a very necessary preliminary to the initiation of a course of psychotherapy.

Confusion of Ethical and Physiological Issues

My next weed must be treated with more tenderness and respect. It has intimate relations with our plant and would almost appear to grow on the same stem. Nevertheless, it needs pruning and checking in certain directions if the sap of scientific hygiene is to be preserved. As there is difficulty in distinguishing the leaves of a tree from the ivy creeping over its branches, so is there confusion in mental hygiene between physiological and ethical issues, or—as I am in the habit of putting it to patients—between medicine and morality. Ethical doctrines based on religion are, speaking generally and in view of their antiquity, surprisingly useful in mental
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hygiene, but they need revision in certain particulars. The whole subject is too vast to admit of full discussion here, but I can make my meaning clear by an example which must be familiar to all of you.

A woman is beset by a fear or an anxiety or a sorrow—it does not matter which—but it is one that, according to her ethical upbringing, she must harbor in silence. She determines to suppress it and, again in accordance with her ethics, seeks success by throwing all her energies into some pursuit. Ignorant of physiological or psychological principles, she is surprised sooner or later to find herself beaten, and in the moment of defeat, when emotional reaction can no longer be restrained, she cries, "To think that I—I who always despised women with nerves—should come to this!"

Such a commonplace story illustrates two points of importance in relation to mental hygiene. In the first place, the patient has been brought up in ignorance of the fact that the mind, like the body, can be exhausted, and that an individual's endurance is a variable quantity determined by more than one factor. According to her ethical doctrine, the success of her enterprise depended merely on the strength of her will. In the second place, her piteous cry revealed the critical attitude of mind which, as a healthy person, she had always cherished toward those whom she had regarded as of inferior moral fiber. If her heart had become dilated as the result of prolonged and over-strenuous exercise, there would have been no self-reproach. She would have gone to bed and received the visits of her friends with complacency and without a suspicion of shame. There must be something wrong with the training of youth if a story such as this is of everyday occurrence, and mental hygiene will not flourish in an atmosphere containing so much ignorance of psychological principles and so little charitable discrimination between medical and moral factors.

CREATION OF ENVIRONMENT FOR ADVANCEMENT OF MENTAL HYGIENE

So far I have been concerned with two measures that appear to be essential in creating a healthy environment for the growth of mental hygiene. They may be summarized in very few words. Disorders of mind should be generally recognized as such, and the moral stigmata attaching to them should be dissipated. Such favorable conditions can be created only by the influence of the rank and file of the medical profession on the public. The time is ripe for a peaceful revolution of this kind. Both the profession and the public are more interested in psychological problems than ever before, and it requires only concerted and carefully considered action to direct this interest along healthy and beneficent lines. So far the increased interest in the mental side of our professional work has been reflected officially by the establishment of diplomas in psychological medicine, a step that should lead to valuable results by securing for this wide field of research a sufficiency of skilled labor.

But personally I do not want to see psychological medicine a special branch of a student's curriculum necessitating a three months' course in a special department. The student has more than enough to bear in the matter of special departments already. He need not be made familiar with all the writings, all the conceptions of Freud, Jung, or the older psychiatrists. He should learn from any or all of his medical teachers how to recognize, how to investigate, and the broad principles of treating cases of mental disorder. Patients suffering from minor mental maladies will form the bulk of his practice when he is qualified, and, since mental hygiene is concerned principally with the young, the general practitioner of the future must be responsible for its success. He cannot depute these responsibilities to a medical officer of health appointed by municipal authorities. He alone can detect which child in a family is finding difficulty in adaptation to the realities of life or to environment. He only can decide whether a threatening neurosis or an incipient regression is due more to inherent defects in the child or to external causes. His treatment will need to be directed as often to the parents as to their offspring if he is to be successful in preserving the mental health of the latter.

Five-and-twenty years ago a student was taught to distinguish between organic disease and functional disorder in his patients. The diagnosis of organic disease was followed by a discussion on the etiology and pathology of the condition, and the student was able to watch the effects of an elaborate
regimen of treatment to its appropriate or inappropriate termination. The diagnosis of a functional disorder, really a mental disorder, but not so called, evoked no comparable consequences. The page reserved for etiology and pathology remained blank, and the treatment was either purely physical or consisted of a few mild exhortations.

“...You have no organic disease; you must not worry; you will recover in time; you must take plenty of exercise and have plenty of fresh air and good food.”

This was generally accompanied by a good, strong strychnine-containing tonic, which possibly stimulated an already exhausted patient to further unguided efforts on entirely unsuitable lines.

Recent acquisitions to our knowledge of psychopathology should have sufficed to make the methods I have described so crudely unrecognizable to the student of the present day. Still more do they encourage the hope that the number of victims of mental disorder may be appreciably diminished if modern principles of psychical investigation and psychotherapy are incorporated in general medical knowledge and do not remain the monopoly of a few specialists. The trend of events in our science always follows much the same lines. As soon as much knowledge has been acquired in any particular branch, our thoughts are inevitably switched to the prevention rather than to the curative aspects of the problems involved. We are still seeking cures for cancer because we know so little about its causation. We are far more interested in the prevention than in the cure of sepsis.

Our profession has of recent years become more and more interested in the recognition of early signs of disease, or, rather, the signs of disordered function that precede structural changes. It is not too much to say that psychiatry can now join in this general pursuit and so promote the growth of mental hygiene.

**Multiple Factors in Mental Hygiene**

It may seem a far cry from the nightmare of a child who has supped not wisely, but too well, to the hallucinations of an asylum patient, and to put these two mental disorders in the same category might seem to be a bit of extravagance worthy only of a fanatic. But this nightmare incident illustrates well the tendency we all suffer from in greater or less degree to unify our pathogenesis. We like to think the nightmare was due to indigestion. It saves trouble, and the responsibility for preventing further nightmares may safely be left to the mother. There must, however, have been at least two other factors in the production of the nightmare. There was the inherent constitutional factor which caused that child to have a nightmare, although his brother, after consuming the same supper, slept undisturbed. There was the psychological content of the child’s mind which determined the nature of the dream and the emotional disturbance associated with it. The most profound skeptic of modern psychology will not ask us to believe that the story of a dream is a bolt from the blue, or that it is more intimately related to the content of the dreamer’s stomach than to that of his mind. The supper was undoubtedly important and may be allotted the chief share of guilt, but the other factors are not to be neglected if the study of mental hygiene in relation to children is to yield fruit. The asylum patient suffers from hallucinations. Shall we be content to say that he does so because he is mad? Or shall we look forward to the time when the reason for his suffering and the factor that determined the nature of his hallucinations are revealed to us? Looked at in this light, the problem of the nursery and that of the asylum are not so far separated.

The multiplicity of factors is a doctrine that, as teachers, we should keep constantly before the minds of our students. As practitioners our success depends on its observance whatever branch of medicine engages our interest. There can be no doubt that the study of epilepsy, for instance, has suffered much in the past from ignoring the psychological factor, although I should be very reluctant to subscribe to the view that the disease is purely psychopathic. Important as it is to bear in mind the doctrine of multiple factors in general medicine, it must never be forgotten in mental hygiene. We are too apt to say of a patient suffering from a psychosis: “What can you expect? Look at his family history.” Granted that the inherent factor has been predominant, is it not possible that a far-seeing mental hygiene might have so dealt with other factors that a serious disorder could have been averted? It is impossible not to sympathize with those
who hold that psychotherapy plays only an unimportant part in the treatment of a full-grown psychosis, but this attitude is very different from believing that it cannot be useful as a preventive measure at a more embryonic stage. Endeavor to imagine the terror that must be constantly present in the minds of many sane persons who are members of a mentally unstable family. Is it difficult to realize what comfort they would derive from a belief that heritage is not the only factor to be reckoned with and that medical learning is capable of recognizing and assessing the other factors, so that the long-dreaded calamity may be avoided? I have a shrewd suspicion that the advice in such cases to avoid over-strain and to keep the body healthy does not quite meet all requirements. Are there not unavoidable difficulties to be faced in every one’s life, and are we not already in a position to advise how they may best be dealt with?

**VALUE OF REST AND THOUGHT**

Before leaving the professional aspects of mental hygiene, and lest I should be accused of a marked bias in favor of modern psychotherapy in the prevention and treatment of mental disorders, let me say a word on the question of rest. There is no doubt in my mind that the invaders of our border-land have unduly minimized the importance of rest as a physiological essential in the prevention and cure of the psychoneuroses. Rest and sleep must, to the end of the chapter, be necessary in treating a condition of exhaustion, however the latter is produced. It is contended that with simple fatigue, uncomplicated by an anxiety state, sleep is undisturbed and refreshing. But it must be remembered that fatigue of itself may convert potential anxieties into active anxieties by reason of that loss of sense of perspective and of proportion by which it is almost invariably accompanied. In this way insomnia and disturbed sleep are brought about and a vicious circle established. This is a matter of everyday experience, and one that must not be lost sight of in any system of mental hygiene.

There is another aspect of mental hygiene on which I should like to touch, but which should perhaps be addressed to educational authorities rather than to yourselves. The chief func-

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1 The Conception of Regression in Psychological Medicine. The Lancet, Vol. 1 for 1918, p. 797, June 8, 1918.
tion in thinking, and no encouragement to cultivate the art for ourselves. There was an atmosphere of rigidity in regard to what might be controversial subjects in unfettered minds, and a thing either was or was not the right thing to do. I can well remember the surprise experienced on leaving school in relation to matters of conduct and to opinions about individuals. The atmosphere had changed and questions previously regarded as finally settled were found to be worthy of discussion. Individuals were no longer pigeonholed in this or that category; some with a wholly undesirable reputation had reluctantly to be conceded one or more good qualities. It may be that the somewhat narrow attitude of mind engendered by school life was adequately corrected by subsequent influences, but it is hard to believe there is no room for more systematized education in wide thinking at that period of life when the mind is most impressionable and most ready to form habits of permanent value. According to our newspapers, the education of the working-class children has again this narrow outlook with a socialistic bias, and is indifferent to other points of view. This being so, it should not cause surprise if they experience mental and other conflicts in later life. This is not altogether a frivolous utterance on my part. It can hardly be disputed that a large factor in present-day social unrest is of psychological origin, and that broader education on the lines I have just indicated would serve not only mental, but social hygiene.

Summary and Conclusion

There are other aspects of mental hygiene concerned with schools and education, especially in relation to hours of sleep and work, but these have received attention elsewhere, and I will not detain you with them now. Having trespassed on territory where I have no authority, I will be content with the inroad I have made and retrace my steps. To recapitulate, mental hygiene is a young plant worth cultivating and full of promise. Its growth must be promoted: (1) By no longer misnaming mental disorders as nervous. It is perhaps time to be courageous and to call institutions hospitals or clinics for minor mental disorders in preference to functional nervous disorders. (2) By getting rid of the confusion between ethical and medical principles as they affect health. (3) By teaching elementary principles of psychopathology and psychotherapy to students in order that the general practitioner may take a prominent part in maintaining the mental health of individuals; these subjects, being more important than much that the student is called upon to know, should be introduced into the syllabus for examinations and questions set upon them. (4) By obtaining general recognition for the multiplicity of factors concerned in producing mental as well as other disorders. (5) By giving due prominence to fatigue as a factor in psychopathology and to rest in psychotherapy. (6) By encouraging education in thinking as an important preventive measure.

I am conscious that I have displayed my admiration for, and belief in, much of the newer psychotherapy, but I am not really unmindful of what has gone before. The present condition of psychiatry and of mental hygiene—immature as it is, but full of promise for the future—could not have been reached without the mass of invaluable research undertaken and carried out in the past by many great workers in this department of medicine. If a flood of light has been thrown on the results of their labors by a later generation, let us bear witness to the fact that it only adds a brighter luster to their names.
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