Editorial.

SOCIAL WORK AND PSYCHIATRY.

OUR whole psychiatric outlook will naturally be moulded according to our conception of the basic factors of mental disorder. Roughly speaking, we have three schools of thought in mental medicine. There are those who hold a strictly materialistic view and who found the symptoms upon morbid changes in nervous structure which supposedly result from infective agents, blood disorder, endocrine imbalance, etc. Another sect adopts a purely psychogenic aspect, and bases mental pathology upon mental conflict and warfare between instinctive desires and personality. Others take a wider viewpoint and see in the neuroses and psychoses a biological maladaptation to environment. According to the stress we lay upon these basic conceptions, so will our ideas of the importance of different prophylactic and remedial measures vary. The materialistic school will tend to correlate mental hygiene with general measures conducive to physical fitness; we still hear the fallacious shibboleth that if only the evils of alcohol and syphilis were removed mental disorder would be half eliminated. Since we must look upon the organism and its reactions as an integrated whole, physical hygiene must not be lost sight of, but as the one and only aim in view such a stressing must be deprecated. The psychogenic school has undoubtedly thrown a flood of light upon regions of mental aberration which were previously obscure, but again we cannot but think that their theories are often apt to be so ultrascientific that failure from the pragmatic point of view constantly accrues.

If we adopt a wider psychobiological conception of mental disorder and strain our energies on such lines, the results to the community may be more far-reaching. A psychotherapist cannot be manufactured by mere psychological and neurological training. There must be 'au fond' in him mental characteristics, a personality, which will enable him to sum up an individual, recognize his type, empathize his feelings, and almost intuitively grasp the exigencies of the case. Even such an ideal psychiatrist as we picture is handicapped in that he has usually only the opportunity of seeing the individual, when, from the point of view we inculeate, it is the individual in conflict with his environment that is so largely responsible for the mental breakdown. Without a
knowledge of that environment the psychiatrist may be helpless, and what he gleans from the patient himself may naturally be almost worthless since the neurotic and psychotic have distorted mental views. If, then, we would attack psychiatric problems from the wide point of view of the community as a whole and see herein the vast question of interplay between individual and environment, the knowledge of the latter may be as important as, or even more than, the former. If environment cannot be modified, then the individual must alter his adaptation or the neurosis must continue. We wish to stress the point that a so-called mental breakdown may be, and often is, more an economic, domestic, or social problem than a medical one. It is this fact which is so often lost sight of by the neopsychiatrist, who tends to wrestle with infantile complexes at the expense of dealing with environmental conflicts. Following Herbert Spencer’s dictum that life is a continuous adjustment of inner to outer relations, we must not, as we are apt to, leave these latter out of our study. As Southard pointed out, it is important that the mental sciences should study not merely life’s inner relations as such and life’s outer relations as such, but also the adjustments of interrelations of the two.

All this leads up to the theme that social work is a necessity as an adjunct to psychiatry. Beneath the individual problem which the patient brings there is an added underlying social problem, of which the psychiatrist knows nothing, and this is the reason, in all probability, that he so often fails to effect a cure, notwithstanding that he has carried out a very perfect therapeutic method. The main mass of mental material will always be treated at out-patient hospital departments or clinics where even if the physician knows of the social problems to some extent he cannot adequately evaluate them, cannot devote much time to their discussion, and is impotent to deal with much that they involve. It is tragic to reflect that such out-patients continue year after year to visit such institutions, only to receive a few banal words of advice and a repeat mixture, when the real sources of the neurosis have never been traced. In the vast majority of instances our armchair methods of psychotherapy fail. The valuable time taken up in obtaining the necessary personal histories of these patients could be devoted to the really important medical factors if a social worker had previously provided all such details. We should find, too, that with the provision of this information at the outset our diagnosis and treatment would be greatly modified. It is by no means uncommon to find that, with added knowledge of a ‘longitudinal section’ of a case history, what was regarded as anxiety-hysteria has really been a mild dementia præcox. In mental work cross-section surveys of a patient’s history are almost useless.

When we speak of psychiatric social work we refer to the evolution
of a definite profession such as has been in evidence in America for some years. The untrained social worker is of little value. The worker trained in the various wide factors concerned in social adjustment will be in a position to collect all available information which in the hands of the psychiatrist will permit of rational diagnosis and treatment; to apply to the social environment measures calculated to relieve the mental stress which was provocative of the breakdown; to supervise the rehabilitation of the patient in his relation to society; to act as an intermediary between physician and patient, and carry out instructions prescribed by the former. We hear much nowadays about reform in the applications of mental medicine, and the necessity for early treatment, but much of this reconstructive energy might be directed on better lines. Early treatment, as we have tried to show, will be largely sterile unless outer social relations are duly taken into account, and this can adequately be done only through social service. The question of certification or non-certification in mental disorder does not lead us far. It is only a device for the dodging of the stigma attached, which will only be lessened by education and a closer touch between society and patient. Every society will have the mental sufferer it deserves. As society recognizes its responsibilities and as each patient is treated as an individual unit, progress may come about. It must not be forgotten, too, that to a well-trained psychiatric social worker a vast field is opened up for valuable medico-social research. We have now in England our National Committee of Mental Hygiene. It might well commence its campaign by ensuring that psychiatric social work shall go hand in hand with other progressive measures.