GROUP TREATMENT OF THE PSYCHOSES

by L. Cody Marsh, M.D.

The co-operation of the patient is of the utmost importance in the treatment of the functional psychoses. It is conceivable that a broken leg, once set and immobilized, will heal without further medical attention and without any assistance on the part of the patient. This is not true of the "broken mind", as yet, at least, for recovery here is in direct proportion to the co-operation of the patient. In this respect psychiatry differs from all the other specialties.

How, then, shall we approach the mental patient to secure his co-operation? There are two possible avenues of approach -- as an individual and as a member of a group.

The Individual Approach.-- The individual approach has certain well-known advantages. Whatever may be said for the group method, the patient will require some individual help and instruction. However, this type of approach has several serious disadvantages:

1. There are not enough psychiatrists to give adequate individual treatment. This is especially true in our large state and federal hospitals.

2. The psychiatrist in private practice can handle but very few patients by the individual method because of the physical limitations of time. This also applies to the private mental hospital, no matter how well it is manned by physicians.

3. Standard psychiatry has not worked out a rationale for the individual treatment of the psychoses. Every physician is left pretty much to his own devices, which may be good or bad. No one of the many methods of individual approach is short enough to enable a psychiatrist to help many patients.

4. The psychoanalytic method of individual approach is especially notable in the lengthiness of its therapeutic course, however valuable or successful the method may be.

5. The psychotic is remarkably inaccessible by the individual method. Only by the most persistent tact, forbearance, and patience may one finally reach him vis-a-vis.

6. The percentage of cures and "improved" cases obtained by the individual method is still very low. However, this poor showing is not entirely due to the method, but, among other things, to the small number of physicians.

7. The paroled patient suffers for the same reasons. There is a public-health aspect to psychiatry, and oftentimes the return of a paroled patient to his home environment is like the return of a cured case of malaria to the malarial swamp whence came the original infection. In short, it is quite necessary for the paroled patient to have intelligent, sympathetic, and expert after-care, and parole officers are entirely too few in number to handle adequately all the

cases by the individual method.

8. Present-day psychiatry, with laudable modernity, speaks of re-educating the patient in the mental hospital. What are the objects of this re-education, what subjects and points should it cover, when does the patient get it, and who is to give it to him? Such re-education would require well-nigh nothing less than a private physician tutor with but a handful of patients. It is impossible by the individual method.

9. Many hospitals now have an out-patient department for mental disorders. Most of these cases could probably be saved from subsequent committment if they could receive an adequate re-education. But with the individual approach, it is both psychologically and physically impossible to give it.

10. Not all psychiatrists are healers, whatever method they may severally use. Not all of them have a psychiatric "bedside manner", as it were.

The Group Approach.-- Since the individual approach is both inadequate and limited in its application, the alternative is the group approach. The writer wishes, however, to make it clear that the individual method has an important place, and a place that no other method can fill.

Group calisthenics, athletics, field days, cafeterias, movies, church services, and much of occupational therapy are all instances of group treatment. These have contributed their bit toward the readjustment to life of many patients. Each of these illustrates a sentence which I have taken for a motto on my psychiatric shield:

By the crowd have they been broken;
By the crowd shall they be healed.

The writer's personal conviction is that the big job has got to be done by a group method. Mental illness is a social disease. It is caused by the group. It must be healed by the same agency.

The Method.-- The first class was held in a small room of the basement in the women's reception service building. The patients came voluntarily -- any one who wanted to come, regardless of diagnosis. For the first few meetings, the average attendance was but eighteen out of a patient personnel of about one hundred and ninety. Even these few made the room crowded, and our voices echoed abominably about those basement walls. We sang without accompaniment. We had concert numbers from an antique phonograph, stunts, roll call, discussions. It seemed quite terrible at first, all of it. But after ten sessions I realized that I did not need to talk down to them, that I could lecture as if they were any other group of women. There was a distinct group bond, of which I was definitely aware. I felt a sort of group transference which they had made to me. Above all, I was quite aware that most of them were being helped. That was over a year ago. Later the class showed an average attendance of sixty-five, and met in the day room of the building's best ward three times a week. On Fridays there is a class of men, women, and a few children in the hospital amusement hall, and this last averages from two to four hundred, depending somewhat on theweather and somewhat on the attendants available to conduct the patients from the various buildings to the amusement hall. In both classes the attention is remarkably good, and the singing is splendid.

The first series consisted of twenty sessions. Since then they have averaged thirty. Attendance is purely voluntary, and patients come regardless of their diagnoses. Even certain types of disturbed patients are invited to come, and in

general these behave surprisingly well. Mute Catatonics attend, and after they become talkative, they are able to narrate the high points of the lecture material. While the functional cases derive the most benefit, there have always been a number of organic cases, and these have been helped to some extent, especially in the matter of morale. There are three classes a week, two of them being held after supper and one after the midday meal. The first class is held on Sunday evening and seems to save the day, for at Kings Park, Sunday is our most important visiting day, and those who have had visitors are sad because the visitors have gone, while those who had none are sad for that reason.

For some of the series we have had a roll call, but on an active service this was attended by certain drawbacks, so now we have the patients stand by wards and thus stimulate a little rivalry. If it can be managed, the roll call is better, for it gives class members a satisfying sense of success when a good record has been made. I occasionally speak to patients at meal time and on rounds, inviting them to come. For a while we used posters advertising the classes.

Singing is the first event on the program. It strikes the crowd keynote, so that when one talks to them, one is not addressing sixty-five separate women, but a group of sixty-five women. When they have sung a few songs, I indulge in some running comments. If it is Sunday, raised hands are asked from those who had visitors and those who did not. Then hands are asked from those who cried when visitors left, their attention being called to the poor regard they gave loved ones who took the trouble to visit them. Both tears and telltale hands have decreased markedly. At this same time now patients are reminded that this is a hospital, not a prison or an asylum. The nature of the place is explained to them and some of the rules; they are urged to become good hospital citizens, to be loyal to their doctors, to see the friendly side of the locks and bars.

Lectures.-- Their attention to the lectures is surprisingly good. However, it took, as I have said, many lectures to develop this. Now it is a tradition with them. It is interesting to any one who has worked with psychotics to see hebephrenics drop their silliness and give courteous, dignified attention, to see disturbed patients do the same (although by no means all of them). Then the mute ones listen, and one knows they are listening. Paranoids forget their hate.

The choice of words, the choice of illustration, and the style of delivery are the same as one would use in speaking extemporaneously before the average group outside of a mental hospital. The structure of each lecture consists of exposition, richly illustrated by stor es and cases, and inspirational material. A blackboard is used constantly during the lecture, and before class a bried outline of the lecture is placed on it, as many patients take notes. Charts are also used occasionally and with good effect.

The reader will probably be most curious as to the actual subject matter of the lectures. I believe I have thrashed that out pretty well, for in the ten months' time in which I have tried the method, I have experimentad not only with many mental-hygiene topics, but with topics quite remote from them. In short, I do not think it makes a particle of difference what the subject is, so long as it is instructive and constructive and can be given an inspirational polish. Now that we have this body of knowledge known as psychiatry, we are apt to think it is the sine qua non. So it was with a sense of wounded vanity that I found that a talk on Russia, on how to raise a baby, current events, almost anything, helped them as much as orthodox talks on mental hygiene. It will be recalled that the apostles marveled when they found competing practitioners casting out devils, but not in Jesus' name. The measure of the lecture is its extroverting power. It will appear later how I know this. However, one must be orthodox, so I have fin-

ally settled on the following program of lectures:

1. Adjustment to hospitalization -- rules, diet, sleeping, fellow patients, nurses, attendants, doctors, bars, locks, how to get well, etc.
2. Adjustment to the problems of religion and philosophy -- how one is personal and one communal; how each is built up; the tendency to let both remain at the juvenile level; searching questions to bring out the value of their philosophies and religions. This is handled broadly and no one has taken exception to it.
3. Adjustment to the problems of growth -- the infantile, juvenile, adolescent, pseudo-adult, and adult personality levels.
4. Adjustment to reality -- reality vs. phantasy, hallucination, delusions, illusions, methods of escaping from reality.
5. Adjustment to the problems of work and relaxation -- sample job histories, sources of energy, planning; rest, relaxation, and recreation.
6. Adjustment to the family -- the family as the social unit and the die into which the social reaction of the individual is cast, family relationships, family problems; the social, economic, moral, and physiological aspects of the term "good family."
7. Adjustment to the problems of sex -- the various levels at which man adjusts himself to sexual problems, the necessity of meeting sex problems at the adult level; masculine and feminine protest reactions; male and female essentially the same.
8. Adjustment to the emotions -- the need of emotion, its value for good and evil, the constructive emotions, their extroverting value, their common origin from "good will;" the destructive emotions, their introverting direction, their common origin from fear.
9. Adjustment to people and social customs -- how to get along with people by conforming to social standards, good feeding manners, dress, etiquette, honesty, truthfulness, punctuality, etc.
10. Adjustment to the problem of self-expression -- the human longing to be understood and to understand, means and methods of self-expression, language, music, self-discipline, knowledge, true education, the use of books and newspapers.
11. Adjustment to the inward drives -- impulses, their origins; prevailing trends and their origins.
12. Adjustment to the physical world -- the human body with its nervous system as man's first environmental layer to which he must adjust; the fat, thin, tall, short, homely types; nature, the storm, temperature, pressure, climate, weather, personal hygiene.
13. Adequate and inadequate methods of adjustment -- sublimation, self-sacrifice, altruism, projection, trends, etc.
14. Re-education -- the mental-hygiene program of re-education, living life over again.
15. Current events -- yellow journals, yellow because their subject matter is yellow -- i.e., lacking in constructive courage; sample events from good newspapers illustrating the doings of the world that are really news.
16. Conscience -- generally an infantile system of "Stop" signals and made up of the voice of the loved one, the hated one, the fear thoughts of childhood as well as the early religious teaching; the mature conscience a disciplined system of "Go" signals; shame, guilt, taboo vs. disciplined sense of values.
17. Spooks -- superstitions; the class contributes these and they are put on the blackboard.
18. The human nervous system -- the brain and cord, the peripheral nerves, the sympathetic nervous system, the hormones.
19. Good sense -- man's five senses and how they may be disciplined to tell him the truth about the world with which he must deal; other special senses, pain

and temperatures, stereognosis, balancing, position sense; reflexes. These are demonstrated on volunteer patients.

20. How to raise a baby — a very popular lecture; the general care and feeding of an infant and some of his psychological problems.

21. Constructive self-examination and criticism — a questionnaire for the evaluation of one's personality; warnings against unwise introspection; various plans for character building.

22. The insecure personality — blues, tantrums, fears and phobias, worry, the nervous breakdown.

23. Insight and judgment — examples from case histories.

24. The will to balance, serenity, and happiness — an inspirational talk.

25. Behavior patterns — the early formation of behavior patterns, the conditioned reflexes, etc.

26. Ward notes — the sort of things physicians observe in patients. This talk occasioned many favorable comments, few patients realizing that it mattered what they did; tidiness, activity, sociableness, interest in work, behavior, etc.

27. Success — an inspirational talk; the difference between recovering from a broken leg and a b oken mind — i.e., in the latter the main job is the work done by the patient; recovery as personal achievement.

28 and 29. Experience meeting — selected patients who are definitely recovering are called upon to give their experiences in getting well. This material is put on the blackboard and the effect is profound.

30. Examination.

The lectures are supplemented by books, but I have too few of them. The following have been found valuable:

The Anatomy of Emotion — Lazell
Exploring Your Mind — Wiggam
Why Men Fail — Fishbein
About Ourselves — Overstreet
The Human Mind — Menninger
A Mind that Found Itself — Boors
Reluctantly Told — Anonymous
The Mind in the Making — Robinson
Understanding Human Nature — Adler

But I believe there is great need for a little book written especially for the mental patient. There are so many things patients would like to have explained to them, and it is impossible to tell each one separately.

At the end of the lecture I try to clich anything gained by asking for a show of hands from those determined to get well. Then I ask for hands from those who believe they cannot get well. Rarely more than a half-dozen hands come up here, and these are generally shouted or laughed down. At this same juncture I ask patients who are definitely on the road to recovery, and whom I have coached a little previously, to stand before the class and tell how they are getting well. These testimonials are given in a simple, clumsy, embarrassed fashion, to be sure, but they are far more potent than my lectures, as one may readily understand. After the testimonials we may read the "Mental Patient's Creed," which we have printed and pasted as an extra leaf in our song books together with some other extra material. This creed reads as follows, and seems to help the patients:

Creed

We believe in a healthy mind, in a healthy body, and we are co-operating with the physicians, nurses, and attendants of Kings Park State Hospital to this end.

We recognize the good will and sincere interest of the state of New York in the various measures ordered to restore us to health, and thus to useful and happy lives in our respective communities. We believe mental illness to be an honorable affliction, and we take pride in our efforts to regain mental and emotional vigor.

We look with undying hope toward the future, with faith in ourselves and with confidence in those appointed to assist us toward recovery. With good will toward all, we believe that this is a wonderful world, once we understand it. Even happier days are ahead.

Many of them now know this creed by heart, and a number have told me that they often recite it to themselves. After the creed we frequently read Henley's Invictus, or Kipling's If. It is my purpose gradually to add to our collection of inspirational readings.

Stunt Activities.— Stunts must be brief and must be dispatched with snap. Here are some of the things that have worked well in my classes:

1. Two minute's conversation with the neighbor on the left or right. At the end of the period, I ask various ones to tell me the name of her conversational partner, her ward, and the subject of conversation.
2. Spell-downs. These must be brief, simple words must be used, and a selected group of patients chosen. However, an occasional foreign-born or illiterate, but good-natured patient adds fun to it.
3. All the Smiths or Jones or Greens are asked to stand and give their first names. Another version is to ask for the Marys, Johns, Patricks, Evelyns, Antonios, etc.
4. Birthday cakes. The attendants obtain the names of those whose birthdays fall in the current month. On the class day nearest their birthdays, I give them a simple frosted cupcake with one small candle. Each recipient comes to the front and blows out the candle after making a wish to go home well. I have had many of them tell me they had never appreciated a birthday cake so much. As each patient receives his or her cake, the remainder applaud vigorously.
5. "I love you" is put on the blackboard in as many languages as the group represents. Both men and women enjoy this. Sometimes we take an impudent expression like "Go to the dickens!" They take even more interest in this expression as a Babel stunt.
6. An intermittent alarm clock is sent around and a candy bar is given to every one in whose hands the alarm goes off.
7. Your first job. This is always a hit.
8. Your hobby. These go on the blackboard and the list is remarkable.
9. Quizzes on geography, arithmetic, grammar, etc. These never last more than two minutes. Sometimes I draw letters, figures, and simple pictures behind a large piece of cardboard and let them guess from the motions of my elbow what I have drawn.
10. The most telling stunt of all is the exhibition of patients who have passed the parole staff. Part of the "underground" lore of mental patients is that no one ever gets out. Showing off the paroled patients gives the lie to that, and what a touching sight it is to see hope blaze in those poor eyes which have blinked so tepidly in that human horizon before me.

The group interest is materially helped also by the appointment of various committees. Naturally these committees are very informal and they are loosely constructed. But we have found the following practical: a monitor committee in charge of distributing pencils, paper for notes, and song books; a seating committe which sees to it that enough chairs are provided and that they are put away properly after class; a ward committee on each ward to stimulate a good attendance record for their ward; a program committee which looks out for talent, musical or otherwise, to be used during the stunt period.

Music — Since the group approach helps to restore the crows psychology of the patient, music is one of the most valuable devices we have for aiding him to get in step with the world again. Attendants go about among the group and urge

listless ones to open their books and sing. As the patients assist in this task also, I try to seat the better singers next to those who are not participating. But singing is insisted upon, and it is not long before every newcomer is joining in with the others. It is important to use songs that are well known and that have the clustered memories of time and wide use. By far the best collection I have found is the new edition of "I Hear America Singing," the Brown Book. Sometimes the younger patients object to the "old-timeyness" of these songs, but soon they sing them as enthusiastically as the older ones. Such songs as Annie Laurie, Auld Lang Syne, etc., have all the values of a revival hymn in producing a group emotion, and none of the partisan disadvantages.

There have been rare instances where the music has caused a patient to weep or become excited, but these have been only episodes and the same patients have later shared the enjoyment of the others.

Occasionally I let them sing examples of modern jazz music, but the therapeutic value of such music is slight compared to that of really good music. I have taught them Hark, Hark, the Lark, Who is Sylvia, and the Berceuse from Jocelyn, much to their genuine pleasure. Such music has a definite cultural value.

The accompanist can ruin the musical program, no matter how well she plays, if she does not know the artifices of accompaniment. There is a special art in playing for a group. As a lesson in self-discipline, I insist upon quiet while the pianist plays the brief introduction to each number. This requires constant attention, as several always wish to hum, whistle, or sing at this time. Often a patient will possess a pleasing solo voice or some other entertainment talent and these are always used generously. Occasionally I have opened the session with phonograph music, using the best examples of symphony, chamber, and violin music. The music of one session in each series consists entirely of children's songs -- London Bridge, Mary Had a Little Lamb, etc. This program not only furnishes amusement, but probably has more emotional values than any other music. Twice, when we had this type of music, I have seen a deteriorated patient regain the acuteness of her original psychotic material.

Just before the musical program, the patients are invited to name their favorites and these are put on the blackboard. I have collected a list of about fifty songs from the blackboard suggestions which never fail to interest the class. Here and there variations are introduced; they hum a verse of one song -- e.g., Sweet and Low -- whistle a verse of another -- e.g., Pack Up Your Troubles in Your Old Kit Bag -- and for still others they clap, stamp, and whistle -- e.g., Dixie, or Turkey in the Straw.

Surprising as it may seem, I have never heard a group of the same number of women outside the hospital sing any better or with more apparent enjoyment than do these classes of the so-called insane.

At every session a number of attendants are always present, mostly because they enjoy themselves, and they have repeatedly asked me to give them the same course of lectures. This is mentioned to show that the whole class situation is a perfectly natural effort, and not in any way trimmed to suit "crazy people." Are these last really any different essentially from other people?

The Examination -- At the end of each series the patients write answers to five questions:

1. Which lecture or lectures helped you the most?
2. Why are you in this hospital?
3. What is your main job in getting well?

4. If you had charge of a case just like yours, how would you treat it?
5. What do you plan to do when you leave the hospital?

About 80 per cent of the class write the examination, and possibly half of these give written evidence that the series has helped. However, the examination is not the sole criterion as to the value of the group treatment. Occasionally time is required for the material of the courses to germinate and bear fruit.

The Mixed Group -- At the hospital amusement hall every Friday afternoon we have a mixed group, and the program is very much the same as for the small group. However, the lectures are more inspirational than instructive, for every advantage must be taken of the larger numbers; the larger the numbers, the easier the group approach, and the greater the response. This mixed group has been meeting for about four months and the attendance has grown from 140 on the first day to as high as 400, the average being around 275. Attendance is voluntary, but I am inclined to believe it would be better to assign patients for both groups. The more cheerful patients bring those who are listless and depressed, and often those latter come of their own accord afterwards.

The first few sessions of this large mixed group seemed hopeless from every standpoint, but now their group spirit compares favorably with that of any group outside the hospital. This is still more remarkable when one considers that these men and women represent many races, creeds, social strata, and intelligence levels. The attendants are especially valuable here. One sits at the end of each row and does a great deal in a quiet way to keep things going briskly. The singing is really splendid, and the rendering of the Star-Spangled Banner at the close is quite stirring.

Personality of the Leader -- I am frequently asked what is required in the way of personality equipment in one conducting therapeutic classes. The sine qua non is interest in the happiness of the patients. While it may be an advantage to know something about music, it is not necessary, for that part of the program can be handled by those trained for the purpose. One does not need to be clever. Simple sincerity, plus an unmistakable interest in the patients, is practically all one requires.

Rationale of the Method -- The rationale of the method may be stated in several ways, but the main point always is that the patients be kept happy.

Lazell seems to be solely concerned with selling a program of mental hygiene for he makes much of the lecture material and includes in his classes patients with but one diagnosis. Personally, I am not so interested in the lecture material. I use mental-hygiene lectures, but have found that it makes little difference what the subject matter is so long as it is extroverting. Had I Lazoll's remarkable store of psychiatric lore, I might be more concerned with using that particular subject matter. My interest is an emotional one; I use the crowd psychology to bring their emotional interests into squad formations to discipline and direct them toward life. The aim is to extrovert all energies at the social level. The patient passes through a psychological revival meeting, where he is converted from introspection, phantasy, bitterness, shame, inferiority, etc., to extrospection, constructive planning, cheerfulness, assurance, security, etc. Furthermore, he works out his recovery in class by means of the class's varied activities. Since he worked up his psychosis in the group he can never be cured until he has worked out his recovery in a group -- but now under direction.

By the crowd have they been broken;
By the crowd shall they be healed.

To state it in still another way, the therapeutic class motivates recovery by means of social emotions. When we come right down to it, few of the patient's problems are individual or personal; they are social. He needs to see how to work them out in the group. His supervised success in the group releases him from the Bolshevik attitude which ended in a psychosis. When we talk with a patient, we may tell him how to overcome his difficulties, but in the group treatment we actually see him through. It is the difference between learning French by mail and learning it in class. In class we can integrate mind, emotion, and motor activity to the actual needs of reality. The whole man learns.

"But what do you do to him in the group that he is willing to co-operate?" my friends ask. The answer is, "We make him happy." At least he is happy while he is in class. When a man is happy, he is in a state of mind in which his energy is free to flow outward. This part of the rationale one will not find prominently in the literature of those who have written on crowd psychology, nor is it stressed in texts on psychiatry -- the happiness of the patient. There is something about both science and scholarship which looks with suspicion upon anything that is really human and happy. Religion is concerned with happiness, and if the texts on practical religious methods are read and translated into the phraseology of psychiatry, they will be found helpful.

LeBon, McDougall, Freud, Fisher Unwin, and Kraskovic, inter alia, have written eminently on the psychology of the crowd. From these authors I have selected a certain group of principles which I read over before each class. They should be borne in mind if one uses the group method.

1. In the crowd an individual gets a sense of invincible power.
2. One yields to what one would not yield to alone.
3. The sense of responsibility is lost, except to the ideals of the group.
4. Conscience is very largely lost (and what a poor guid it is!)
5. Self-consciousness is lost.
6. One feels ashamed to show oneself to disadvantage.
7. Rivalry stimulates the individual toward improvement.
8. There is contagion in the crowd.
9. The individual sacrifices personal interest to the group; even the beloved symptoms are temporarily dropped.
10. The individual loses his conscious personality and takes on that of the leader and the group.
11. As a group member he is more attentive, more accessible, in keener contact with life.
12. The group is impulsive. Thus it can be motivated easily.
13. The group member is credulous. He loses his critical faculty. He accepts what he will not accept alone.
14. In the group one's feelings are simple, but exaggerated.
15. The group member thinks in images.
16. The group member respects kindness and the force of the group numbers.
17. Group members must have something in common, an emotional bias, to succeed as a group. (What a world psychotics have in common, expecially their duress!)
18. The greater the crowd, the greater the acme of emotion.
19. In the crowd there is a compulsion at work.

Results: No claim is made that the method per se shortens the time of cure, guarantees a cure, or that it is the method which should be adopted to the exclusion of others. The claim is made that the group method is a necessary part of every cure, that it does insure more treatment to more patients, and that it makes patients more accessible for individual methods of treatment. So far as I know, ther has been no conflict with other physicians. While a transference is

often made to me, this does not interfere with the transference the patient makes to his or her own psysician. One is a group, the other an individual transference.

So far, I have not seen a case of too much class treatment. But in various places, over a number of years, I have seen several cases where a patient had had too much individual treatment. Such cases are few compared to the mass of therapeutically neglected psychotics, for very few have either the money or the interesting symptoms to engage too much attention. Every worker has seen over-treated patients, bewildered by the introspection engendered by too much personal attention. I repeat, so far I have not seen this result with the group method. The compulsion at work in a group is an extroverting one.

Whoever conducts therapeutic classes has the promise of success and the human satisfaction of a very beautiful bond between himself and the patients he so treats.

It must be quite evident that the very nature of the experiment reported herein is such that it does not lend itself readily to scientific treatment. In this case were are dealing with so-called humanities, and our psychological conceptions of these are not sufficiently clear-cut nor is there sufficient unanimity of definition so that one may tabulate them as one would physically palpable entities. Several of my confreres have been good enough to suggest various scientific outlines to serve as pegs on which to hang my data. Each one of these was considered and finally rejected, since each one gave more promise of misunderstanding and argument than of clear description. Therefore, I must ask my readers to overlook the glaring absence of scientific style in this paper. I must content myself with having presented what is vulgarly called a human document, in which is described a sincere attempt to bring help, emotional release, encouragement, enthusiasm, and force motivating toward recovery to a fairly large number of that great group of "untouchables" known as the insane.

Recommendations

1. Every patient who is at all accessible should, on admission to a mental hospital, be assigned to a therapeutic class where he will not only receive the benefits of group activities, but a course of instruction that will help him toward a re-education. Even mute catatonics and those who are apparently inaccessible should be given a trial. Those who are entirely too inaccessible or too disturbed to be admitted to classes should receive the benefit of the class work as soon as their condition warrants it.

2. Special classes should be formed to treat special groups, such as epileptics, deteriorated cases, and organic cases. It is quite surprising how much may be done even with those patients who have reached the vegetative stage. Simple music with a swinging rythm helps wonderfully to move sandpaper blocks in the hands of these last.

3. A weekly mass meeting should be held in mental hospitals for all who can sensibly attend. These mass meetings should not only have music, singing, responsive readings, and inspirational addresses, but should make use of the entertainment talent among patients and the development of patient choirs, orchestras, glee clubs, dramatics, etc. At these mass meetings, all patients paroled to go home should be exhibited.

4. Instruction classes should be held to teach selected attendants games and other group activities which they can lead during the conduct of their duties on their respective wards. Many attendants would be glad to cooperate in this and

it would give them a new interest and enthusiasm for their work. It does not take great qualities of leadership to lead in a few songs, simple games, and other group activities.

5. More use should be made of the principles of crowd psychology in occupational-therapy classes. For example, there should be an occasional group song while the patients work. I recall an instance when the old "Stein Song"-- For It's Always Fair Weather When Good Fellows Get Together -- started many patients to work whom it had been impossible to interest by any other methods.

6. Paroled patients should be given lectures and other group activities at stated intervals during the time of their parole. If these occasions are cheerful and strike a note of sociability and sunniness, such patients will co-operate much better with the parole officer and will more readily bring their new problems to him.

7. Similar mass therapeutics should be applied to out-patients where mental hospitals have an out-patient department. This would also apply to psychiatric clinics, which should have group meetings at stated intervals, with both instruction and other group activities.

8. The relatives of patients in hospitals should be given lectures on visiting days. In these lectures, instruction should be given on the hospital routine, essential points of psychiatric treatment, the medico-legal aspects of mental disease, and thumb-nail sketches of the various psychoses. The author has made the experiment and with gratifying success. Relatives are more co-operative, and often find personal help for themselves. The writer hopes to offer to the literature some day a paper describing this experiment, entitled, The Group Treatment of Mental Patients' Relatives. It would be very helpful if once a month a mass meeting could be held to which both patients and relatives were invited.

9. Psychiatry at large should consider the experiment of treating the public by the group method in order to break down the morbid conception of mental disease still held by the popular mind, and to obtain greater co-operation from the public in the mental-hygiene program. The tuberculosis and cancer groups, and even the criminologists, have baptized their respective maladies, which were formerly regarded as shameful, with respectability. Even the leper in many places is no longer consigned to a hideous isolation.

10. Institutions for mental disease should be considered "schools" rather than hospitals. The author's experiment has demonstrated that mental patients can be instructed in groups and thus receive the re-education that we have talked about as necessary. The use of the word "hospital" makes the patient aware of an invalidism that has not been proved in a medical sense. The writer urges, then, a change from the hospital state, with its hospital atmosphere and furniture, to the physical equipment of the school with its atmosphere and furniture. Of course, there will still be need for an infirmary ward.

11. The psychiatrist should have broader training as an educator. This will involve training not only in psychiatry, but in psychology, sociology, and education, inter alia. He will need, also, actual experience in jail work, social-settlement work, and in the conduct of group activities of a project type. There will still be need of neurologists and other medical specialists, as in any other community.

12. The mental patient should be regarded not as a patient, but as a student who has received a "condition" in the great subject of civilization, as most of us understand it, and psychiatry should thus approach him with an intent to re-educate,

rather than with an intent to "treat".

13. Psychiatry should consider the advisability of making its patient communities less homosexual and more heterosexual. It seems odd that the attitude from which so many of our patients suffer is one that our mental-hospital system unwittingly encourages. While there are exceptions, it does seem as if we could let men and women patients mingle with each other on stated occasions.

14. An organization of ex-patients should be formed with stated times of meeting in local groups and a national conference yearly. This would help to take the curse from their status as ex-patients by coming out into the open with the fact. After all, the public only reflects the attitude of the patient. In this connection, it would be helpful to have a small periodical published in the interest of ex-patients, containing notices of patients who make outstanding successes and other inspirational and instructive material. It is believed that such an organization and publication would help to prevent many readmissions.

In other words, the author advocates approaching the whole problem of what we have called mental disease from the standpoint of the social sciences rather than from that of the medical sciences. Both are needed, whichever point of view is pre-eminent. But it seems to the present writer that the chief problems, both in the etiology and the treatment of mental disease, are social rather than medical.

* * * * * *