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THE MAJOR DIVISIONS OF MENTAL HYGIENE—PUBLIC, SOCIAL, INDIVID- UAL.*

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I TOOK occasion in preparation for this discussion to jot down a number of points which I might desire to make concerning mental hygiene. To my astonishment, I shortly found that I had written out no less than seventy-nine headings. These I shall forbear to present to you in their fulness, and hope that the chairman will call me to order when the fatigue point of the audience is reached.

It is unlikely that there should be seventy-nine main divisions in mental hygiene. The classical situation with numerous sciences and arts is that they shall divide up into three or perhaps into five divisions. As a fact, I found very many of the considerations in mental hygiene may be grouped under three headings. There is a *mental hygiene* of a *public* or governmental nature; there is a mental hygiene of a *social* nature; and there is the far more familiar and well-known mental hygiene which considers the *individual* as such. Dean Pound of the Harvard Law School has divided legal interests into public, social, and individual, and I feel that his legal distinction pretty well holds in mental hygiene.

If we run through the great group of admis-

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sions at a hospital like the Psychopathic Hospital (which this year, 1915, has admitted no less than 2000 patients), we shall find that a certain large proportion of the cases are routine cases, whose public, social, and individual features are obvious and clear, immediately suggesting an appropriate disposition and appropriate measures of treatment. These *routine* cases may not all be successfully treated from the standpoint of the individual; but from the standpoint of society and the public authorities they can be successfully handled on the basis of familiar and well-understood rules of government, society, and medicine. But over against these routine cases, we find a minority of cases of a more difficult nature, which I may call the *intensive* group. The physicians among you will call to mind at once cases of mental complications in pregnancy, cases of brain syphilis requiring special treatment, and the like. It is true that these cases form an important subgroup among the intensive cases and require expert examinations and special devices in treatment. But aside from these intensive medical cases, we find once more that the public, social, and the individual grouping, which I have just mentioned, is further exemplified. For instance, we find a small but perturbing group of (a) public service cases. In this group, we have to deal with cases of family dispute with the respect to will making and the like. Again we have to deal with superior court cases given to us for medical examination and decision. Again the police courts and the juvenile courts give us cases of such a special nature that they belong in the intensive group. The Industrial Accident Board and the Immigration Service, to say nothing of the schools, furnish their quota.

Besides the public service group, there is what may be called (b) a social service group of cases, in which legal problems are not prominent, but in which economic and domestic, and other environmental difficulties predominate. Again, we have a great number of (c) individual cases which are neither intensively medical nor of particular importance to the public authorities from the standpoint of community welfare, nor again of particular social importance or open to social service management for their cure or amelioration.

This brief characterization will serve to indicate some of the main divisions of mental hygiene as they develop, from a review of cases actually flowing into such an institution as the Psychopathic Hospital. You are, doubtless, all aware how different in its scope and effect the Psychopathic Hospital is from the ordinary hospitals for the committed insane. Our cases are a group that in former years would never have reached the hospitals for the insane, at least in any such quantity. So much I would say to a lay audience by way of emphasizing the fact that the task of mental hygiene is not merely that of improving the outlook of the given individual. From Feuchtersleben's work on the "hygiene of the soul," to date, it is true that mental hygiene has developed from an interest in the individual; and I for one am not disposed to regard this, in some sense, narrow view of the function of mental hygiene, as at all unfortunate. Many of the most effective workers in the mental hygiene movement have started from an entirely individual interest in the problem, seeking the way out at first by endeavors to legislate improvement into the situation, and later by the slower process of moulding public

and social opinion. But to deal with mental hygiene in any of its phases means that we are carried directly from the problems of the individual to problems of society, and if life favors us with a little power, our interests pass from the less definitely social range to that more definitely crystallized portion of society's efforts known as government. In short, no one interested in the mental hygiene of the individual but finds himself forthwith launched upon one of the most stimulating of all social uplift movements, leading directly to efforts to establish in the framework of government a variety of measures for the mentally sick and defective.

The laity and the medical profession need no warning about the value of individuality in every human being. We do find, however—I speak possibly as a somewhat prejudiced physician—that the legal profession and the courts fall prey to a certain formulating tendency in which the interest of the individual gets lost or obscured. One of our problems in mental hygiene is to force the necessity of individualization of diagnosis and treatment upon the legal profession and the courts. I do not refer merely to the lack of individual handling of criminals and alleged criminals, although the situation here obviously enough calls for a revamping of the legal point of view. You will all have read or gotten some inkling of the work of Healy on the *Individual Delinquent*. As a medical man, I was struck with the vehemence and insistence of Healy's claim for individualization in the classification and handling of delinquents. Medical men and thoughtful laymen do not perhaps need to be brought to look upon what they regard as so obvious a matter, namely, that each human being, whether or not al-

leged to be a criminal, requires individualized management. If we look into the criminological world, however, we shall find that the lawyers and the judges, and perhaps even some probation officers, need to go a good way before they will arrive at what medical men would regard as a proper individualization of their material. This is doubtless why Dr. Healy, fresh from his rich experience on the border line between medicine and law, should have thought fit to devote a large work like *The Individual Delinquent* to the necessity of individualization in the handling of medical aspects of delinquents.

I said awhile since that individualized handling of mental situations by the lawyers and the judges should not be confined to criminals and alleged criminals. It is our task to demonstrate to the lawyers and the judges that the concept insanity itself is a somewhat artificial unit; that in point of fact, every insane person is really the victim of a particular form of mental disease. Kraepelin remarks that one should hesitate to classify a person as insane unless one can put him in a particular disease group. It is a question how far any but the most enlightened judges and lawyers understand the nature of the point I am endeavoring to make. The crystallized form of social service which we call court procedure or a system of jurisprudence is from its very nature liable to overformulation. The rock upon which social progress is founded is consideration for the individual. We must convince our servants in that more crystallized, not to say fossilized, region of social service called public service, in the first place, that it is not government they are serving, but society; and that in the end it is not even society which

is so important as its individual constituents,—men and women.

The social workers of the audience will be inclined at this point to pick a quarrel with me, for they are aware that physicians are by no means always ready to take that kind of interest in the individual as such as is ingrained in the hearts of social workers. The social workers find that we physicians are more interested in *parts* of individuals than in the individuals themselves. They respect our analyses and want our diagnoses; but between the analytical physicians, on the one hand, and the overformulizing governmental representatives on the other, the social workers find a heavy task. Administrators tell me that social workers often strive to break the law gently for the purpose of helping individuals. Physicians tell me, on the other hand, that social workers may easily have too much confidence in the ability of money and vacations to solve medical problems. The social worker is, in a sense, the marrow of the present situation. I believe that a prominent practical sociologist has questioned whether social work at this time is a profession. If not, social work is at any rate a sort of cement substance or intermediary body between all the various agencies which I have mentioned, to say nothing of the hospitals and relief agencies. Social workers carry the decision of the physician to the lawyer, the decision of the lawyer to the physician, and the decisions of both to the family. They may even be found explaining these decisions to the patient himself (sometimes a doubtful expedient in the case of psychopathic persons), and they carry back news from the individual to his family, from the family to the judge, to the probation officer, to the

physician, and to the public institution administrator.

The *major divisions of mental hygiene*, then, from the present aspect, may be taken as public, as social, and as individual. Development of the *public branch* of mental hygiene is in the hands of the lawyers and the institution administrators, upon whose experience judicial decisions and statutory provisions will gradually develop the power of society over the psychopath and his family, not only in the interest of society and the family, but also in the interest of the patient himself. The non-public, or more broadly *social branch* of mental hygiene is still in an unfinished and developmental state owing to the doubt which prevails whether social service is as yet a profession. Until it becomes such, doubtless no great amount of leverage can be got for improvement of the social situation on behalf either of the psychopath or of his fellows. In point of fact, evolution in the past has tended in some countries to make public duty out of every well demonstrated social need. Social workers should not be sorry if their tasks are removed from them as soon as they begin to be successfully performed. As for the *individual branch* of mental hygiene, there has been, as is well known, a great increase of interest in the individual as an individual, derived largely from French, and later German, efforts in psychopathology. The analytical pathologist who sees his subject segregated into a lot of interesting items is being replaced with a more synthetic type of physician who sees the individual as such. Curiously enough, one of the most striking signs of this development is in a movement called psychoanalysis. The leaders of this movement are far less analytic in one

sense than the routine examiners whom they wish to replace. The psychoanalysts are almost from the beginning of their labors synthetic. They put two and two together almost at the outset of their examinations and constantly see the individual as such. Whatever be the truth as to psychoanalysis, it is certain that the movement itself is but one symptom of the wave of individualization which is passing through a great many sciences and arts.

I might say much concerning the technic of mental hygiene. I might insist upon the value of getting a large and increasing number of persons to resort voluntarily to public institutions for examination; or endeavor, in the words of one critic, to make mental disease in a sense fashionable, as it has been claimed nervous prostration is fashionable. Parenthetically, it is of course true that nervous prostration is in a great many cases a mild, or even relatively severe, psychosis, and is merely termed nervous to escape the suggestions of the term "mental."

I might insist also upon the importance of stimulating the temporary care of cases not subject to court review and thus acclaim the modern tendency to take mental cases under medical care much as ordinary medical cases are taken.

I might further enlarge upon a division of the tasks of mental hygiene into a task of prophylaxis and a task of after-care; but for this time does not now permit, and all these important matters of voluntary and temporary care admissions, of the prophylactic and after-care divisions of mental hygiene, have been or will be sufficiently brought before the audiences of this conference. Other features of the general situation, such as the great value of work with

alcoholics and the salvage process as applied even to apparently hopeless victims of delirium tremens, should obtain a hearing in any proper presentation of the subject of mental hygiene. The new syphilis programme, dependent upon an increasing number of important medical observations and discoveries in the past few years, is also worthy of special attention. Into these things I shall not at present go, and I shall consider my task sufficiently well executed if I can go home satisfied that my contentions about individualized classification, diagnosis, treatment, and management of all cases, whether or not they belong to the medical man chiefly, to the social worker, or to the public authority, are deemed worthy.