

The strange case of a man who went through experiences of delusion and mania, yet retained a clear realization after recovery of what would have helped him during these attacks, who though insane deliberately made a nuisance of himself that he might know by personal experience the discipline of the "violent ward" and the "bull pen," this book opens the eyes of its readers to what it means to be insane. The extracts below, pleading for assistance for his companions less able to communicate with the world, are the opening and closing words of the book which started the mental hygiene movement.

A MIND THAT FOUND ITSELF, An Autobiography, by Clifford Whittingham Beers. New York, 1908.

Introduction

This story is derived from as human a document as ever existed; and, because of its uncommon nature, perhaps no one thing contributes so much to its value as its authenticity. It is an autobiography, and more: in part it is a biography; for in telling the story of my life, I must relate the history of another self—a self which was dominant from my twenty-fourth to my twenty-sixth year. During that period I was unlike what I had been, or what I have been since. The biographical part of my autobiography might be called the history of a mental civil war, which I fought singlehanded on a battle-field that lay within the compass of my skull. An Army of Unreason, composed of the cunning and treacherous thoughts of an unfair foe, attacked my bewildered consciousness with cruel persistency, and would have destroyed me, had not a triumphant Reason finally interposed a superior strategy that saved me from my unnatural self.

I am not telling the story of my life just to write a book. I tell it because it seems my plain duty to do so. A marvelous escape from death and a miraculous return to health after an apparently fatal illness are enough to make a man ask himself: For what purpose was my life spared? That question I have asked myself, and this book is, in part, an answer. Until someone tells just such a story as mine and tells it sanely, needless abuse of helpless thousands will continue. Great advances toward the intelligent and humane treatment of the insane have no doubt been made—advances so great that the majority of insane patients in this country are now treated with a consideration which amounts to kindness. But a helpless and irresponsible minority, numbering thousands, are still being subjected to abuse as brutal as any



C. W. BEERS, who founded the mental hygiene movement

ever visited on insane persons during those centuries when the strong took pleasure in torturing the weak.

That insane persons are still abused is suspected by the public at large; but direct and convincing proof of that fact is seldom presented. I am sure that the proof I now offer will ring true, and will contribute to the correction of many mistaken ideas regarding the insane and their treatment, and regarding insanity itself. In the discussion of the crude methods of treatment which now obtain, all abuses which fell under my observation will of necessity be laid bare. A former victim of these methods, I feel at liberty to attack them; and the right to do so is doubly mine as I have a remedy to offer, or at least a campaign to propose. If intelligently carried on, it will, I feel confident, largely atone for one of the blackest pages in history. As the hostages which Civilization gives to Progress, the insane are entitled to the best of treatment. Certainly they are not deserving of the worst.

The subject which I treat is not alone humanitarian. Its economic importance can hardly be overestimated. The ravages of insanity cost the world millions of dollars and thousands of lives each year. There are not fewer than two hundred thousand insane persons in our asylums, hospitals, sanatoriums, and homes. There are at least one hundred and fifty thousand mental incompetents in Great Britain, and a like number in France, and in Germany. Every civilized country has its burdensome propor-

tion. Nor are these afflicted ones the only sufferers. It is safe to assume that each insane person has at least five relatives and friends interested in his welfare. Granting this, there are a million people in this country—one eightieth of the entire population—directly or indirectly affected by this most dreaded disease. And any one of the remaining seventy-nine millions may sooner or later be forced by Fate to join this army of distress.

In spite of the gravity of these conditions comparatively little is being done to combat the present irresistible advance of insanity. No important phase of life is so generally misunderstood; and no equally important subject is so consistently and willingly ignored by all, except the few whose paid duty it is to care for the insane. The only real fight waged against this insidious disease is being carried on in a desultory manner by a few unselfish scientists who are devoting their time to investigation, in most instances without such support as they deserve.

There is every reason to believe that many forms of insanity will finally be rendered amenable to treatment. With small-pox conquered; diphtheria doomed; yellow fever confined within limits; and tuberculosis partially controlled and not infrequently cured, why should insanity remain forever on the list of incurable diseases? Though some forms of it may continue to baffle the alienist, recognized authorities predict that most forms will in time prove curable. But the day of its even partial defeat cannot come until systematic scientific research has first done its work—a work of years. Why should such research, on a scale in keeping with the importance of the problem, be longer delayed? The fight may cost millions, but will not the eventual payment of an inevitable indemnity more than offset the cost? Even if there were no economic advantage to be gained, would not the dividend which will be added directly to the sum of human happiness be a sufficient reward? The people of this age can erect no more enduring monument to themselves than by doing that which will make it possible for posterity to regard the Twentieth Century as the century in which the cause and cure for most forms of mental diseases were discovered.

In presenting (*Turn to next page*)

Mental Hygiene—Continued

this book I have several definite purposes. First, I hope to rob insanity of many of its terrors—at least those which do not rightly belong to it. Most children are afraid of the dark until they learn that its hidden monsters are imaginary. But this childish fear is a sublime mental process compared with the unreasoning dread of insanity that prevails in the minds of most adults throughout the civilized world. Under certain conditions an insane person is, without doubt, the unhappiest of men, but I shall prove that sometimes he is not less happy—is indeed happier—than a sane person under the most favorable conditions. To a startling degree the unhappiness of the insane is directly due to the perhaps unconscious lack of consideration with which they are treated. This is fortunate; for these external contributory causes can be eliminated; and no one thing will go so far toward eliminating them as the universal adoption and continued use of the humane and equally scientific principle of Non-Restraint in the treatment of insanity. As the reader will come to know—doing to the insane as the sane would be done by is the essence of Non-Restraint.

Secondly: Books alone can never produce the desired results. But a society founded and endowed for the sole purpose of solving this stubborn problem can at least raise the standard of treatment to such a level that existing short-comings will be forever done away with. A campaign of education carried out under the auspices of a National Society should lead to effectual reform, make even petty abuses appear heinous, and thus insure, upon discovery, the correction of all abuses.

Thirdly: It is my hope that the beneficent rich may be prompted to come to the aid of the States and Nations by supplying funds for the erection and endowment of model institutions wherein mental and nervous diseases, in their incipient and curable stages, may be treated with the maximum efficiency. With such institutions—hospitals and sanatoriums—in operation, thousands of those who now are committed indiscriminately could be restored to health and society, without having suffered the unfair stigma of legal incompetence; and patients in our State Hospitals could then receive that individual treatment which will insure the recovery of so many of them and, at the same time, enable those who do

not recover to lead comfortable, even happy lives. . . .

Conclusion

The field is before us! The disgrace of the facts (of which I have related but a few) still cries to Heaven. Though the days of dungeons, manacles, shackles, ropes, straps, and chains have, in the main, passed, it should yet be borne in mind that our great hospitals, with their beautiful grounds, are too often but cloaks wherewith a well-intentioned but blind civilization still covers a hideous nakedness. This cruel and deceptive cloak must be torn off. Let these mysteries be converted into open Truth and Fairness. That the public has long been deceived by appearances is not surprising. For, even I, in walking casually through the wards of such a hospital, find it well-nigh impossible to realize that many of the inmates are subjected to even mild abuse. Even I, who have suffered the most exquisite torture from "muffs" and straight-jackets (camisoles), have, in my several tours of inspection at State Hospitals, looked upon a patient so bound with a feeling rather akin to curiosity than sympathy. So innocent do these instruments of restraint appear when one views a victim for the few moments it takes to pass him by, it is little wonder that a glib-tongued apologist of "Restraint" may easily convince one that the bound patient is, in fact, better so. Nevertheless, he is not better so. The few seconds that the observer beholds him

are but an infinitesimal fraction of the long hours, days or weeks, that he must endure the embrace of what soon becomes an engine of torture. There is but one remedy for the evils attending the mechanical restraint of the insane. At once and forever abandon the vicious and crude principle which makes its use possible.

The question is: Will the reader help to bring about improved conditions? If so, let him take his stand as an advocate of Non-Restraint. So will he befriend those unfortunates whose one great need may best be epitomized in these words—the words of a man who for a score of years worked among the insane in the capacity of an assistant physician, and later as superintendent of a state hospital. His simple though vital remark to me was: "After all, what the insane most need is a friend!"

Clifford Whittingham Beers (1876-) began his life's work on June 23, 1900. He says, "The events of that day, seemingly disastrous as then viewed, but all for the best as the issue proved, forced me along paths travelled by thousands, but comprehended by few." After the two years of madness which began on that day, Mr. Beers emerged sane and devoted to the cause of helping those most helpless of unfortunates, the insane. To this end, he started in 1908 the Connecticut Society for Mental Hygiene, and in 1909 the National Committee for Mental Hygiene. In 1918 he helped extend the work to Canada, and the next year began plans for an International Committee. The First International Congress for Mental Hygiene will meet in Washington, D. C., next spring.

Science News-Letter, November 30, 1929

How Men Learn

Psychology

How the human brain learns not to do things, which is as important a branch of education for life as learning to do other things, has been probed by experiments conducted at Cornell University by Dr. A. L. Winsor, of the Rural Education Department.

Using the procedure of collecting saliva, which the Russian physiologist, Prof. I. P. Pavlov, first used to show that a dog's mouth will water more freely when it hears a bell and associates the sound with eating, Dr. Winsor placed food before a hungry man and measured the increased flow of saliva which the sight of food caused. When the man continued to look at the food and was given no chance to eat, the saliva flow diminished. The brain had recognized that the food signal was false.

The same negative learning process occurs when a child jumps at the sound of a nearby train whistle. After hearing the whistle many times, instead of jumping more intensively his muscles no longer respond to the shrieking noise. The alarming sound is recognized as boding no harm.

From a series of experiments, Dr. Winsor concludes that psychologists have heretofore underrated the significance of the negative learning process. The law of learning assumes that repeated stimulation of the eye, ear, nerves, or glands will cause a response to become more firmly fixed. Yet repetition in many circumstances serves to decrease or inhibit the response, so that a habit is formed but it is the opposite of what would ordinarily be expected.

Science News-Letter, November 30, 1929