PSYCHOLOGY

Teach Children to Admit Defeat

Modern Psychologist Says that Cardinal Richelieu's Percept, If Followed, Leads to Insanity

By JANE STAFFORD

CARDINAL RICHELIEU was wrong. At least, he was wrong if he actually said the famous lines which Lord Bulwer-Lytton wrote for him in his play, Richelieu.

You remember the scene in which the crafty old Cardinal sends his young page, Francois, on a hazardous diplomatic mission. The young Francois, before setting out, asks what will happen if he fails. Then the Cardinal, according to Bulwer-Lytton, gives the much-quoted answer:

"In the lexicon of youth, which Fate reserves for a bright manhood, there is no such word as—fail!"

School children have been brought up on this noble maxim for nearly a hundred years. It has found its way into copy books and school readers, vieing with Longfellow's poem, Excelsior, as an inspiration to a successful life.

But now it seems that this idea that you must succeed in life is not such a laudable guiding star after all A considerable percentage of the graduating class, if you think it over, are fated never to make a million dollars or to marry the boss' daughter.

Instead of teaching children that there is no such word as fail, they should be taught to admit the possibility of defeat, say scientific educators of today. They even add that a firm belief in the neversay-fail spirit of the old Cardinal's words in the play has led many a man and woman to the insane asylum.

This may surprise you if you have been brought up according to the old traditions. Even today the ideal of ultimate success is instilled in every school child, says Mandel Sherman, University of Chicago psychologist.

"Every school child feels he must be a successful individual, a champion. He must get the highest marks in the class. Or he must be a ball-playing champion, a second Babe Ruth. Or if he can't be that, he must be a spelling champion, an egg-eating champion, or a tree-sitter."

This is all wrong, according to Dr.

Sherman. It causes many avoidable conflicts in the youth's life and if continued into adulthood, it may result in mental breakdown.

Dr. Sherman in collaboration with Dr. Irene Sherman, has been studying the delusions of insane people, trying to learn from them the conflicts which produced mental breakdown. Their chief difficulty seems to have been that they never learned to accept reality and the possibility of defeat.

To a man of this type, for example, owning a fine car may spell success. Perhaps he cannot get the car honestly, but since he will not accept defeat, he goes so far as to steal it. He has not learned to accept the possibility that he may never own a fine car.

"It is just as vital to the man who steals the car to own that car as food is vital to the man who steals bread," Dr. Sherman explained.

Cannot Do Without

The starving man steals bread because he cannot exist without it. Another man with a defusion of grandeur steals a fine car because he cannot exist, emotionally, without it. Doing without the car would mean defeat, which he has never learned to accept.

"You can read in the delusions of people the frustrations and strains that have figured in their lives," said Dr. Sherman

If the psychologists and psychiatrists can find which of these stresses and strains produce mental disease, they will be able to take more specific steps in the prevention of mental breakdown.

The first step at present seems to be to teach the young child to expect and to accept defeat. Dr. Sherman's experimental work has shown him that in this way many conflicts can be avoided in the school boy or girl. Much harm is done to the emotional stability of children by teaching them that success is the only goal and that defeat is a sign of personal failure.

"In the process of growth and development every child meets conditions which offer a severe challenge to his emotional balance. The intensity of the child in his attempt to be successful in every situation, whether the outcome is worthwhile or not, results in emotional tension and frequently in the development of a neurotic condition."

Dr. Sherman would give prizes to children for beating their own records and not for standing highest in the group. He would give school marks or grades an entirely new meaning.

"Awarding of prizes is one of the greatest sources of conflict in students," he said. "I don't believe marks or grades should be given in terms of how much better or worse a child is than other children.

"The marks should be given on the system that marks of 80 mean that the child has worked only to 80 per cent. of his ability. The marks will be in terms of the child's own ability, in terms of what he should be able to do. That will relieve the child of the competitive strain.

"We feel that the education of the young child must be purely education in self-understanding."

In other words, the young child should be taught to know his own abilities, and to recognize his shortcomings and limitations. He must learn that he cannot always succeed, but that if he fails to become a champion, it is no disgrace so long as he has worked to the best of his ability.

Dr. Sherman would have the young child taught applied psychology. It would be a course of study just like reading and arithmetic.

"We think we can teach the child of seven or eight years psychological facts which will enable him to manage his own small affairs much better. As soon as a child knows what temper tantrums are, he won't have them.

"Children who come to the psychiatrist are taught to overcome the troubles they have. It would be better to prevent those troubles by teaching normal children what they are and what

"If money is the source of the child's difficulty, he should be given a better idea of money."

Money should be taken as a cultural problem rather than as a problem of social status, in Dr. Sherman's opinion. He found that money is one of the most frequent delusions among white people suffering from mental disease.

In his study of insane people, he investigated the relation between the types of mental disease and the economic, social status of the patients and their race, nationality and sex. For this purpose he studied the records of several hundred patients admitted to the Cook County Psychopathic Hospital of Chicago and the Chicago State Hospital.

Money and Religion

He found the most prevalent forms of delusions of grandeur in both negro and white patients refer to money and religion. These delusions concerning money are twice as common among Americans as foreign born patients. The latter are more likely to have delusions concerning professional or religious power. This shows that the ideal of success instilled into American children concerns money.

But piling up money is a sign of success which not every one can achieve. Neither can every European child achieve success in religious or professional fields. To many of those who are destined to failure, the goal becomes so important that they lose sight of everything else, Dr. Sherman explained. No longer able to recognize or face reality, they suffer mental breakdown of a form which makes them see themselves as second Rockefellers or Victor Hugos or they believe they have a mission to save the world. A few Americans, 9 per cent. of the patients Dr. Sherman studied, might fancy themselves second Edisons, but no such grandiose delusions concerning inventions were found in the foreign born.

Negroes as Benefactors

Among negroes, delusions of superiority in literary and educational fields were found to be a close third to those concerning money and religion, but were relatively infrequent in the whites. An interesting finding was that many of the negroes who had grandiose delusions concerning money, saw themselves as benefactors of their race. They would, in their fancy, acquire huge sums to found schools. The white patients whose grandiose delusions ran to money were concerned with it as a means to social or business achievement.

Dr. Sherman found that college graduates had more delusions of grandeur than persons who had never attended college. This he attributes to four more years of following the Bulwer-LyttonRichelieu maxim, Never say fail, or to four more years of emphasis on football champions, honor societies and prom leaderships.

Among white people a man who loses his sense of the world's realities is twice as apt to consider himself a grand and important figure as a woman. But among negroes, the women are just as apt as the men to see themselves as prominent or powerful personages.

White men who found competition for success in the world too much for them most commonly delude themselves into thinking they were powerful and successful financiers or business men. On the other hand, Dr. Sherman did not find a single white woman among the patients he studied in these mental disease hospitals who considered herself a second Hetty Green. Instead the women who failed, though they did not realize it, sought escape from disappointing reality in delusions of a religious nature, comforting themselves with the idea that they were Joan of Arc types, perhaps.

Control of Others

Among other delusions of grandeur with which people who have failed sometimes comfort themselves in an unreal world, are ideas that they can control other people through hypnotism or through electricity emanating from their bodies.

Servants and laborers are less apt to have these delusions of grandeur than persons higher up in the social scale.



PSYCHOLOGICAL ERROR

Scene from Bulwer-Lytton's play, Richlieu—on the left is Francois, to whom the Cardinal makes the oft-quoted remark "In the lexicon of youth—there is no such word as fail'—Dr. Mandel Sherman, modern psychologist, says he was wrong.

These findings, Dr. Sherman hopes, will give mental hygienists clues to what stresses in childhood lead to mental breakdown in adulthood. The mental hygienist, who tries to prevent mental breakdown, can take more practical steps in this direction by following these clues and relieving the strains they indicate in the life of the child.

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MEDICINE

Heart Stimulant Effective As Cyanide Antidote

MYL NITRITE, well-known heart stimulant, is a better antidote in cyanide poisoning than the dye, methylene blue, it appears from experiments reported to The Journal of the American Medical Association by Drs. K. K. Chen and G. H. A. Clowes and Charles L. Rose of Indianapolis.

These experiments indicate that amyl nitrite is at least twice as efficient an antidote to cyanide as the blue dye. It it also more easily given, since it may be administered by inhalation while the dye must be injected by hypodermic.

The blue dye has recently been used with success in treating cases of both

cyanide and carbon monoxide poisoning and has become the subject of considerable scientific discussion.

The Indianapolis scientists started their investigations on amyl nitrite following reports of Dr. E. Hug and Dr. W. B. Wendel. The former showed that sodium nitrite was a better antidote for cyanide than methylene blue, and both Dr. Hug and Dr. Wendel, working independently, came to the conclusion that methylene blue neutralizes the effect of the poison by forming the compound, cyanmethemoglobin

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