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MENTAL HEALTH: KEYSTONE OF EDUCATION

An address before the American School Health Association, October 11, 1954.

THE last quarter of a century has seen an enormous increase in interest in the conditions in society which produce or permit the development of unhappiness, inner conflict, and finally, mental illness. This increasing awareness of the broad scope of influences which may interfere with an individual's development and maturation had its most dramatic development as a result of the incredibly inhuman treatment accorded a patient in various mental hospitals, or asylums as they were then called, along the eastern seaboard in the early years of this century. When Clifford Beers recovered from his illness, he resolved to do something about the conditions he had experienced, and largely through his constant efforts over a period of many years the present mental hygiene movement was firmly

grounded. Considering its origin, it is not surprising that earlier workers in the field were largely concerned with improvement of the care and treatment of patients in mental hospitals. This problem was so large (and still is) that little effort was left to be devoted to the more diffuse but none-the-less harmful conditions that prevailed in society which tended to prevent the optimum development of the individual. The idea is now gaining ground that attention to social factors conducive to illness may produce more effective results in the long run than too exclusive an emphasis on the treating of the sick.

Little by little psychiatry has become aware that mental illness is, for the most part, not like the older concepts of physical illness, in the sense that it is made up of well-defined syndromes with clearly delineated causes, either actually or potentially. The partially implied assumption that there is the same degree of uniformity of response of the personality to social and cultural stresses as the body shows to toxic, infectious, or traumatic agents, has been an inhibiting influence to understanding the elements that cause mental health or mental illness. It is, of course, true that mental illness does have definite causes, even though we cannot always, or even usually, define them with precision. Advanced students of the etiology of disease caused by physical, chemical, and bacteriological agents are also finding that the factors causing ill health are more complex than appeared to be the case a few decades ago, but much clinical thinking still proceeds on the basis of a "single cause, definite effect" basis.

The concept of personality organization which assumes the presence of an unconscious, and the interaction of various aspects of the personality, the id, the ego, and the super-ego, has been a source of uneasiness and anxiety to many persons, especially those trained to regard certain facts as fixed and unchanging. The very thought that the causes of emotional disorder are infinite in number and the variability of the individual is unlimited gives rise, in the minds of many persons, to the idea that the study of mental illness and the promotion

of mental health is a chaotic business, and a true scientist will have none of it. An exception may be made if some definite "facts" which lend themselves to statistical treatment can be chipped off here and there. Sometimes a beautiful study based on such partial facts is convincing enough to lead to conclusions inconsistent with the great mass of data that does not lend itself to quantitative measurements.

It is fortunate that scientists trained in the methods of the natural sciences do exert powerful pressure on their colleagues in the social sciences to be more exact and to plan their research programs along rigorous, quantitative lines. It is equally unfortunate when such pressures prevent vigorous attack on problems in the most urgent need of solution. Just as the most important elements in our lives cannot be weighed, measured, or even defined with accuracy, so many of our most urgent social problems must be attacked with the collaborative efforts of the natural and the social scientists, using techniques derived from both groups.

The promotion of mental health is one of these huge problems that calls for action on many fronts. Mental health is the business of everyone, but mental illness is the province of the specialists. Mental health is one of the key attributes of the individual which makes possible the free use of his natural capacities. It is one of the things which makes wisdom possible. It infers on the part of the individual a moderate amount of self-understanding, the capacity to be creative, to love and be loved, to think in terms of other people rather than in a self-centered manner.

Mental health is that state of mind in which one is not only free to go about the business of living, but actually does so with zest and satisfaction, both to himself and others. Seeking mental health is an over-all approach to the problem of making life meaningful. Accordingly, it is concerned with those things which produce trust, integrity, upward striving, and rich, meaningful relationships between individuals, groups, and nations or societies. In the individual, it strives for physical,

social, and spiritual fulfillment in terms of confidence, love, and affection.

The problem is complicated in that it involves an open and a hidden part of ourselves, the rational and the irrational, the conscious and the unconscious. How we may become generally more aware of the vast forces that affect our feelings and behavior in primitive, automatic, unregulated ways is a major task of our educative processes.

In this process of developing control over the strong forces in our natures, indirect education probably plays a stronger role than any of our planned procedures. It seems to be a safe assumption, based on both general and specific observations, that immature or mentally unhealthy persons are apt to occur in greater numbers in a community where family life is unstable, parental friction is common, children feel rejected, and where there are few evidences of love and affection. If in addition to these factors, there are low standards of behavior and tastes, poor models for identification, distorted attitudes toward body functions, inconsistent behavior, and crowded conditions, the percentage of behavior problems, character disorders, and delinquency goes still higher.

Rigidity in thought, behavior, and emotional expression often does much more harm to the developing personality than actual low standards. The fact that real emotion tends to evoke a warm response from others whereas pretended emotions are apt to cause withdrawal and feelings of uneasiness and distress is not always recognized or even understood.

Fortunately, maturity is also contagious, specially through leadership and the setting of good examples. Low incidence of the troubled states listed previously can safely be predicted when there is a strong family life, love and affection, the feeling of belonging and being wanted, firm discipline administered with consistency and understanding, wholesome attitudes toward body functions, and the granting of as much responsibility for self-control as is possible at any given age. The older the child

the more responsibility he can be given, but this process of accepting more responsibility must be gradual, since almost no one can suddenly change from being a dependent person to one who acts with a high degree of independence.

Mental health as an ideal has many similarities to education of the individual or group. Both are thought to be very desirable and neither can be defined with complete accuracy. Both are constantly evolving as new facts accumulate and new concepts are developed. Each has its numerous proponents who hold that the amelioration of the world's ills calls for a greater or a wider application of the one or the other. Neither is ever complete, and in both the really important process is the striving for them.

A central idea in our consideration at this time of these two basic constituents of a good life is that mental health is that quality which makes true education possible. Just as knowledge without virtue is dangerous, so a narrow education without mental health is useless. In my use of the word education I am going to make several assumption about its meaning; namely, that it includes intellectual, emotional, social, and spiritual components, and that it is the forerunner of wisdom. Mental health is, therefore, a keystone in the structure of education, which enables it to stand firm and solid even though it does not constitute the main structure. As I have previously stated, it is everybody's business, but my discussion in this occasion will be entered about the opportunities of the school health worker or physician to promote mental health.

As professional people, we frequently have difficulty in making our ideas in this field clear and acceptable to our colleagues in the non-medical fields of education. As spokesmen for the medicine of drugs and physical repair, we are remarkably well accepted; frequently more is expected of us than we can deliver. As soon, however, as we begin to investigate and speculate on the causes and prevention of the vast amount of unhappiness, inefficiency, delinquency and crime, and relative failure of achievement in the people round about us and in

ourselves, our findings are challenged and disputed. Resistance sometimes takes quite extreme forms, particularly from groups or individuals who may feel threatened by our findings.

A few years ago a group of medical educators, exploring the relationships between psychiatry and medical education, asked a group of 3500 community leaders throughout the nation their individual opinions regarding common emotional needs which they considered the proper concern of the physician and the adequacy with which they thought doctors were meeting those needs. In the 700 answers received there was a strong sentiment that the physician's training is lamentably lacking insofar as it fails to provide him with the means to help solve the problems. Concerning the physicians with whom these community leaders were acquainted, the following reasons for not coming up to expectations were frequently given:

"Too much is expected of doctors.

They are too busy to do all they might do.

They do not have time or inclination to listen to and consider the patient's feelings.

They do not have enough knowledge of emotional problems and socio-economic family backgrounds.

They have a self-satisfied Olympian view of themselves.

They increase fear by not explaining things to patients in non-technical language.

In treating physical disease, they are often out of touch with the personal and social problems and pressures of the rank and file.

They do not participate to any great extent in projects for improving community relations."[1]

Some of these are harsh criticisms, but they are valuable in that they give us some idea of what is expected and what people would like to expect from us. In rebuttal, some phy-

[1] *Psychiatry and Medical Education.* American Psychiatric Association, Washington, D. C., 1952, pp. 125-26.

sicians may say that there is not enough time nor is any one man capable of being proficient both in technical and scientific medicine and in social problems. I suggests that the two abilities complement each other and that there is no necessity for an either-or choice.

Perhaps our own ways of thinking about people need evaluation and revision. As all of us who are physicians partially realize, and the rest of you see even more clearly, the habit of thinking in terms of disease or pathology carries over into our contacts with teachers and parents in many ways that are not always useful. I suggest that we will get farther with health programs generally, and mental health programs particularly, if we think somewhat more in terms of conditions that promote or build health and put somewhat less emphasis on processes of disease as entities. Thus we will be more useful to our classroom colleagues if we constantly try to think in the context of their ideas, goals, methods, problems, frustrations, and experiences.

At the present time we are in the midst of a long term crisis in our schools, primarily because of conditions which strike directly at the teacher's own mental health. The sources of anxiety, fear, and tension, so far as the teacher is concerned, include low salaries with resultant worries of many kinds, excessive teaching load, crowded and inefficient classrooms, rigid standards of behavior imposed by the community, unpleasant environment in many instances, too many extracurricular and community responsibilities with resultant fatigue, unjust criticism of some of their colleagues, and problems concerned with relationships with school boards and administrators.[2] In another area there are the concerns over freedom of speech, attitudes toward communism, the United Nations, and the super-patriots in the community. Most of these problems can be tolerated and to some extent solved if efforts can be directed constructively rather than being expended in conflicts which neutralize and frustrate.

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[2] *Growing Up In An Anxious Age.* 1952 Yearbook, Association for Supervision and Curriculum Development, N. E. A., Washington, D. C., p. 9.

The wise teacher already knows what is needed to develop responsibility in his students and cooperation in the community, but he needs backing, emotional support, occasional clarification of confusing complications, and some medium for the working out of delicate disturbances in school interpersonal relationships. The school health worker who thinks in terms of mental health, of social forces in the community, of all the subtle but powerful forces that affect personality and behavior, has a most satisfying addition to his traditional invaluable knowledge of hygiene.

In a society such as ours, with its emphasis on the material, the technical, the scientific, the clear labeling of behavior as "right" or "wrong," it is only logical that parents and physicians alike should be searching for a formula for the proper rearing or education of children. This has frequently resulted in the prescription of rigid rules and customs, some of which did not work, the loss of confidence experienced by the parents gave rise to worry, frustration, and feelings of guilt. I would agree with a recent statement of Dr. Benjamin Spock, reported in the *New York Times*, in which he said: "Individual psychiatric work has shown us that one can only to a very limited degree teach parents, on an intellectual level, how to rear or not to rear children. We have plenty of evidence that parents do well to the degree that they have come through happy childhoods of their own and identified successfully with their own parents." This suggests that not the least of our efforts should be devoted to getting across to students what the good home and good family life is like. As they plan for their own marriages, these basic facts should be known.

Instead of looking for rules, for formulae, for the right way of meeting any and all situations, we might much more profitably think in terms of attitudes and inner qualities. The ingrained habit of thoughtfulness, of thinking how it must appear to the other person, of awareness of the sensitivity of others, and of a general respect for people, are the really im-

portant matters. The capacity to give and receive affection, the ability to show anger and to tolerate it in others, the recognition of the presence of strong instinctive reactions such as pride, jealousy, and fear, are proper items for consideration in the educational process. In short, training in feeling is fully as essential for the truly educated person as training of the intellect.

In this connection it should be recalled that knowledge does not have to be complete in order to be effective though a certain degree of pervasion of knowledge is necessary. Just as all citizens in a community do not need to know the life cycle of the Anopheles mosquito and the parasites of the Plasmodium genus to control malaria, or know the bacteriology of Salmonella typhi to prevent typhoid fever, so the entire population does not need to know all the principles of mental health in order to apply them. But a few key individuals do need to know them, imperfect as their formulation may yet be. This is why the teacher and the health worker play such important parts in the process of building mental health. They see and work with the child while the fundamental attitudes toward life are still capable of betterment, and they can also help alter parental customs and feelings in a constructive direction. The awareness of the need for and scope of mental health and the will to do something about it are the important qualities needed in the health worker and teacher. There then follows the slow, persistent, and unspectacular attempt to build mental health and induce others to do so. In this endeavor the forces are so delicate and strong by turns that excessive energy and enthusiasm, even if only slightly misdirected, may do more harm than apathy and ignorance.

Freud commented in a somewhat similar vein to a group of psychoanalysts in 1910: "Let us remember, however, that it is not for us to advance upon life as fanatical hygienists or therapeutists." He then pointed out the hope that if those who are treating patients and who thereby discover the secrets of the neuroses make their knowledge available, "we may expect

to gain the authority of the community in general and thus to achieve the most far-reaching prophylaxis against neurotic disorders."[3]

Expressed in terms more applicable to the school situation, it is the duty and the opportunity of the school health worker, whether he be a psychiatrist, internist, health educator, psychologist, nurse, or social worker, to collect and assimilate knowledge gained from the study and treatment of the disturbed and unhappy youngster and to transmit that knowledge in the form of general principles to the classroom teacher. The teacher, on the other hand, sends to the health specialist a constant stream of information about his views of the school's educative process. By this process of working together and learning from one another with no artificial notions about who is superior to whom, the mental health of the school improves because the pupils see good mental health in action. Students learn infinitely more from what they observe in their teacher's behavior than from what they are told.

One of the common defenses against the problem of widespread tension, anxiety, and unhappiness is that of denial. Seeing a group of children at play almost always brings out the automatic thought that these are happy children and they have no problems. Yet almost every time close observations are made in any group the incidence of conflict and unhappiness is surprisingly high. The experience of those who work with college groups indicates that ten to fifteen percent of students in such institutions have major emotional problems each year. In a recent study by Dr. Lawrence K. Frank and his associates on *Personality Development in Adult Girls*, it was noted that a high proportion of the 300 girls in the study were "unhappy and tense." Some had been unfavorably affected by home, family, and neighborhood experiences, while others, especially in the middle and upper social-economic groups, showed "the effects of the continual pressures they are under from ambitious or

[3] Freud, S., *Collected Papers*. Vol. II, Hogarth Press, London, 1953, pp. 295-296.

intellectual parents, often reinforced by idealistic teachers who spur them on to academic achievement."[4]

This latter observation points up the difficulties inherent in striking a neat balance between pushing children too much and not encouraging them enough. John Stuart Mill said that the student who is never expected to do more than he can do will never do as much as he can; whereas, Mark Hopkins thought the youngster with a good mind should not be forced too early. In general, I believe the motivation developed from within is vastly more effective than that imposed from without. This suggests that we may accomplish most by building sentiment in our schools which values learning for its own sake, and which gives maximum encouragement to the student but does not censure him unduly if all expectations are not realized.

Many persons think that a main purpose of psychiatric treatment is to aid the patient to "adjust" to the conditions which surround him in order that he might be comfortable. This usually carries the connotation of "adjustment downwards," the patient becoming more complacent and less critical of unfavorable factors in his environment. Some of this same false concept has become a part of the customary ideas of many people about mental health, implying that mental health is a rather dull condition, uninteresting, and almost too peaceful for pleasant contemplation. Such, of course, is not the case. Mental health should imply freedom from crippling conflicts and anxieties but not from conflict and anxiety. It suggests the raising of standards, not their deterioration.

The nature and role of anxiety is discussed in illuminating detail in Professor Tillich's book, *The Courage To Be.* He comments that fear has a definite object which can be faced, analyzed, attacked, and endured. Courage is usually described as the power of the mind to overcome fear. In contrast to fear, anxiety has no object, cannot be attacked, and is really fear

[4] Frank, L. K., Harrison, R., Hellersberg, E., Machover, K., Steiner, M., *Personality Development in Adolescent Girls.* Child Development Publications, Antioch Press, Yellow Springs, Ohio, p. 194.

of the unknown of a special type. It is the painful feeling of not being able to deal with the threat of a special situation. In a sense, anxiety strives to become fear.

Professor Tillich also believes that the anxiety which is potentially present in every individual becomes general if the accustomed structures of meaning, power, belief, and order disintegrate. As long as they are in force, anxiety is bound within a protective system of courage by participation.

These ideas from a philosopher and theologian are quite appropriate from the psychiatric point of view. Furthermore, they lend support to a central thesis of this discussion, namely, that mental health in the schools should be thought of in terms of the central purpose for which schools exist, that is, to enable the pupils to make optimum use of the qualities, actual and potential, which they possess. Accordingly, mental health is a matter of morale, of honesty, of concern with prejudice, discrimination, cheating, fanaticism, hatred, and how teachers and pupils think of one another.

Fear of failure is frequently a good thing. Anger at injustice is likewise justified. The task of a mental health program is to aid in finding appropriate outlets for strong emotions so they may be expressed in constructive, not chaotic ways. Likewise, encouragement of positive factors which make life meaningful is fundamental. In this latter area particularly lie the greatest opportunities for the development of cooperative activities of mental health workers with other groups in the communities interested in value judgments.

In this connection we find frequent fears and suspicions in any community that psychiatry (and by association, mental health) is in some way a sinister force, opposed to morality, religion, and common sense. On the contrary, quite the opposite is true. The psychiatrist endeavors to help the individual develop his own inner integrity, his power to make decisions, and exercise judgment, and not to exercise abrupt authority over him. Thus strict honesty, straightforward dealing with

one's fellows, avoidance of undue wishful thinking, and rationalization and consideration of the needs and rights of others are among the fundamental goals in treatment. The mistakes of psychiatrists may be a handicap to psychiatry, but they do not constitute an indictment of it. Psychiatry is neither in conflict nor in competition with religion, but is basically an ally, working in areas not always readily accessible to religion. As between different types of religion, psychiatry must remain neutral, though the psychiatrist need not do so.

In matters of education a great many concept have been handed down to us which we have accepted in part or have acted as if we did. One of these is that if learning is to be effective, it must be disagreeable. Another is that children are naturally lazy and must be made to work. One has only to observe a number of children at play or engaged in other spontaneous activities under favorable circumstance to note that learning is pleasurable, that laziness is largely absent, and that the satisfaction of curiosity brings a sense of real accomplishment as long as discoveries can be shared. Among those who look upon the process of education as the mere transfer of information from one receptacle (the teacher) to another (the child), certain phrases have arisen to explain why the process does not always work as expected. Among these are such comments as, "He is lazy," "not interested," "stubborn," "won't try," and others which have a certain measure of truth, but which are deceiving because of their simplicity and apparent finality. As soon as a group of teachers begins to think of the educational process in terms of the delicate interaction between past experiences and present opportunities as they appear to the child, a whole new dimension of thinking occurs. Certainty flies out the window, to be sure, but in its place comes patience, thoughfulness, awareness of the sensitiveness of others, consideration of the meaning of the acts of the child, and the confidence and security born of knowledge gained by patient observation. This is consistent with the maintenance of very high standards, even though there is a certain permissiveness as to how they shall be achieved.

As soon as a teacher begins to think in terms of the child's personality as well as his intellect, he very soon begins to think in terms of enlarging his knowledge of his own emotions and feelings. It is at this point that the greatest opportunities and also some of the greatest dangers lie. It is also at this point that the health worker can be of the greatest aid to his educational colleague, provided he has enlarged his own knowledge of himself and of the principles which favorably influence human personality development.* As Lawrence Kubie has said, "Without self-knowledge in depth the master of any field will be a child in human wisdom and human culture."[5]

A specific tool of the health worker interested in building mental health is group discussion of important issues. If someone can be developed as a discussion leader who is not rigid and dogmatic, who does not feel impelled to talk all the time and impress his own ideas on others, and who has a genuine feeling for other people's points of view, much can be done in advancing desirable movements or resolving developing tensions. In schools occasional group discussions centering around such subjects as homework, effective and ineffective teaching, attitudes toward those with whom we disagree, how much and what kind of extracurricular activity is desirable, school spirit, career choices, or anything which may be of concern to the community at the moment, may be of enormous aid in helping students and teachers develop cooperative points of view.

The dangers of this method stem from too aggressive attacks on highly charged emotional situations, giving rise to increased community turmoil, or from the occasional instance in which a particular person becomes acutely disturbed due to some personal problem. For the latter it is desirable to have some instances serve as a group discussion leader if his special

* A most helpful source of information along these lines is the volume resulting from the Midcentury White House Conference on Children and Youth, *Personality In The Making*, edited by Witmer and Katinsky, Harper and Brothers, New York, 1952.

[5] Kubie, L., "The Forgotten Man of Education," *Harvard Alumni Bulletin* 56:349 (Feb. 6), 1954.

qualifications permit, but more often he may be the consultant working behind the scenes.

It cannot be too strongly emphasized that in our efforts to promote mental health in our own communities that clinical terms be avoided as much as possible. There are good, concise, simple English terms to cover practically all the ideas that arise in this field. When overused, many words or phrases, such as mental health itself, maturity, neurotic, and the various terms derived from psychoanalytic research and experience, are obstacles to our dissemination of good ideas in the community, no matter how valuable they may be to us in our interprofessional exchanges.

A never-ending duty of the physician or other health worker is to keep in mind what he mans to those he serves. In his effort to be frank and sincere with those he serves, new and unnecessary fear or anxiety may be instilled. A short time ago I heard of a young child who had obtained a bottle of phenobarbital tablets from the medicine cabinet and had taken enough to produce coma. Although there did not seem to be enough tablets missing to warrant predicting a fatal outcome, the physician quite unwittingly threw the whole family in unnecessary panic by saying: "The next two hours will tell whether she will live or die." Many medical terms such as heart murmur, polio, or cancer have meanings to the lay individual which are even more frightening than the reality that exists. Unwise or careless use of these and other symbol-ridden terms can cause immense harm. Even the manner of speaking and what is not said is of great significance to the sensitive patient.

Those of us who are interested in building health are finding that in the rapid development of mental health principles our opportunities for constructive action are multiplying rapidly. We must continue to justify our central position in this movement which is a keystone, not only of education, but of all that is meaningful and desirable in good living.