

THE FUNCTION OF MENTAL HYGIENE IN THE
CURRICULUM OF THE ELEMENTARY SCHOOL

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CURRICULUM OF THE ELEMENTARY SCHOOL

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CHAPTER I

INTRODUCTION

Problem

The problem of this investigation is to determine the part that (mental hygiene should and could assume in promoting the general efficiency of the educational program in the elementary grades.) An effort was made to discover whether mental hygiene can contribute toward making it possible for pupils in the elementary grades to receive the highest possible educational values from their school experiences. A phase of the investigation consisted of a determination of the manner in which techniques involving elements of mental hygiene are actually practiced in elementary classrooms. In this particular study the actual function of mental hygiene in certain selected elementary schools will be determined by means of questionnaires given to certain elementary teachers and of interviews with other teachers.

The present problem obviously resolves itself into the following phases, all of which will be treated at some length in succeeding chapters: (1) the history of the practice of mental hygiene in the public schools of the United States from its inception to the present time; (2) a treatment, from professional writings, of the ideal function of

mental hygiene in the elementary public schools of this country; (3) a determination of the actual function of mental hygiene in the elementary grades of certain selected public schools; and (4) an evaluation of the actual function of mental hygiene in the elementary school in the light of its ideal function as described in professional literature.

Procedure and Sources of Data

It was decided to limit the present study to the three public elementary schools and the two laboratory elementary schools of Denton, Texas. The writer prepared a questionnaire designed to obtain from the elementary teachers in these schools their estimate of what should be the function of mental hygiene in the elementary grades and also their statement of the extent to which they actually employ mental-hygiene techniques in their teaching, and the methods and procedures they use in so doing. Where personal interviews could be conveniently arranged, the writer personally presented the questionnaire to the teachers whom she had requested to cooperate in the study; in other cases the questionnaire was sent out by mail. When the questionnaires had been returned, the writer tabulated all data and organized them in such a way as to facilitate their use in this study. Teachers interviewed both by questionnaire and personal conference were requested to furnish one detailed case study of a child with whom they had employed principles of mental

hygiene, including a concise statement of the results of their practices. The writer has provided other case studies derived from her years of experience as an elementary teacher.

Numbers of books and magazine articles written by authorities in the field of education and mental hygiene were consulted for data on the history of mental hygiene in the schools, on the ideal function of mental hygiene, and on actual applications of mental-hygiene techniques in school systems in various sections of the country. These phases of the study were organized in logical manner and are compared with the outcomes of the questionnaire in an effort to evaluate the actual practices of mental hygiene in the elementary grades in terms of its ideal function.

Plan of Organization

Chapter I has set forth an introduction to the study, in the form of a presentation of the problem, the procedure and sources of data, and the plan of the study. In Chapter II is set forth a brief discussion of the history and function of mental hygiene in education, dealing with the development of the science of mental hygiene, the ideal function of mental hygiene in education, and present practices in mental hygiene. Chapter III consists of the findings of the questionnaire submitted to all elementary teachers of Denton, Texas. These findings are discussed under four headings: (1) the prevalence of a need for mental hygiene,

(2) mental-hygiene techniques in the elementary classrooms considered in the study, (3) case studies illustrating the application and outcomes of mental-hygiene techniques, and (4) an evaluation of the actual function of mental hygiene in the elementary schools of Denton in the light of its ideal function as described in professional literature. Chapter IV will point out conclusions substantiated by the investigation and list recommendations that were suggested by the writer of this study in the light of the data obtained.

CHAPTER II

FUNCTION OF MENTAL HYGIENE IN EDUCATION

Origin of the Mental-Hygiene Movement

A man and the book that he wrote are responsible for the science of mental hygiene. Clifford Whittingham Beers is the man, and A Mind That Found Itself is the book.

In New Haven, Connecticut, Beers spent the usual type of boyhood and youth. About the time he entered Yale, he suffered a severe mental shock when his brother was suddenly and unexpectedly stricken with epilepsy, caused by a tumor at the base of the brain. During his college years young Beers spent much time with his epileptic brother and began to fear, worse than death itself, that he too would become the victim of epilepsy. Thousands of times in the next few years he was certain that epilepsy was about to claim him. With great mental and nervous suffering, he worried his way through college, doing successful work, but keeping his fears and despairs locked tightly within his heart.

Three years after entering business life, he suffered a mental collapse and was deluded by the belief that he was a confirmed epileptic. Since he preferred death to epilepsy, he attempted suicide by leaping from a fourth-story window.

He survived, but the bars on his hospital window caused him to believe, in his weakened and agitated mind, that he was a prisoner about to be tried for a crime. This delusion plagued him for over two years. He even looked upon his relatives with suspicion: they were detectives, doubles, or revenge-seekers. God, for him, no longer existed.

Yet, after years of illness and suffering, together with much maltreatment at the hands of people who did not understand, Beers recovered, and began immediately to devote himself to an idea that had come to him while he was still a patient in an institution -- the proper care of the insane. From his efforts grew the national movement with the National Committee for Mental Hygiene as its central organization, and later the world movement along the same lines. Beers, when he had attained recovery, was able to recall, with remarkable clearness and detail, all of his experiences while he had been mentally disorganized. He recounted the whole story in his famous book, A Mind That Found Itself, published in 1908.¹

The term, "mental hygiene," was suggested to Beers by Dr. Adolf Meyer as a descriptive name for the movement and the committees which were about to be organized to promote the welfare of the mentally ill, who were then referred to as the "insane." The christening of this great humanitarian

¹Daniel Wolford LaRue, Mental Hygiene, pp. 3-5, 16. See also Ernest R. Groves and Phyllis Blanchard, Introduction to Mental Hygiene, pp. 3-11.

movement resulted from Beers' request for advice concerning the best method of attacking the urgent need for the better care, treatment, and related interests of the mentally ill who were confined to state and private mental hospitals. In the ensuing years the mental-hygiene movement has grown from a special division of psychiatry into an important phase of public health and preventative medicine.

[Since the founding of the mental-hygiene movement in 1907,

the primary aim of the mental hygienist has shifted from work with patients confined in mental hospitals to the promotion and preservation of the mental health of every individual through the education of the public in those scientific principles and practices which psychiatric and other constructive experience has proved to be sound.

Mental hygiene encourages scientific investigation of all factors, hereditary as well as environmental, personal as well as social, that cause or contribute not only to mental disease and defect, but also to unhappiness, inefficiency, and other undesirable expressions of mental functionings. In its widest sense mental hygiene has come to mean the satisfaction of an individual or a group in making everyday adjustments to life. The crowning challenge of mental hygiene is to bring to constructive potentialities their optimal realization in the twenty-four-hour living of each individual and group.²]

Meaning, Purpose, and Scope of Mental Hygiene

At the beginning, mental hygiene seemed to devote most of its attention to the treatment and prevention of mental diseases and delinquency; but this was only because these were urgent and compelling public-health and social problems.

²Frank E. Howard and Frederick L. Patry, Mental Health, pp. 484-485.

Even in the early days, the initiators of the movement perceived that it should concern the total life adjustment of the human being as an individual. Thus all of the relationships that human beings have to each other and to their environment have their mental-hygiene aspects and implications. All of these relationships need to be studied for the purpose of determining whether they contribute to human adjustment or undermine mental health; and they all should be reconstructed if necessary so that they will foster the development of a well-rounded personality if they are not already doing so to a maximum degree.³

The term, "mental hygiene," first used about thirty-five years ago, originally had reference to the better care of the mentally ill or insane, and later was applied to the prevention of mental disorders by early diagnosis and treatment of mental illness through the medium of psychiatric clinics. To educators mental hygiene means primarily the diagnosis and treatment of children who give evidence of behavior problems in the school.⁴ "Mental hygiene is the science and the art of avoiding mental illness and preserving mental health."⁵ It deals fundamentally with the behavior

³Groves and Blanchard, op. cit., p. 7.

⁴Lawrence K. Frank, "The Basic Needs of the Child," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 3.

⁵LaRue, op. cit., p. 3.

of human beings and with their social relationships.⁶ It is the process of cultivating "a state of mind which permits an individual to approach his maximum of efficiency and to attain the greatest amount of happiness with the minimum of friction."⁷

Naturally, a knowledge of mental hygiene on the part of teachers and parents produces a better adjustment on the part of children who have serious personality or behavior problems. Such children need and deserve special psychiatric, psychological, and sociological assistance far beyond that which is necessary for the average or normal pupil. But mental hygiene as a science is even more deeply concerned with the attempt to arrest undesirable abnormalities in behavior patterns by helping the normal child to live a wholesome emotional life.⁸

Mental hygiene is really an attitude or point of view which is reflected in all the activities of the school. It strives to attain precisely the same goals that sound education seeks -- continuous sturdy growth leading to wholesome personality orientation. The distinguishing characteristic of a hygienic approach in education is its clear disavowal of interest in subject matter and academic training as the primary instruments of the educative process. Mental hygiene is concerned with a proper balance of intellectual acquisitions with desirable consummations of physical, social, and emotional drives. Nor does it neglect the "normal" child in its attempts to provide help for the "misfit" or the pathological "case."⁹

⁶Gilbert J. Rich, "Contributions of Psychology to Mental Hygiene," Mental Hygiene, XX (October, 1936), 554.

⁷Ira S. Wile, "Integration of the Child the Goal of the Educational Program," Mental Hygiene, XX (April, 1936), 249.

⁸Paul A. Witty and Charles E. Skinner, editors, Mental Hygiene in Modern Education, p. 476.

⁹Ibid., pp. 9-10.

The program of mental hygiene involves everything that can possibly be done to promote a high quality of living. The production and maintenance of personalities that are healthy and efficient is one of the principal tasks of mental hygiene. Another and closely related purpose is the production of personalities which can at all times, now and in adult life, direct and repair themselves under all reasonable conditions.¹⁰

The general conception of mental hygiene has been gradually clarified and enlarged by the realization that its total function implies more than the prevention of mental disorders, or their cure once they have developed. Now mental hygiene is regarded as an organized effort to "foster saner, happier, and more cooperative personalities," and this new concept has properly focused more attention upon the educational system and its reorientation and adaptation to make possible the attainment of this worthy objective.¹¹ If one thinks of mental hygiene as being concerned exclusively with mental illness and behavior problems of children and their prevention or improved care, he is overlooking the larger significance of mental hygiene as it is now coming to be understood. There are many thousands of persons now confined to institutions for the care of mental disorders, but

¹⁰E. V. Pullias, "The Relationship between Education and Mental Hygiene," Mental Hygiene, XXII (October, 1938), 615.

¹¹Lawrence K. Frank, "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 529.

there are also many more thousands of warped, twisted, and distorted personalities who will never become inmates of institutions or otherwise be brought within the category of mentally ill, but who will continue to exhibit traits of an antisocial nature, to be destructive instead of constructive, and to be hindrances to social progress while existing under the stress and strain and tensions that progressively undermine their health and their capacity for wholesome living.¹²

(Many recent studies have shown that a surprisingly large percentage of delinquents and criminals, vagrants and bums, homosexuals and sex offenders are not the bold transgressors of laws, but rather the unhappy, emotionally starved or distorted individuals who seek to find in these antisocial acts some outlet for their inner conflicts and unhappiness and some release for their tensions. To a less pronounced degree, similar emotional disturbances and maladjustments may occur in persons who engage in apparently normal life activities -- business, politics, professions. Every instance of personality that is expressed in conduct that is obstructive, antisocial, or overtly destructive to others, indicates a need for the application of the principles of mental hygiene.¹³) The significant and challenging thing about these

¹²Frank, "The Basic Needs of the Child," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 3.

¹³Ibid., p. 4.

antisocial traits is that they usually have their beginnings in very early life and could then be easily overcome with a bit of wholesome guidance on the part of an understanding person.

In a very careful and detailed study of the childhood characteristics of eight persons who subsequently were admitted to mental hospitals, Kasanin and Veo found that, in every case, evidences of personality disorders had been discernible long before a definite mental disease could be diagnosed.¹⁴ At another time, the same investigators examined the school behavior of fifty-four children who, later in life, became mentally ill. In interviews with former teachers of these children, it was disclosed that, in the majority of the cases, the children had exhibited marked peculiarities for years before the apparent onset of their mental illness. In school, most of them had been shy, backward, and passive; and several had made exceptionally brilliant records in their school work.¹⁵ Faver reviewed the life histories of 154 patients in mental hospitals, and discovered that extreme seclusiveness, "model" behavior, and irritability had been the most prevalent characteristics

¹⁴J. Kasanin and L. Veo, "The Early Recognition of Mental Diseases in Children," American Journal of Orthopsychiatry, I (1931), 406-409, as summarized by C. Roger Myers in Toward Mental Health in School, p. 65.

¹⁵Kasanin and Veo, "A Study of the School Adjustments of Children Who Later in Life Became Psychotic," American Journal of Orthopsychiatry, II (1932), 212, as summarized by Myers, op. cit., p. 65.

displayed by this group for a considerable time preceding their illness.¹⁶ Mooney and Witmer, in an investigation of the early personality development of ten children who later were admitted to mental hospitals, discovered that not in a single case was there any sudden change in personality immediately preceding hospitalization. On the contrary, there had been a progressive accentuation of certain habits and traits which had been observed in school years before. All of the children had been unusually seclusive and solitary. Eight of the ten had had violent tempers.¹⁷ Lepel, when he studied thirty mental cases, was surprised by the large number who had previously been brilliant pupils in school. Also, he was impressed by the fact that, as a group, they had been unusually "exclusive," had had few friends, and were industrious and ambitious to an exceptional degree.¹⁸

Bowman conducted one of the most thorough and careful studies, which included a minute investigation of the early personality characteristics of a large group of persons who later became mentally ill, and the same type of investigation of a large number of persons who did not later become mentally ill. The use of a control group for comparative

¹⁶H. E. Faver, "A Study of the Personality in Persons Developing Catatonic Dementia Praecox," Psychiatric Quarterly, VI (1932), 500-503, as summarized by Myers, op. cit., p. 66.

¹⁷M. Mooney and H. L. Witmer, "Ten Problem Children Who Later Became Psychotic," Smith College Studies in Social Work, II (1932), 109-150, as summarized by Myers, op. cit., pp. 65-66.

¹⁸G. F. Lepel, "Schizophrenie bei ehemaligen Muster-schulern," Zeitschrift für die gesamte Neurologie und Psychiatrie, CXII (1928), 575-604, as summarized by Myers, op. cit., p. 66.

purposes made it possible to ascertain whether the traits observed at an early age among those who later became mentally ill are distinctive characteristics. Bowman's results confirm, in general, the conclusions drawn by other investigators, and justify the assertion that distinctive personality traits are, in most cases, present long before functional mental illnesses become apparent. The most significant of these characteristics may be summarized as follows:

As children, these cases are notable for their extreme seclusiveness and reticence; they are characteristically quiet, serious, conscientious, obedient, and well-behaved. An unusual amount of industriousness often causes them to attain very high standing in their school work. Since they are inclined to be dependent upon adults, they are likely to be closely attached, emotionally, to their parents or teachers or both. They are relatively rigid and inflexible, encountering considerable difficulty in making adjustments to changes in established routine. They are extremely "touchy" and sensitive, and are easily hurt or offended. As they grow older, this childish sensitivity does not diminish in the normal way, but becomes even more pronounced and exaggerated. The most striking feature of Bowman's findings is perhaps the repeated observation that most persons who become mentally ill are not "behavior problems" in school. They are not the talkative, noisy, careless, obstreperous, independent, misbehaving pupils who cause so much

trouble in the classroom, but are rather likely to be the "model" children who may be overlooked or taken for granted by their teachers.¹⁹

All emotional blocks and disturbances, regardless of their origin, are detrimental to the education and social welfare of children. Schools must recognize that such blocks hamper or inhibit learning and warp personalities. Every child must learn frankly to evaluate and accept himself, without false modesty or conceit. Since this acceptance must be dynamic rather than static, it involves an understanding of growth and development, of purposeful changes that may seem necessary in the attainment of an understood and desired goal.²⁰

The child who is quiet, submissive, shy, and timid in school is likely to grow up into an adult who is somewhat seclusive and socially ill at ease. He may, if he is fortunate, find a type of work which is congenial and make important contributions in literature, art, invention, research, or some other more or less individualistic pursuit. But, in our modern world, the way of the recluse is hard. Complete isolation from contact with one's fellows is difficult, if not impossible, to achieve and maintain. Failing such isolation, he may be driven to more drastic methods of social withdrawal, and it is among persons of this type that functional mental illnesses are most likely to occur.²¹

¹⁹K. S. Bowman, "Study of the Pre-psychotic Personality in Certain Psychoses," American Journal of Orthopsychiatry, IV (1934), 473-498, summarized by Myers, op. cit., pp. 66-68.

²⁰Lou LaBrant and Margaret Willis, "Some Problems of Adolescents," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, pp. 186-187.

²¹Myers, op. cit., p. 63.

Contrary to general opinion, the children who are in poor mental health are usually normal children so far as intelligence is concerned; they are not mentally defective, nor are they inferior pupils in any sense. Many pupils who may eventually have to seek hospitalization for mental abnormalities are superior in ability and are frequently among the very best pupils in the class. Most children in poor mental health are not yet abnormal, but they may be in the earliest stages of the process of becoming abnormal. Unless the teacher can deal with them intelligently and constructively at this early age, no one else likely will do so until it is too late for effective preventative treatment. By the time such children reach the attention of a specialist, the best opportunity for successful treatment has already passed. Unhealthy habits will have become so well established that the substitution of healthier ones will indeed be a difficult task. The teacher's responsibility is definitely that of preventing these children from becoming abnormal. If teachers can learn to recognize early symptoms of poor mental health, if they are equipped to deal with these symptoms intelligently in their early stages, they can make an important contribution to the prevention of unnecessary mental illness.²²

Mental hygiene is not interested merely or even primarily in people whose minds have gone to pieces, but it is

²²Ibid., pp. 14-15.

as much concerned with people before their minds go to pieces, when their personalities first begin to exhibit evidences of instability and persistent and repeated failure to make adjustments.²³ It is worth noting some symptoms which ordinarily indicate mental maladjustments:

1. The tendency to blame others, to minimize one's own participation in undesirable activities and to magnify that of one's fellows.

2. Attitudes of undue hostility, suspicion, and jealousy.

3. Irritability and bad temper.

4. Exaggeration of illness in order to arouse sympathy or to escape a disagreeable task.²⁴

It is at once apparent that these symptoms involve the use of habits which are undesirable and antisocial. That some habits are commendable while others are lamentable is adequately illustrated in the following excerpt:

Habits make both nature and civilization. They clinch our gains up to date and give us freedom to seek further progress. They take us out of abortive, futile attempts and establish us in efficiency. They stabilize the mind so that men may have a common basis upon which to deal with one another. They make for system and dependability. Without them society would be inconceivable.

But if habits make, they also unmake human nature. They build up, but they also destroy. They are basic necessities of life, but they also create our biggest problems. Habit is one of life's greatest paradoxes.²⁵

²³Nelson Antrim Crawford and Karl A. Menninger, editors, The Healthy-Minded Child, p. 13.

²⁴Howard and Patry, op. cit., pp. 183-187.

²⁵William Henry Mikesell, Mental Hygiene, p. 6.

One of the aims of mental hygiene is to cultivate all habits that are worthwhile and desirable and to disparage all those habits that are in any way undesirable. The need for the development of wholesome habits is indicated by the fact that the teacher of an average class of forty children may expect that in later life from seventeen to twenty-six of her pupils will suffer from mental and personality maladjustments ranging from unhappiness and a sense of futility to criminal behavior and insanity. Although education is not necessarily a panacea, it can help drastically to reduce this amazing toll of mental ill health. In a recent survey of two hundred children examined and treated at the Toronto Hospital for Sick Children, 166 of the cases were found to be suffering in their proper development because of inadequate training procedures in the home or school or both. In every one of these instances, the clinic recommended, among other things, an enrichment of educational facilities.²⁶

✓ The great secret of mental health, both in childhood and in adult life, is extroversion -- being interested in outside things and people, not primarily in one's self and in one's own emotions and misfortunes. Anyone who deliberately and persistently contemplates himself can find plenty of reasons for self-pity, for which the cure is not a philosophy of resignation, but a successful and interesting activity.

²⁶J. D. M. Griffin, S. R. Laycock, and W. Line, Mental Hygiene, a Manual for Teachers, p. 5.

What this activity is to be should be determined by the interests, abilities, and emotional make-up of the person concerned. For this reason, individual study of the child is essential.²⁷

Mental health is a condition of the personality which results in a type of functioning that brings constructive happiness to the individual -- that is, the individual lives his life in such a way that his behavior promotes his own happiness and well-being and the happiness and well-being of society. Thus conceived, mental health exists in every conceivable degree. There is, however, rather close agreement as to the behavior that is indicative of the well-integrated, harmoniously organized personality, and the behavior that is indicative of the personality that functions badly.²⁸

The healthy and well-disciplined mind sets or integrates itself completely, "whole man on the job," for each successive occupation of the day, permitting no dalliance with tempting but disintegrating stimuli.²⁹

The buoyant mind enables the body to use its powers with a full and satisfying efficiency, whereas a depressed mind withdraws energy from use. Very much of it is thus made only potential instead of kinetic. When much energy is made potential, the individual is forced to "live on his nerve," and to go through the daily program with acts forced and strained. A bad state of mind makes the body bad by compelling the individual to work on very little energy, and this debilitated body reacts on the mind and makes it worse. Mental efficiency is to the mind and body what efficiency is to a factory.³⁰

Aim and Function of Mental Hygiene

When the school helps the child to grow in ability and in desire to learn more and to be as comfortable and likable

²⁷Crawford and Menninger, op. cit., pp. 79-80.

²⁸Pullias, op. cit., p. 615.

²⁹LaRue, op. cit., p. 36.

³⁰Mikesell, op. cit., p. 294.

as possible while he grows and learns, it is doing the most it can for the child, in the opinion of some educators.³¹ The complete attainment of this function is often seriously impaired by the fact that many serious discrepancies unfortunately exist between the world of the child and the world of the adult, and this fact deepens the gulf between the child and the adults about him. This lack of understanding is responsible for many bad practices at home and at school, and increases the need for mental-hygiene techniques. Even mental cruelty is often the result of this situation that places the adult in one world and the child in another. Unfortunately, the adult often expects the child to assume the patterns of conduct characteristic of the adult world. The adult may have forgotten the world he once lived in when he was himself a child.³²

Pupils suffering from mental maladjustments bring about many serious problems in the school. The repetition of classes by large numbers of children who fail in their work because of mental factors requires a serious wastage of time, effort, money, and nervous energy. But the emotional injury to the children is even more disastrous; because repetition of work develops in them feelings of inferiority, inadequacy, and discouragement, and habits of failure, loss of interest,

³¹Garry Cleveland Myers, Developing Personality in the Child at School, p. 6.

³²William A. White, The Mental Hygiene of Childhood, p. 17.

and loss of zeal. Another problem is found in the fact that a group of children of superior ability are usually forced to plod along in classes while attempting to drag with them the laggards who cannot keep up the pace. Much truancy is the result of mental maladjustments, and keeps busy a considerable force of attendance officers whose duty is to round up the truants and lead them back to school. Other school problems which have their basis in the mental make-up of the child include those of lying, stealing, anti-sociality, sex activities, running away, incorrigibility, and many others.³³

It is generally recognized that the home is the greatest single factor in the early life of the child. In the home the child's emotional and behavior patterns are established, here his awakening intelligence receives its first stimuli, here he is given his first lessons in social adjustment. Next in importance is the school, which brings him into a new world, an enlarged sphere of activity, where his personality must face the challenge of new and different personalities with whom he comes in contact. The home and the school together have almost complete power in determining the degree of adjustment to life which the child attains. To guarantee emotional health and a balance of character and personality, the home and the school must work hand in hand

³³Clara Bassett, The School and Mental Health, p. 3.

and day by day in the total development of the child. Problems with children should, if it be possible, be prevented before they become established and chronic rather than treated after they do become fixed; but, once established, they should be handled by capable experts who know the child and how to combat his problems in the best manner. A whole-hearted cooperation between the home and the school provides sufficient knowledge of the child to assist greatly in both prevention and cure of any problem that may arise.³⁴

The school is a part of real life, and forms the connecting link between the social life of the home and that of the larger community in which all citizens should participate. The democratic way of life is more a feeling for living than it is a form of living. It can be cultivated in the child only if he is given an opportunity to live in homes, schools, and communities which provide for the development of understandings and for the exercise of free choice and free direction under the friendly guidance of parents and teachers who themselves have a feeling for living in the democratic manner. Freedom must never become license. Free choice must carry with it the responsibility of following through, of completing the job. Self-direction must result in self-control, moral discipline, and compelling ideals. These qualities are more than the basis for a

³⁴Jane Mayer, "Parents Work with Teachers," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 89.

democratic life -- they are also essential in a wholesome, hygienic life pattern.³⁵

The comparatively sudden shift of interests, activity, and environment when the child enters school makes this transition a rather crucial period in his mental adjustment. It is a test of the hygienic qualities of both school and home. The school should strive to preserve all the mental and physical values of the best homes as well as to introduce the child to the formalities of the school arts. The work of the school should be tested not alone by its success in imparting knowledge but for its effect on the child's health of mind and body. It should preserve the right atmosphere, build up healthy reactions, promote wholesome attitudes, and prevent . . . undesirable symptoms. Its aim should be the conservation and enrichment of the natural eagerness, originality, spontaneity, and curiosity of childhood. The product of both school and home should be eager, joyous, and creatively active children.³⁶

If the product of the home and the school falls short of these ideals, it may be characterized by certain traits common to a low stage of social education which may be due to mental disorders. Among these traits are inability to cooperate, inability to understand, inability to adjust, unwillingness to assume responsibility, unwillingness to let others assume responsibility, neglect of or indifference toward certain groups (such as family, clubs, churches, etc.), neglect of or indifference toward cosmopolitan (world) groups, inability to cooperate with enemies, inability to accomplish in an unorganized group, and inability to integrate.³⁷

³⁵Ora Riggs, "Social Living in the Dever School," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 172.

³⁶Howard and Patry, op. cit., pp. 187-188.

³⁷William H. Burnham, The Normal Mind, pp. 241-243.

Many detailed studies of problem children in the school indicate that the difficult behavior on the part of the child can usually be traced to wrong ways of handling on the part of his parents, to unhappy emotional relationships within his home, to physical handicaps, to undesirable community environment which offers no constructive and satisfying outlets for the energies of the child, to severe discipline by an overburdened and irritable teacher, to a too-rigid school curriculum which is not suited to the child's individual needs, or to a combination of several of these factors. Needless to say, these findings impressed upon the investigators the tremendous importance of reaching the threatened individuals at a much younger age when their problems are simpler and easier to understand, and far more hopeful from the standpoint of effective treatment.³⁸ Most of the difficulties experienced by school children are the result of the kind of parents and teachers they have, the kind of communities in which they live, and the kind of school they attend.³⁹ If this be true, then the place to begin work in the development of healthy minds and personalities is obvious.

Mental hygiene has made and is making a unique two-fold contribution to education: (1) it has declared that primary

³⁸Bassett, op. cit., p. 4.

³⁹Ernest W. Tiegs and Barney Katz, Mental Hygiene in Education, p. 22.

interest does not center in subject matter or even in school experiences, and (2) it is basically concerned with the "assistance it may render pupils in their efforts to achieve individually satisfying and socially worthy patterns of life." As mental hygiene has expanded beyond its early emphasis upon abnormal cases and extreme variants, it has, in its broader concepts and perspectives, come to deal with all segments of the population. Consequently, workers in the field of mental hygiene are emphasizing normal, wholesome growth and the prevention of behavior problems among all ages and groups.⁴⁰ Mental hygiene has for one of its primary objectives the development of wholesome interests on the part of all individuals of all ages in all social classes.⁴¹

An erroneous view is widely prevalent to the effect that mental hygiene has little or nothing to do with the normal mind, but that it is a method of dealing with those who have no minds or who have defective or disordered minds. It, however, places as much emphasis upon the mentally normal as upon the mentally abnormal: at least, this is true of its ideal function. If one hears more about mental hygiene in cases of abnormality, it is because practice has not yet caught up with theory, and the actual application is still lagging behind the ideal function. Many people, too, believe

⁴⁰Paul A. Witty, "A Forward Look," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, pp. 241-243.

⁴¹Burnham, op. cit., p. 20.

that mental hygiene has to do with some fad or mystic cult, and that it is a form of charlatanry that is to be forsworn and frowned upon. This is not the truth in the matter, for mental hygiene now rests securely upon a solid foundation of scientific fact, and has made, is making, and is prepared to make significant contributions to the mental health of normal, as well as abnormal, children and adults.⁴²

Any type of academic or vocational achievement, especially that which is most worthwhile, requires more and more critical and purposeful planning for the development and the use of physical and mental energies to a maximum degree, and the budgeting of these energies in the light of a growing sense of individual and social values. Achievement that will take these factors into consideration is an important goal of mental hygiene.⁴³

Mental hygiene aims to save society from the burdens of feeble-mindedness and insanity -- a burden the money cost of which is enormous, the results of which in sorrow, misery, and crime are incalculable. It aims, however, not only at the prevention of acute mental disorder, but at the development of wholesome interests and habits of healthful mental activity in all normal children and adults -- habits that insure happiness and efficiency as well as sanity. It aims at nothing less than the development of morale in all classes; it aims to develop normal social attitudes, the spirit of cooperation and loyalty, that everyday patriotism which is ready to sacrifice personal interest for the welfare of the social group -- the family, the community, the church, the state, the world. It aims at all this both for the health of the individual and for the welfare and sanity of the social group.

⁴²Ibid., pp. 8-9.

⁴³Howard and Patry, op. cit., p. 3.

To realize these aims mental hygiene would apply the simple fundamental principles of mental health in the home, the school, and all agencies for education; it would apply the principles of a fearless democracy, especially in education, to give all the opportunity, according to their ability, to develop the capacity as well as the will for service, and to become superior men in something, according to their talents. Thus the spirit of cooperation, everyday democracy, and everyday service, are the natural outcome of mental hygiene.⁴⁴

The mental-hygiene movement represents the pooling of the principles of psychiatry and psychology and the emergence of new concepts in the therapy and prevention of problems in human adaptation. Schmalhausen, in rather academic phraseology, defines the aim and function of mental hygiene, according to his concepts, when he asserts that

in the synthetic movement called Mental Hygiene, . . . we escape from historic futilities by focussing our attention upon man and his realistic milieu, and conceiving it good psychology (excellent, in sooth) to understand man as a product of analyzable social forces, and so understanding him, to devote our psychological devices and insights to an amelioration of his baffled and maladjusted state. This profound task of salvaging human nature . . . is the humble task set for itself by mental hygiene.⁴⁵

As is here implied, perhaps the greatest contribution of mental hygiene is to be made in the field of social relationships. Most persons who, in adult life, experience mental disorders, begin in their childhood to exhibit abnormal symptoms in their social life. Frequently they are

⁴⁴Burnham, op. cit., pp. 18-19.

⁴⁵S. D. Schmalhausen, Why We Misbehave, pp. 192-193, as quoted by Groves and Blanchard, op. cit., pp. 27-28.

social failures, being definitely unsocial or antisocial. If mental hygiene did nothing but point out the importance and the complexity of such social problems, its practice as a science would be wholly justified.⁴⁶

Needless to say, it is clear to everyone that the goal toward which school life aims and the means for attaining this goal are synonymous -- a high level of wholesome democratic living which provides that the only limitations to individual and group freedom are considerations for the freedom of other individuals and other groups, and the responsibility each must assume in sharing the work that is to be done, thus insuring continuous growth. The level of living toward which education points the way is never static, hence no one ever completely arrives at the end, but is always on the way, moving steadily toward his goal, which expands and grows larger as it is approached.⁴⁷ Personality development should be redirected in childhood so that the adults of tomorrow can and will build sane, integrated, private worlds and participate in the construction of a decent, orderly society. Only in this way can the human needs and values which everyone cherishes be realized. This is why mental hygiene is so important in education. The schools can, if they will, make such a large contribution to the process of

⁴⁶Burnham, op. cit., p. 231.

⁴⁷Riggs, op. cit., p. 173.

personality development in children from the nursery school through college.⁴⁸

A human being is a highly generalized and complex creature. Unlike the animal, he has no ready-made equipment of organs and instincts to adapt him to a definite mode of living. The child has to go through a long period of physical and mental adjustment. Even his nutrition is partly a matter of habit. He needs careful supervision in all phases of his physical self until proper habits are well established. Without adequate training and oversight he is in grave danger of developing some permanent weakness or even general ill health. In a similar manner his mental equipment is not automatically able to take care of the increasing complexity of his social environment. At best his native equipment is crude, and when we impose our highly complex cultural system upon him he assimilates it with difficulty. If heredity did all, there would be no problem of hygiene, mental or physical. But the child must be trained to meet the demands and tests of life through a period of gradual adjustment. Social maladjustment is the cause of much failure, unhappiness, and crime, and these can in large measure be traced to defective training in childhood.⁴⁹

The Teacher and Mental Hygiene

Defective children have always been a baffling problem for teachers, who have diligently sought to discover something that such handicapped pupils could really do in an efficient manner, and then have urged them forward as well as they could, in spite of their inability to devote much time to pupils of this type.⁵⁰ There is little danger that a teacher will ever fail to pay attention to the aggressive,

⁴⁸Frank, "The Basic Needs of the Child," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 23.

⁴⁹Howard and Patry, op. cit., p. 167.

⁵⁰Lawrence Augustus Averill, The Hygiene of Instruction, pp. 112-113.

misbehaving child; and certainly, teachers should not ignore the troublesome pupil. On the other hand, a great deal of effort must be expended, and a considerable amount of intelligent understanding must be possessed by the teacher if she is to provide "that quiet assistance which is needed by the well-behaved but shy, submissive, and solitary pupil who is usually in poorer mental health."⁵¹

✓ That children should always be happy is of far more importance than any information they may acquire. Essentially, the school is an institution to help children to grow, and the desirable growth which should adequately foster the development of a well-rounded personality must include social, physical, and spiritual as well as intellectual growth.⁵² In order to make her greatest contribution to the attainment of this growth, the teacher should have as her aim the thorough mastery of her subject matter so that she can devote her chief attention to personal relations.⁵³ If the teacher takes the trouble to learn how to get along with people and to be well liked by them, she not only makes a significant contribution to her own mental health and that of her pupils, but she is also able to do better and more effective teaching.⁵⁴ If the teacher desires that her pupils shall develop into cheerful, well-

⁵¹C. Roger Myers, op. cit., pp. 68-69.

⁵²Howard and Patry, op. cit., p. 406.

⁵³LaRue, op. cit., p. 341. ⁵⁴C. R. Myers, op. cit., p. 149.

poised, unprejudiced, vigorous, healthy adults, she must herself possess these identical characteristics.⁵⁵

Enough teachers exhibit a lack of knowledge of mental hygiene to justify the assertion that some method should be developed for requiring those teachers who lack information to take some up-to-date training in the subject, so as to familiarize themselves with fundamental principles and with techniques of application of these principles to classroom or general school situations.⁵⁶ The progressive teacher today feels that she must know something about all of the new movements, and mental hygiene and its related sciences are not excepted. She must be familiar with symptoms and treatment of feeble-mindedness, she must know about intelligence tests, standard scales and the like, and she must be at home with such topics as psychoanalysis, the Freudian mechanisms, social and antisocial attitudes, the principles of sociology and those of psychiatry.⁵⁷

One of the most important services that mental hygiene will perform for the teacher is that of keeping her mind focused on what is essential in education, both in her own and in that of her pupils. She must realize that her own mental condition and that of her pupils is the most important single factor in the process of education and in

⁵⁵Ibid., p. 130.

⁵⁶C. V. Hobson, "How Much Do Teachers Know about Mental Hygiene?" Mental Hygiene, XXI (April, 1937), 241.

⁵⁷Burnham, op. cit., p. 205.

the purposeful development of well-rounded personalities.⁵⁸

✓ In her efforts for promoting mental health, it should be the purpose of the teacher to stimulate desires that can be gratified, and in this way to drain off the emotional force which previously flowed in dangerous channels. Of course, it goes without saying that the teacher cannot perform this function unless she can provide activities for the child which the child himself values and delights in. In other words, if school activities are to promote mental health, they must satisfy the child's ambitions and must appeal to his emotions as a contributing factor in his happiness. It is important that success shall be in keeping with the effort expended, even for the most backward child, provided he is doing his best. Hence success should not be measured on the basis of competition, for, if it is, only the best ones in each group will attain the satisfaction of achievement, whereas the others will experience the frustration of failure. The backward pupil should be made to feel as much satisfaction in his minor attainments as the more capable pupil derives from his outstanding achievements.⁵⁹

✓ The most important rule to remember in applying mental hygiene is, "Try to understand before you do anything." Until the teacher possesses at least some partial insight into the causal factors responsible for the difficulty,

⁵⁸LaRue, op. cit., p. 17.

⁵⁹Crawford and Menninger, op. cit., p. 86.

her active interference is likely to do more harm than good.⁶⁰ Teachers cannot hope to aid their pupils in maintaining and improving their mental health unless they first understand the urges and drives which motivate children, the obstacles and frustrations from which they suffer, and the conflicts which arise within themselves and their social relationships. One of the most significant immediate problems is the training of teachers to obtain more accurate information on such related factors as the following: the child's physical health and maturity, his home life and family relationships, his emotional experiences and behavior tendencies, his work attitudes and habits, his social attitudes and habits, his mental abilities, capacities, and potentialities, and his special interests and talents.⁶¹ If the teacher is equipped with pertinent knowledge of these factors, she should be able to approach any problem intelligently and constructively.

An acquaintance with mental hygiene principles is . . . indispensable to the teacher in understanding the emotional life of the child. The child as he reacts within the classroom setting or on the playground is not simply a detached intellectual entity to be educationally trained, but he is responding to deep emotional feelings and instinctive urges, and to attitudes and affections which the teacher must understand. He is the product of a home in which the loves and hates, the hopes and fears, perhaps the brutal neglect or the oversolicitude and indulgence of his

⁶⁰C. Roger Myers, op. cit., p. 128.

⁶¹Tiegs and Katz, op. cit., p. 9.

parents have formed his personality from earliest babyhood. A study of mental hygiene will help the teacher to understand how the personality of the child develops from babyhood through adolescence, and what emotional meaning such steps in the development of personality as birth, infancy, weaning, establishment of physical habits and control, the birth of brothers and sisters and competition with them for the attention and affection of the parents, entering school, relationships with teachers and playmates, outside interests, consciousness of sex, adolescent changes, success and failure in school and vocation, the flowering of love, etc., have for the child, and how they affect his behavior. Through such study she will learn something of how these transitions should be handled in order to insure healthy, happy development, and in what ways wrong management may warp and twist the personality. Through such study she will find that the problems of classroom control and discipline assume new meanings and she will feel a greater responsibility for choosing methods which are constructive and not paralyzing and crippling to the personality development of her pupils.⁶²

The early and intelligent treatment of mental-health problems is an important aspect of the teacher's responsibility. But another aspect, fully as important, is the prevention of any of these problems which might conceivably result from the teacher's methods, procedures, or attitudes in the classroom. Persons who have made special investigations of the matter believe that the two most serious schoolroom menaces to the mental and emotional health of the children are regimentation and an undue emphasis on competition.] Excessive regimentation means the assumption of dictatorial powers by the teacher, and the consequent development of quiet, obedient, cowed, and passive pupils who make little

⁶²Bassett, op. cit., p. 55.

noise and who move about only at the teacher's command. Such a situation, obviously, is unnatural and is strenuous on the mind as well as the body. Unfortunately, some teachers still believe that strict regimentation is a desirable objective, and that it is evidence of good discipline; when, as a matter of fact, a thoroughly regimented class is evidence of poor mental health on the part of the pupils and of lack of ability on the part of the teacher. Only when teachers have failed at the job of teaching are they content to become drill-masters. Pride in one's "iron discipline" is, to say the least, a poor substitute for the sheer fun of being a good teacher. It should be noted also that constant and excessive emphasis on speed competitions in the classroom fosters an atmosphere of emotional tension which eventually is detrimental to both physical and mental health.] The existence of individual differences in ability makes such competitions unfair and futile. Emphasis upon competition has led to stress upon marks, grades, school standing, etc., which has long been an unhealthy characteristic of the entire educational system. Often parents are worse offenders than teachers in laying stress upon the competitive aspects of school activities. But one of the teacher's responsibilities should be to help rid the community of the absurd idea that high standing in school

work and rapid progress in school are the most important considerations in a child's life.⁶³

√ The techniques that the teacher employs will matter less than the degree of personal adjustment that the teacher has attained. [The adjustment of the teacher and her ability to exert a favorable influence upon the children will depend upon the way in which she has assimilated her own childhood experiences and upon the present amount of satisfaction she is deriving from her own life.] Since the problems of the teacher are so closely related to the problems of the culture in which she lives, social reconstruction is an important part of mental hygiene.⁶⁴

The traits which teachers consider as most serious in their pupils are actually the least important from the point of view of mental health. Conversely, those characteristics which teachers hold as least serious, those which they tend to ignore or even to encourage in their pupils, are actually the most undesirable from the point of view of mental health. For this reason, teachers who wish to make a really useful contribution toward the prevention of unnecessary mental illness will shift their attention from the noisy, troublesome, "problem" child to the quiet, well-behaved, "model" child, since it is among the latter that

⁶³C. Roger Myers, op. cit., pp. 128-130.

⁶⁴Witty and Skinner, op. cit., p. 525.

significant mental-health problems are most likely to be found. Among these pupils the teacher may discover her best opportunity for constructive action directed toward better mental health in school.⁶⁵ Often teachers are mistaken in their belief that certain of their pupils are feeble-minded. No teacher, psychologist, or psychiatrist can identify a mental defective by his appearance, despite the widespread belief that the shape of the head, the height of the forehead, the facial expression, the open mouth, or the vacant stare are reliable indications of one's mental ability or mental weakness, as the case may be. Many teachers jump at unwarranted conclusions regarding the mental equipment of certain pupils who may be backward in their school work or who seem to lack the ability to learn. Of a group of over a thousand children submitted for examination by their teachers, who believed they were mentally handicapped, fewer than half were found to be actually defective in intelligence.⁶⁶

Several recent studies on teachers' attitudes toward pupil behavior have shown that teachers regard as most serious those forms of aggressive misbehavior which create a disturbance, interfere with the classroom routine, or violate the teacher's own personal standards of deportment. This is a natural attitude for teachers to take. The aggressive, experimental, obstreperous, misbehaving child gives us almost constant trouble and, therefore, represents our idea of the "problem child." In contrast, the quiet, compliant, submissive, obedient child gives us no

⁶⁵C. Roger Myers, op. cit., p. 69.

⁶⁶Ibid., p. 43.

trouble and, therefore, represents what is most desirable and laudable in pupil behavior. Yet it happens that the amount of trouble a child gives us is not a valid measure of his mental health. In fact, the chances are that the extremely aggressive child is in better mental health than the extremely submissive child.

Of course, no one would argue that either of these extremes is really desirable. Both are indications of failure in social adjustment. Both represent unsuccessful efforts to solve difficulties -- in the one case, by violent attack; in the other, by evasive withdrawal. But the child who, in school, develops habits of attack and who reveals this trend by persistent violation of regulations, disobedience, defiance, fighting, and truancy, is likely to grow up into an adult who is also aggressive and independent, who does not hesitate to break conventions and who may, therefore, become a very resourceful leader, militant reformer, or enterprising business man. He may, of course, become so aggressive as to break laws unskillfully and end up in a penitentiary, but the point of importance for our present discussion is that, whatever happens to him, he will probably not end up in a mental hospital.⁶⁷

In several recent studies it has been demonstrated that physically healthy teachers have an observably favorable influence upon the physical health of their pupils. The same relationship has been shown to exist even more strongly between the mental health of teachers and pupils. In a study conducted by Boynton, Dugger, and Turner, the mental health of seventy-three fifth- and sixth-grade teachers was surveyed, and at the same time a similar study was made of the mental health of the 1,095 pupils being taught by these teachers. It was found that the pupils of teachers who possessed good mental health exhibited considerably greater

⁶⁷Ibid., pp. 61-63.

mental and emotional stability than did the pupils under the tutelage of teachers in poor mental health. In a number of instances pupils have been studied over a period of years as they passed from teacher to teacher in a graded school. Such investigations have shown in graphic manner the extent to which the mental health of a class as a whole tends to improve or to deteriorate in keeping with the status of the mental health of the teacher in each case.⁶⁸

The psychologist, Wickman, made an investigation of 511 teachers in a large city with an excellent educational system. He asked these teachers to list what they considered the most serious evidences of maladjustment, and the most serious types of misbehavior, among school children. After tabulating the various items in the order of their frequency as determined by the number of teachers mentioning them, he had these symptoms analyzed by a group of eminent psychiatrists, psychologists, and sociologists who had made a scientific study of the mental health and ill health of children. The startling and unfortunate thing stressed by the outcomes of Wickman's study was that most of the teachers failed to recognize the more serious types of mental ill health and maladjustment. The factors which which they considered most serious were rated by the experts

⁶⁸P. L. Boynton, H. Dugger, and M. Turner, "The Emotional Stability of Teachers and Pupils," Journal of Juvenile Research, XVIII (1934), 223-232, as summarized by C. Roger Myers, op. cit., pp. 132-133.

as least serious, and vice versa. According to the teachers, the most serious things a child can do that indicate mental maladjustment are the commission of sexual immoralities, stealing and other dishonesties, masturbation, writing obscene notes, such transgressions against authority as impertinence, defiance, destruction of school materials, disorderliness, and lack of application to school work. From the standpoint of the experts who were familiar with the principles of mental hygiene, by all means the most serious evidences of maladjustment and mental ill health are such traits as shyness, sensitiveness, lack of sociability, suspiciousness, resentfulness, fearfulness, cruelty, and tendencies to depression.⁶⁹

Since mental illness is communicable, a mentally sick teacher is likely to transmit the disease. A teacher who is inhibited and frustrated is not usually successful in inspiring spontaneous and creative expression. An unhappy teacher depresses children who might otherwise find life thrilling and interesting. A teacher who has to be told what to think and do can hardly develop intelligent behavior on the part of her pupils. Emotional instability in teachers is reflected in the instability of their pupils. The obvious relationship of the teacher to the mental health of her pupils places considerable responsibility upon school

⁶⁹E. K. Wickman, Children's Behavior and Teachers' Attitudes, as summarized by Crawford and Menninger, op. cit., pp. 11-13.

administrators, who should ascertain that the conditions under which teachers work are productive of the best possible opportunities for self-realization. Teachers must be able to respect themselves and others, and are entitled to experience feelings of adequacy and security. Teachers should be encouraged to recognize the unique contributions they can make to group enterprises. The personality of the teacher is determined largely by what she lets life do to her. One of the major concerns of the school administrator is, therefore, the provision of those conditions within which the teacher becomes a decent companion and an understanding guide of children.⁷⁰

The teacher's personality, by all means, should be a reasonably well-adjusted one. She should be courageous, tolerant, tactful, interested in the child and in social problems, and mature in her emotional responses. She should always face her problems honestly, and never use the child as a means of satisfying or relieving her personal feelings. Because of her training, she should be able to recognize personality problems, to handle the simpler ones objectively, and to cooperate with experts in an intelligent manner in attempting a satisfactory solution of the more serious ones.⁷¹

⁷⁰Paul J. Misner, "In-Service Growth of Teachers," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, pp. 221-222.

⁷¹Mental Hygiene and the Texas Society for Mental Hygiene, First Yearbook of the Texas Society for Mental Hygiene, pp. 17-18.

The ability of the school to serve the cause of mental hygiene cannot rise above the capacities and limitations of the teaching personnel. It is unfortunately true that at present the limitations all too frequently outweigh the capacities. Too often the teacher must tackle her greatest job -- that of molding the personalities of her pupils -- in a state of utter unpreparedness. In her years in a teacher-training school, her head has been crammed with theories and methods of pedagogy and with techniques in the handling of various subject-matter fields, but she likely has not had comprehensive training in the psychology and mental hygiene of childhood. The little information that she may have attained is probably so academic and so theoretical that she will be at a loss as to how to apply the principles that she may have memorized in college in order to pass an examination or to obtain the coveted teacher's certificate.⁷²

To her profession and to the young personalities intrusted to her in the classroom the teacher owes the solemn responsibility to cultivate good physical and mental hygiene in herself. Any improvement in her own health is almost sure to be felt favorably by her pupils. Fatigue or any decrease in vitality makes her less interesting, more subject to a loss of emotional adjustment, and therefore less patient and less self-controlled. At such times her human frailties

⁷²Groves and Blanchard, op. cit., pp. 187-188.

will become more apparent and her pupils will feel less secure; she will have more problems in discipline, which in turn will render her less poised and arouse in her pupils more irritability and more antagonism. The teacher who is conscientious is under a heavy strain. She therefore needs adequate relaxation, sleep, and recreation; should have regular habits of routine; and should make her out-of-school activities wholly favorable for her total health.⁷³

The teacher cannot wisely undertake to guide the footsteps of the child unless she knows whence the child has come and whither it is going. It is fully as important not to interfere with the orderly progress of the unfolding of the child's personality as it is to guide it and endeavor to mold it in constructive directions.⁷⁴

In addition to such factors as heredity, disease, and accident, the childhood and youth periods present special psychological hazards for adjustment. Teachers are learning actually to determine the interests, needs, and capacities of pupils; they are planning curricula which utilize this information in the attainment of desirable objectives; and they are preparing children better to meet the special hazards associated with the period of school attendance. Finally, teachers are coming to understand and appreciate the psychological hazards of their own profession, thus enabling them better to avoid difficulty and to improve their service to children and youth.⁷⁵

The attitude of the teacher and of the pupil is a

⁷³Garry Cleveland Myers, op. cit., pp. 356-357.

⁷⁴White, op. cit., pp. 14-15.

⁷⁵Tiegs and Katz, op. cit., p. 39.

matter of great importance. A pupil may fail in a task merely because the teacher's attitude has implied to him that he cannot successfully perform it. On the other hand, he may attain success because of the teacher's attitude or because of his own confidence in his ability. Even very bright pupils may fail on a test or assume a kind of school-room stupidity through fear of the teacher or through some other inhibiting emotion. Athletics is not the only interest that can profit by a "pep" meeting; the teacher should assume the function of a coach who has the right to make her little "players" confident that they can win every coming "game." One of the teacher's watchwords should be tact, which can be defined as a sympathetic appreciation of the way the pupil feels and an understanding of exactly what stimuli to apply in order to arouse in him the desired feelings.

Pupils appreciate and profit by the kindly, humorous, quizzical, bantering teacher who nevertheless will not humiliate his pupil unnecessarily, but who creates in the group a dignified yet permeating spirit of "We're-all-good-fellows together."⁷⁶

A social setting adapted to the promotion of mental hygiene is within the reach of every average teacher, and calls for no elaborate equipment. It does include an opportunity for the teacher to inspire each pupil to tackle a task commensurate with his nature, his interests, and his abilities; an opportunity to deal comprehensively with whatever needs

⁷⁶LaRue, op. cit., pp. 343-344.

to be done; and an opportunity for wholesome social relations. The teacher herself must be sincere, sympathetic, and mature.⁷⁷

The teacher's personal conferences with troubled, failing, or defeated pupils can seldom be of much value if they embody only the traditional, uninspiring consideration of assignments, tasks, responsibilities, and intellectual difficulties. They should be characterized by a tone of richness, vitality, helpfulness, and understanding which can result only from a thorough knowledge of the whole child -- his personal ambitions, his interests and activities, his abilities and limitations, the obstacles and difficulties which confront him at home and at school, the conflicts and confusions that trouble him, and the mechanisms which he habitually employs in given situations. When the teacher assumes the responsibility for helping children to face facts intelligently, to eliminate conflicts, to dispel disturbing feelings of inadequacy, inferiority, and insecurity, she is not shouldering additional tasks, for these are -- or should be -- her major duties. With improved adjustment, children become increasingly self-directing, independent, and successful in reaching other objectives of the school curriculum. In this way they prepare themselves for more intelligent, cooperative, and effective service in the school, at home, and in the adult world.⁷⁸

⁷⁷LaBrant and Willis, op. cit., p. 187.

⁷⁸Tiegs and Katz, op. cit., p. 229.

One of the chief responsibilities of the teacher is to make the school-world so interesting and attractive for every child that he will not withdraw from it and build up his own world to suit himself -- a world whose tragedy is that it usually closes its doors upon outside interests and refuses to admit other people. The child who builds his own world because he does not like the school-world is usually the solitary, seclusive, quiet child who usually is lacking in sociability and the normal relationships of his fellows. The child who, in school, built his own world is likely to continue the same procedure later in life unless his interest is aroused in something that challenges him to tear down the fences that he has raised about himself and become a normal human being with wholesome social relationships.

One's life is peculiarly one's own when one has invented it. Now if a child can find no success or esteem or love in the world as it is, he may use the device that was so helpful in the classroom -- that of inventing his own world. This device can be gravely dangerous. For as the child who resorts to it grows up, if he comes to feel that he may fail at something, if things go wrong in his immediate world, he is likely to retreat into the safety of the self-invented world that we once forced him to create. He turns away from reality because it is unpleasant. This is the breeding ground for all of the nervous diseases of civilization, and for most, if not all, of adult maladjustment and unhappiness. The teacher who conducts a happy classroom is not merely a good teacher. She is performing a great service of prevention.⁷⁹

⁷⁹Edward E. Harkavy, "Mental-Hygiene Implications of Non-attendance," Mental Hygiene, XXI (October, 1937), 618.

The teacher, in accomplishing this preventative function, must realize that her educational function is not to be limited to the three R's, but rather it must be expanded to affect the lives of individual human beings in every aspect of human life, emotional as well as intellectual. Every teacher today needs preparation in mental hygiene for any kind of a school. Even if the school is of the more conservative academic type, it is still important to have teachers who are amiable and well-adjusted, if for no other reason than to make the old "stuff" go down more palatably! As society's demands upon the school increase, the teacher should be a much more resourceful person. Now, when educators are coming to realize the importance of having educational experiences for every age that are rich and meaningful for the total life of the individual, it becomes still more important that the teacher be rich and resourceful in her own life, that she possess at least a minimum equipment in the sciences related to mental hygiene, and that she be conspicuous for her ability to live and work with other persons in a successful manner.⁸⁰

If we persist in limiting the educational applications of mental hygiene to the re-education of maladjusted children, we lose sight of the greatest contribution that the

⁸⁰W. Carson Ryan, "Pre-Service Training and Teacher Growth," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, p. 240.

school can make to the improvement of emotional and mental health. It is futile as well as costly for society to set up excellent clinics and then to allow the school to perpetuate undesirable practices which are to blame, in part, for the necessity of clinics. Emotional disturbances must be dealt with at their source. If every adult who has dealings with children could be converted to a sympathetic understanding of the problems related to the child's emotional adjustment, many serious adjustment problems of later life could be prevented. Childhood has been referred to repeatedly as the golden period for mental hygiene. The teacher therefore becomes one of the "vanguard in the fight for the better emotional health of the general population."⁸¹

The fact that education must make a real effort to conserve mental health means that the schools must employ teachers who are as genuinely interested in the personalities of children as in their mental processes, and who are able and eager continuously to recognize and to meet the emotional needs and problems of the boys and girls with whom they are working. All through school, children need warm, affectionate, human relationships and personal recognition as contributing factors to their mental well-being. Today the greatest social need is more definitely for sanity and the courage to live than for intelligence and trained minds,

⁸¹Witty and Skinner, op. cit., pp. 476-477.

for it is recognized that intelligence and training in a distorted, unhappy individual can be used all too easily for aggressive and destructive purposes. Academic achievements do not necessarily produce persons who are socially minded or who possess a humanly desirable purpose in living. Much of the present academic achievement might advantageously be sacrificed for better personality integration and wholesome social adjustment. The interest of social welfare and of human happiness would thereby be served, since only sane, cooperative, understanding individuals can cope with the social disorders and turmoil that plague the present day.⁸²

Individual Differences in Relation to Mental Hygiene

The whole problem of personality development, and of the total system of modern education, is to make the greatest possible use of individual differences. This means obtaining from these differences the greatest return to the individual and to society. Personality development, when it is healthy, is not a leveling-off process; it is a phenomenon of growth, of learning, of enrichment, of consummation of aims and hopes. In short, it is continuous or continuing creation. Conflicts are born of the differences that exist in human desires, goals, and purposes. Such conflicts

⁸²Frank, "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 532-533.

inevitably change personalities, which are merely the patterns of response employed by the persons involved.⁸³

It has too long been the practice in education to assume that all children coming to the school represent an undifferentiated mass to be stamped in the same mold and to be thrown off like identical coins from the same die. Growing out of this practice have been various false assumptions and practices such as the supposition that all children are alike in their capacities and ambitions, that they all learn at the same rate, show the same speed in progress, and need to know and do the same things in the same way. Only recently has the school seen the error of its ways and begun to minimize the group and to emphasize the individual in its educational program, providing opportunities and environments to meet the needs of the individual pupil. The only regrettable feature of this new trend is the fact that so many schools have not yet got around to doing this.⁸⁴

The school may be conceived of as a factory which turns out educated persons as its finished products. Unlike other factories, the school cannot select its raw material, but must take it as it comes and try to make the best possible product from the available material. The raw material that enters the school plant is not in any way standardized.

⁸³Harold H. Anderson, "Conflicts in Personality Development," Mental Hygiene, XX (October, 1936), 607.

⁸⁴Averill, op. cit., p. 112.

Each child who comes to the school is fundamentally different from every other child: he is an individual personality. The school too often operates as though all of its raw material were identical and should be taken through identical processes on its way to becoming finished products. This procedure tries to make all of the children, different though they are, conform to the same ideal of what the finished product should be. For this reason, and because he is not thought of as being different, the child meets with many kinds of annoyances and emotional disturbances as he progresses through the educational mill. Often much of the best that was in him is eliminated or disparaged, and he may even fail to fit the machinery well enough to survive the practices of the factory of education.⁸⁵

Pupils who have behavior problems present a challenge to the educator to reshape and create adequate facilities to give each child, in the light of varying degrees of maladjustment, every opportunity to invest his constructive capacities and potentialities in such a way as to attain the highest possible fulfillment. Since growing children absorb much from the personalities who surround them, it is highly important that plastic and sensitive children be in a continual close relationship with well-integrated personalities who exemplify in concrete performance such alluring examples

⁸⁵Garry Cleveland Myers, op. cit., p. 4.

of behavior patterns as will inspire emulation. Children with behavior problems are as definitely products of home, school, and community as are those who are well adjusted. They are dynamic components of the various institutions and persons with whom they have come in contact, and should not be considered as a foreign and subversive group fighting against the school and society, but as a real part and product of them. Such a point of view should help in placing the blame where it properly belongs and in stimulating preventative and remedial measures.⁸⁶

It is sheer cruelty to expose children of limited intelligence to the type of inflexible curriculum usually adhered to in our schools. The curriculum must be drastically modified in planning work for pupils of dull, borderline, and defective mental equipment. Many of these children who are defeated by the usual course of study possess talents which would assure them outstanding success in some specialized field. Every child, regardless of his mental or physical handicaps, must be given frequent opportunities for achieving success, praise, and approbation in some productive effort within the limits of his own abilities. If children are deprived of praise, approval, and encouragement, and are exposed to repeated failures, their personalities and their outlook on life may be permanently warped, and they may even

⁸⁶Howard and Patry, op. cit., pp. 270-272.

become victims of mental disease. A considerable proportion of the delinquent and truant children who cause difficulties in school come from the dull, borderline, and defective children who cannot succeed in the regular classes and for whom little has been done to reshape and to provide a greatly modified curriculum to include trades, manual arts, and other studies more adapted to their needs and abilities. This modified curriculum should be introduced in the early grades, since many of these children begin failing even in the second grade. The question to be considered is "what types of work may be offered which will interest these handicapped children, at which they will succeed, and, in succeeding, will gain self-respect, self-confidence, a sense of their social value to the community, and habits of cheerful, persistent effort?"⁸⁷

The curriculum should be sufficiently flexible to enable the teacher to adapt the work to the needs, abilities, and interests of every child. Even in small schools which may be handicapped by a lack of facilities, the teacher can alleviate the difficulties of dull children by concentrating upon minimum requirements, and by seeing that the individual pupil is able to experience success in some aspects of his academic work and in the practical courses.⁸⁸ The school and the teacher should do all they can to safeguard

⁸⁷Bassett, op. cit., pp. 28-29.

⁸⁸Griffin, Laycock, and Line, op. cit., p. 126.

the personalities of inferior children. A realization of the child's mental age and a knowledge of the causes for his slow development will help the teacher to modify the school work so that the child can achieve agreeable results and thus obtain the sense of personal worth that is so necessary for healthy minds and personalities. In handicraft, in errands or school duties that involve the development of a sense of responsibility, and in activities outside the classroom the child may attain these personal satisfactions. By all means, the child should not be involved in unfair and unequal competition. When the child cannot keep pace with his companions, the teacher should never be guilty of resorting to high-pressure methods, scorn, and ridicule. The child should be allowed to acquire standards and to achieve results that are commensurate with his ability. The important thing is not that he keep within the pace set by his fellows who possess superior mental endowments, but that he be inspired to do something that has meaning and satisfaction to him, regardless of what others are doing.⁸⁹

If the child is understood thoroughly, the teacher should be aware of his capabilities, and should not anticipate achievement beyond that which the child is able to attain. A knowledge of abilities implies appreciation of limitations. It is the inappropriateness of the routine lessons required of all children, indiscriminately, which is responsible for the ever-recurring marks of failure on the report cards of so many.⁹⁰

⁸⁹Ibid., pp. 125-126.

⁹⁰Witty and Skinner, op. cit., p. 137.

The teacher's aim and ideal in connection with each pupil should be to discover what good traits are strongest in him by inheritance or cultivation, and to take measures for the appropriate integration of his personality around these traits.⁹¹

Application of Mental Hygiene

Principles of mental hygiene may be applied in the home as well as in school. If these principles were better known and more carefully considered in the home, the toll of mental ill health among children and adults would be accordingly reduced. One of the goals of mental hygiene in the home is to train the child to become emancipated from the home -- to develop self-control as a substitute for parental control, and to face his problems and difficulties with intelligent independence instead of clinging to others in complete dependence and helplessness. The home which is governed by mental-hygiene standards will furnish the child with a system of socially constructive values, and with techniques for their realization, so that he will be able to master his problems and to dispose of his conflicts with a minimum of emotional disturbance and with a maximum of the joy of living.⁹²

⁹¹LaRue, op. cit., pp. 70-71.

⁹²Mental Hygiene in Action, Second Yearbook of the Texas Society for Mental Hygiene, p. 24.

Mental hygiene is helping us to see that . . . early cultural training is necessary and inevitable, since the young child must be socialized, not only for the protection of society, but for his own guidance and self-management. But mental hygiene also makes clear that the mental health of the individual may be seriously jeopardized by the way in which these interferences and deprivations, these compulsions and prohibitions, are taught to him, and by the way authority in general is administered. That is to say, the personality of the child and his adjustment to society depend upon the way he feels about people and situations and especially about himself. If the educational process of weaning and learning to accept foodstuffs, of toilet training, of managing his emotional reactions, is administered harshly and cruelly, or severely -- i. e., too early in life or too rapidly and without affectionate reassurance to allay the tension -- then the child will feel deprived and regard the world as hostile. If the inviolabilities and the prescribed social practices are taught with stern discipline and punishment, without the love that alone can make these prohibitions and compulsions emotionally acceptable, then the child will feel that other persons are his enemies and will develop a resistance to authority. Moreover, if all this education serves to humiliate him, as if he were a bad, wicked, sinful, and wholly unworthy person, the child can only conceive of himself in these terms and either act out the role of bad child or express his feelings of guilt or resentment in various disguises that are antisocial or self-defeating. It is, therefore, not only what culture demands and imposes upon the individual, but the way in which this early education is conducted, that makes or mars the mental health of the individual.⁹³

It is impossible to overestimate the importance of the school as one of the great character-building agencies. Leadership in all educational thought and practice comes from the school itself. The school should know its pupils as individuals, and should be familiar with their needs, their aspirations, their potentialities, their achievements, their

⁹³Frank, "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 531-532.

strengths, and their weaknesses. The more comprehensive is the school's understanding of the pupils and of their problems, the greater will be the possibilities for the attainment of enriched adulthood by these pupils.⁹⁴

Needless to say, education is not doing all that it should be doing in the interest of mental health. The tragedy of the situation is that the school and its teachers do not apply all that they know in dealing with the problem -- performance is lagging behind knowledge. Modern education conceives of each individual and of each situation as unlike any other, but it does not always act in keeping with this knowledge. Despite all of the discouraging conditions that abound in the world today, a much sounder mental health is possible for the individual and for society. It is highly important that the school shall be genuinely interested in helping people to build upon the potentialities they possess. If the school is to aim at reducing the burden of mental maladjustment and disability and at developing a positive increase in good mental health, it must have for its real task the maximum development of the individual's highest powers. Unfortunately, this is almost the direct opposite of what happens in most schools today. Schools must become changing, flexible instrumentalities subject to constant experimentation and exploration in order to discover and make use of

⁹⁴Griffin, Laycock, and Line, op. cit., p. 291.

the best possible resources for meeting individual human needs.⁹⁵

The reorientation of education in the interest of mental hygiene does not countenance the doctrine of unrestrained freedom for the child as he comes in contact with educational processes. Neither the child nor the adult should tolerate such freedom, for it nullifies all the objectives of the modern school. If children are to acquire the skills and knowledge that will enable them to function satisfactorily and efficiently in their school and social worlds, they must have at least some direction in their learning experiences, for everything cannot be left to chance.

We need culture to pattern our behavior into socially acceptable conduct, to manage our impulses and emotions, to give values and purposes to our activities, and to rescue us from the intolerable isolation of our private worlds.⁹⁶

The prevalence of the need for mental hygiene is indicated by the fact that in an average class of about forty children, there are at least ten pupils whose mental health is so poor as to interfere seriously with their chance of success in the schoolroom and in their subsequent efforts at earning a livelihood. Among these ten children are probably two who will, later in life, become so mentally

⁹⁵W. Carson Ryan, Mental Health through Education, pp. 281-283.

⁹⁶Frank, "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 534.

ill that they will have to enter a mental hospital. It is an unfortunate and uncomfortable fact that in the average class there are about as many children who will later become at least temporary inmates of a mental hospital as there are children who will later enter a college or university. The school's responsibility is as imperative to the former group as to the latter.⁹⁷ Because the problem of the child with defective or limited mental ability usually becomes apparent during the first few years of school, attention must be directed to the primary grades if the problem is to be handled effectively.⁹⁸

If the principles of mental hygiene are to be adequately applied for the purpose of giving an individual the mental training that may preserve him from nervous disorders and even insanity, a great amount of time is necessary. It would be an impossible task to supply the institutions for this task, and such a step would possess questionable worth, were it feasible. Apparently, the only institution where there is time for proper training of this kind is the public school, and here is where the fundamentals of mental hygiene should be applied, and instruction and training applied to those individuals who are excessively sensitive to stimulation and who therefore may ultimately become victims of mental and nervous disorders. Such a task

⁹⁷C. Roger Myers, op. cit., p. 13.

⁹⁸Griffin, Laycock, and Line, op. cit., p. 124.

can be done, because the form of treatment required is no different from that in daily use in the best schools of the country. What is most needed is adequate preparation of the teachers for such work, and purposeful provision for the detection and care of such children as need consideration. When the proper training of these children is well under way in the public schools, the question will inevitably arise as to why a child must be defective or borderline-defective before he is eligible to receive the benefits of mental hygiene, and the demand will be made that all children share in the program, that mental-hygiene principles be followed in the methods and discipline of the school, and that all teachers become acquainted with this subject and be prepared to follow the well-recognized principles of mental hygiene in all of their work.⁹⁹

The child possesses certain emotional cravings which are fundamental. These include the need for attention and understanding, the need of respect for his parents and teachers, the need for security, the need for attention and approval, the need for successful achievement, the need for friends and companions, and the need for varied and interesting outlets for all of his energies in work or play. If the child's home or school life is such that it tends repeatedly to thwart any or all of these needs, or to over-emphasize any of them, the child is likely to be nervous,

⁹⁹Burnham, op. cit., pp. 10-11.

to develop unfortunate traits of personality, or to misbehave. Hence misbehavior or extreme shyness if shown to be a symptom of hidden maladjustments which are making him unhappy and causing him to make blind and misguided attempts to attain satisfactions which are natural and to which he is entitled. The teacher, then, must consider such questions as the following if she is to help the child in overcoming his maladjustments: Why does this child behave in this way? What satisfactions does he seem to be striving for? How is his life unsatisfactory to him? To what extent has his behavior been influenced by parents, relatives, and teachers? What combination of factors and circumstances has caused the child to react in this manner?¹⁰⁰

Most behavior problems may be readily analyzed and simply adjusted, although the task is usually one that should be shared by a number of persons, especially those who come into intimate relationships with the child in question and who are more or less responsible for his welfare. It is necessary that home, school, church, and community agencies should intelligently cooperate and supplement each other's efforts. Too often the home nullifies the good work of the school because there is no sympathetic relationship, no understanding, no knowledge of what the school is trying to accomplish. Such a situation involves a considerable waste of time and money which might be avoided by

¹⁰⁰Bassett, op. cit., pp. 10-11.

complete understanding and wholehearted cooperation between the school and the home. Visiting teachers, nurses, or teachers who are socially tactful can aid materially in the establishment of this common purpose. A positive program of alluring and challenging recreational and social activities should be sponsored so that children will be eager to take advantage of them in preference to antisocial activities.¹⁰¹

Too long the school has been set apart from real life; too long its tasks have been unique and without any close relation to those of the non-school world; too long it has neglected those things that are closest to the vital interests of human beings, and busied itself with things of a highly academic and impractical nature. The cause of mental hygiene can never be served effectively by thus divorcing the school from life. Such an unfortunate separation has always made pupils chafe and even rebel against their school work, and has led thousands of them every year to drop out of school, simply because the school seemed to them to offer nothing worth staying on to get. "Life could best be prepared for by embracing life directly, rather than indirectly and uncertainly in a schoolroom that held itself aloof from vital and practical things."¹⁰² One of the best ways of

¹⁰¹Howard and Patry, op. cit., pp. 273-274.

¹⁰²Averill, op. cit., p. 339.

holding the child's enthusiasm in school and of lessening this gulf between the school-world and the out-of-school world is to make it possible for him to invest his interests and abilities in worthwhile activities. A little effort to understand the child will usually pay big dividends in this direction. "No matter how immature or retarded a child may be, there is always something to be found that will interest him."¹⁰³

Luckily for the future happiness and mental balance of thousands of children, mental disorders and personality maladjustments, when detected in childhood, and when "diagnosed and treated in time, are absolutely amenable not only to control but to correction."¹⁰⁴ The modern school is now making provision for the special training to which children of retarded ability are entitled. It is probably unfortunate that many of these children have to be segregated in separate classes. But as the curriculum for normal children becomes more practical and useful, and less emphasis is placed on speed competitions and artificial grades, it may ultimately be possible for the normal child in school to benefit from the excellent training which defective children will have been receiving in these special classes. When that time arrives, segregation will no longer be required.¹⁰⁵ Many

¹⁰³Griffin, Laycock, and Line, op. cit., p. 79.

¹⁰⁴Ibid., p. 85.

¹⁰⁵C. Roger Myers, op. cit., p. 44.

people think that special education is a modern frill that is somewhat superficial and faddish in nature. It should be called to mind, however, that all education, whether for average, retarded, or physically handicapped children, should recognize only one aim -- the desire to promote the sound, many-sided development of the child as an individual in his social groups. The school organization, the curriculum, and methods of teaching are but means to this end. They must enable the child to develop according to his abilities and needs. They must be fitted to the child himself, rather than to a group of children. Special curricula, classes, and institutions are provided for the purpose of giving to children who deviate from the average the same chance of wholesome development as is given to normal children.

"Special education is, therefore, general education applied to special problems."¹⁰⁶

∪ Mental hygiene can never be in conflict with education so long as both are primarily interested in child development, inspiration, and guidance. Good education can never be harmful to the mental well-being of pupils. Sound mental hygiene will never go counter to the best of educational procedures. The partnership between mental hygiene and education is readily apparent. This partnership is effective to the degree that both mental hygiene and education are

¹⁰⁶Griffin, Laycock, and Line, op. cit., pp. 133-134.

able to understand child nature, its needs and potentialities.¹⁰⁷

✓ Character and individual characteristics are by-products of living. Their quality depends upon the individual personality and its degree of adjustment to living experiences. "The capacity to adjust, to remain whole, and to live whole" can be enhanced by means of an educational program that sees the child as a whole.

∨ The integration of the child constitutes a positive aim of education and is a function of an educational program that makes right adjustments in personality possible as a preliminary to right thinking, right feeling, right relationships, and right living.¹⁰⁸

The Texas Society for Mental Hygiene, in considering a comprehensive approach to the problem of applying mental-hygiene principles to the problems of society, suggests a six-fold program which will include (1) the recognition and early adequate treatment of the mentally ill, (2) an investigation of the underlying causes of such illness, (3) the training of personnel for undertaking the duties involved in the field of mental hygiene, (4) the formulation and adoption of measures to thwart any possible increase in the number of mentally ill, (5) a comprehensive analysis of the economic and social problems associated with mental illness, and (6) the adoption of measures for uprooting community sources of mental deficiency.¹⁰⁹ Mental health

¹⁰⁷Ibid., pp. 232-233.

¹⁰⁸Wile, op. cit., p. 261.

¹⁰⁹Mental Hygiene in Action, Second Yearbook of the Texas Society for Mental Hygiene, p. 6.

and democracy are goals to be achieved anew by each generation, who must bequeath to their children a genuine faith in human nature and a courage to live with love and understanding that will die unless they are transmitted through warm, intimate human relationships. If each generation will seriously strive to free its children from its handicaps and distortions in emotions and personality and encourage them to go forth to live fully and sanely, mental health and democracy will be secure. Any program of mental-health education, to be effective, must enlist the interest and cooperation of both families and schools, and all other agencies for human guidance and welfare, in a united effort to protect and cherish the personalities of all children, if the utmost realization of human potentialities is to be attained. 110

The new school will break definitely with all . . . dubious and uncertain educational philosophy, and will hold its pupils . . . because it will be patently a preparatory period for complete and practical living. The artificial boundary-lines between the various school subjects will be obliterated, and the field of knowledge will present a uniformity and connectedness that is reflected in the adult world of human contact and experience; the obsolete and the useless and the impractical will be dropped from the curriculum, and what remains will be organized, both logically and psychologically; study will be no longer a half memoriter process of absorption of the printed page, but will be rather an active process of research and the investigation of vital and attractive problems; the same sort of analysis and

110 Frank, "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 543.

reasoning and inquiry that are important in attacking the problems of the grown-up world will be permitted and required in the schoolroom; the interests of the society outside will be brought daily into the schools and incorporated into their curricula; representatives of business and industries and public works and philanthropies will be invited to school to describe the enterprises in which they are engaged, and in which human beings are vitally concerned; and doors of these institutions will be thrown open to the schools, and the pupils will observe at first hand something of the mechanism of social enterprise and organization; shops and laboratories will be deemed to be essential and will be made integral parts of every school plant; the needs and capacities of all sorts and conditions of learners will be amply provided for by varied types of curricula; guidance and counsel and exploratory courses will be no longer considered fads and frills, but will hold as honorable a place in the school as the time-honored three R's have always held; the bugbear of semi-annual or periodic promotion will be withdrawn from the present highly artificial place which it occupies, and in its stead school progress will be made dependent upon conscientious and earnest work, as it is in the grown-up world of men.

When these and other desirable modifications and improvements in our educational aims and contents and methods have been happily brought to pass universally in the schools, the present hiatus between school and life will be bridged; school will be life during its first quarter, and no normal individual will contemplate leaving school prematurely, for to do so would be tantamount to the renunciation of life itself. In consequence of this integration, when the school years are ended there will be no reckless and uncertain "graduation" and plunge into life; rather there will be a continuity into life of the plans and purposes and skills and achievements fostered in the school environment.¹¹¹

This description of the new school that is now in the making carries with it many implications as to the place that mental hygiene will occupy in its organization and

¹¹¹Averill, op. cit., pp. 339-341.

program. In this new school will be recognized all of the fundamentals of mental hygiene, and in it will be realized the aim of the Texas Society for Mental Hygiene -- "the promotion, conservation, and restoration of mental health for all."¹¹²

¹¹²Mental Hygiene in Action, Second Yearbook of the Texas Society for Mental Hygiene, p. 19.

CHAPTER III

PRACTICE AND FUNCTION OF MENTAL HYGIENE IN THE ELEMENTARY SCHOOLS OF DENTON, TEXAS

All teachers employed in the three elementary ward schools and in the elementary laboratory schools of the North Texas State Teachers College and of the Texas State College for Women, Denton, Texas, were given copies of the questionnaire used in this study (see Appendix) and were requested to assist in supplying the writer with data to be utilized in her investigation. Most of the teachers readily cooperated in the undertaking, although a few neglected to respond. Twenty-seven completed questionnaires were obtained from the group. Data derived from these questionnaires comprise the present chapter.

Teachers' Professional Preparation in the Field of Mental Hygiene

The teachers who cooperated in this study were asked to supply information on whether they had had any professional training while in college which would enable them to apply the principles of mental hygiene to classroom situations. About half of the group had had college courses dealing with mental hygiene specifically, whereas most of the others

had enrolled in child-psychology courses, in which more or less emphasis had been placed on mental-hygiene principles. Table 1 presents the data related to the professional preparation of the twenty-seven elementary teachers in the field of mental hygiene.

TABLE 1
NUMBER OF COLLEGE COURSES DEALING WITH MENTAL HYGIENE
THAT EACH ELEMENTARY TEACHER HAD TAKEN

Teacher Number	Number of Courses Each Teacher Had Had in the Field of Mental Hygiene
1	4
2	4
3	3
4	3
5	3
6	3
7	3
8	2
9	2
10	2
11	2
12	2
13	2
14	2
15	2
16	2
17	2
18	1
19	1
20	1
21	1
22	1
23	1
24	1
25	0
26	0
27	0

Table 1 shows that the number of mental-hygiene courses that the twenty-seven teachers had had in college varied

from four for two teachers to one course for seven teachers. Five teachers reported three such courses each, and ten teachers had had two courses each. Three of the twenty-seven elementary teachers had had no college training whatever in the field of mental hygiene. The twenty-four teachers who had had such training had completed a total of fifty courses, or an average of practically two courses per teacher.

Attitudes of Elementary Teachers Toward Professional Training and Research in the Field of Mental Hygiene

By means of the questionnaire submitted to them, the teachers who participated in this study were asked the following questions: (1) Do you feel that college courses dealing with principles of mental hygiene have helped you in your work as an elementary teacher? (2) Should elementary teachers be acquainted with the fundamental principles of mental hygiene? and (3) Have you, within the past year, read any articles or books dealing with mental hygiene? These questions were asked for the purpose of determining the teachers' attitudes toward professional training and research in the field of mental hygiene. In connection with each question, the teachers were requested to give reasons for either an affirmative or a negative answer. The teachers' responses to the questions are tabulated in Table 2.

TABLE 2

ATTITUDES OF ELEMENTARY TEACHERS TOWARD PROFESSIONAL
TRAINING AND RESEARCH IN THE FIELD OF MENTAL
HYGIENE, AS INDICATED BY THEIR ANSWERS
TO THREE QUESTIONS

Questions	Answers	
	Yes	No
Do you feel that college courses dealing with principles of mental hygiene have helped you in your work as an elementary teacher?.....	24	
Should elementary teachers be acquainted with the fundamental principles of mental hygiene?.....	26	
Have you, within the past year, read any articles or books dealing with mental hygiene?.....	24	3

It will be recalled that Table 1 indicated that twenty-four of the twenty-seven elementary teachers had had one or more college courses in the field of mental hygiene. Table 2 clearly shows that every one of these twenty-four teachers who had had courses in mental hygiene felt that these courses had helped them in their work as elementary teachers. Two teachers who had had no college work in the field of mental hygiene joined in the affirmative answer given by those who had had such work to the question of whether elementary teachers should be acquainted with the fundamental principles of mental hygiene. Twenty-four of

the twenty-seven teachers had recently read books or articles dealing with mental hygiene; three had done no reading whatever in this field.

Twenty-three of the twenty-seven elementary teachers mentioned ways in which mental-hygiene courses in college had been of help to them as teachers in the elementary grades. These statements were so diversified that they did not lend themselves to classification and tabulation, and the writer, for that reason, has found it necessary to list them in the text, with no attempt at classification except the assertion that all of them imply that mental-hygiene courses in college aid the teacher in understanding the child and his problems and assist her in finding satisfactory solutions to puzzling or unhappy situations. As far as possible, the teachers' original wording of the statements has been retained, although enough alteration has been made to insure parallel construction of statements.

According to these teachers, college courses dealing with the principles of mental hygiene are helpful to teachers in the elementary grades in that they:

1. Provide the teacher with criteria for helping the pupils adjust themselves to their surroundings.
2. Help the teacher to know better how to handle problems involving mental hygiene. "I feel that I can do more for this type of child in grouping and working with him."

3. Enable the teacher to understand psychological behavior in the learning processes and reactionary development in isolated and group problems.

4. Help the teacher understand children who do not fit into a group.

5. Enable the teacher to understand that some things that are usually called "stubbornness" have some trouble other than disposition back of them; urge the teacher to look for reasons and remedies rather than accept things as "natural" and as "can't be helped."

6. Provide knowledge of how to handle problems with children.

7. Assist the teacher in learning never to condemn a child until all environmental conditions have been investigated.

8. Help to promote a better understanding of children's capacities and reactions, of children's development as affected by environmental conditions, and of children's temperamental traits.

9. Provide better understanding of children's temperament, and of how to deal with behavior and attitude problems scientifically.

10. Help the teacher to realize more definitely than she might otherwise, that a child's mental-hygienic ability is his first chance to succeed in school as well as later life.

11. Help the teacher in solving discipline problems, and in understanding and dealing with abnormal children.
12. Equip the teacher for recognizing cases of mental disturbance, to analyze them, and to have some ideas for the correction of these disturbances.
13. Enable the teacher to cope more satisfactorily with certain problems arising in the classroom.
14. Assist the teacher in knowing better how to approach and to cope with such problems as involve mental hygiene, and also to recognize and catalog the problems.
15. Cause the teacher to realize that individual differences are fact, not theory; give her a better understanding of factors contributing to differences; enhance her ability to work with parents more sympathetically, and thus enable them to see the need to begin personality development in the cradle.
16. Help the teacher to meet cases with a more scientific attitude.
17. Enable the teacher to recognize and understand maladjusted personalities.
18. Provide criteria for cases, thus enabling the teacher to apply mental-hygiene principles to classroom situations, and cultivating the ability to recognize cases more readily and to deal with them more effectively.
19. Increase ability to determine what the child's reaction will be under certain conditions.

20. Assist the teacher in understanding the child and his reactions.

21. Develop a deeper understanding of children and their problems.

22. Help to solve behavior problems, emotional and social, and to deal with abnormal children.

23. Provide the teacher with a better understanding of child nature and behavior, and give her a better insight in dealing with such problems.

Twenty-six of the twenty-seven teachers believed, as shown in Table 2, that elementary teachers should be acquainted with the fundamental principles of mental hygiene, and twenty-two of these supplied reasons for this point of view. Here again the statements defied all efforts to classify or tabulate them, and for this reason are included here as a list. With the exception of a minor amount of alteration to make the statements parallel in construction, the wording used by the teachers themselves has been retained.

In their responses to the question, these teachers declared that elementary teachers should be acquainted with the fundamental principles of mental hygiene in order:

1. To deal effectively with problems arising from mental diseases.

2. To know how to guide and to teach for the best results in every case.

3. To work most adequately with the many problems that arise. Not to be acquainted with mental-hygiene principles leaves the teacher without knowledge to deal with needy children.

4. To know how to provide a better learning pattern for the children.

5. To enable the teacher to recognize trouble and to meet it in the proper way. Many healthy interests may be discovered and used to advantage if the pupil is dealt with individually and intelligently, and not allowed merely to drift.

6. To know and to understand how to make contacts with the home and with all other agencies affecting the life of the child.

7. To provide the elementary teacher with some fundamental facts which will promote better guidance in the classroom. For this purpose, every child-psychology course should include phases of mental hygiene.

8. To develop in the teacher the realization that mental hygiene is as important as the study of any other phase of child life.

9. To enable the teacher, as far as possible, to make the child mentally secure before attempting to teach him. One cannot teach efficiently unless one can teach the whole child.

10. To supply the teacher's need for something to assist in dealing with problem children.

11. To enable the teacher to understand the fundamental principles in learning. Progress in growth -- physical and educational -- is controlled largely by a clear, clean mind.

12. To obtain help in solving many behavior problems. The right kind of course in mental hygiene will provide this help.

13. To know how to aid personality development, which begins at a very early age. Teachers themselves need help in attaining wholesome mental attitudes.

14. To obtain knowledge of those fundamental principles of mental hygiene which help the teacher to deal with cases impersonally and scientifically.

15. To cultivate the understandings which are so important in the proper guidance of individuals.

16. To develop an appreciation of the fact that elementary teachers may help to correct many cases if they know the fundamental principles of mental hygiene.

17. To deal effectively with problems of mental hygiene. To deal effectively, the teacher must have the proper training and practical experience with children affected with mental-hygiene problems.

18. To obtain help in predicting the child's reactions to certain situations, thereby enabling the teacher to create situations conducive to desirable reactions.

19. To learn that teachers cannot deal either understandingly or sympathetically with a child with a problem unless they have some knowledge of mental hygiene.

20. To enable the teacher to solve her own classroom problems as they arise.

21. To help create an atmosphere in the classroom that is conducive to the development of a wholesome personality.

22. To assist the teacher in understanding the children's behavior patterns.

These statements as to the importance of college courses in mental hygiene and the reasons why teachers should be acquainted with the principles of mental hygiene are included here because of the light they shed upon the attitudes of elementary teachers toward the subject, and because of their importance in providing actual insights into the practical function of mental hygiene in the elementary classroom. All of these statements are closely related to the teacher's task of understanding her pupils, comprehending their problems, and knowing what to do to make her pupils as happy and efficient as possible in all school situations.

As has already been shown in Table 2, twenty-four of the elementary teachers who cooperated in this study had done some reading in the field of mental hygiene within the year preceding the time when they filled out the questionnaires. Three had done no reading whatever in this field.

The questionnaire called for a listing of the books and articles read, but this phase of the data is very inadequate. Fewer than half of the teachers made any effort at all to identify the reading they had done. A number of the teachers stated that they had read articles dealing with mental hygiene in Hygeia, among which were listed the following specific articles: "Mental Hygiene in the Classroom" (May, 1940), "Mental Hygiene on the Playground" (April, 1941), and "Mental Hygiene for the Student" (March, 1940). Three teachers recalled having read articles in Childhood Education, but these articles were not listed. Two articles were reported from School and Society: "Educational Credo of a Mental Hygienist" (July 29, 1939), and "Mental Hygiene in the Schools and Colleges of Texas" (March 15, 1941). Articles listed from Parents Magazine were "Can They Take It? How Shall We Teach Our Children to Escape a Sense of Frustration and Failure?" (October, 1940), and "Children Need Happily Married Parents" (April, 1940). "Mental Hygiene in Family Life" had been read by one teacher in the Journal of Home Economics for October, 1939; and another teacher had read the article, "Mental Hygiene Principles in Teaching the Handicapped Child," in Education (June, 1939). Two teachers had found interesting and helpful articles in The Reader's Digest, and a number had discovered mental-hygiene articles in Mental Hygiene and the Texas Outlook, none of which, however, were identified by title or month of publication.

Among the mental-hygiene books listed as having been read, Mental Health in the Classroom, the thirteenth year-book of the Department of Supervisors and Directors of Instruction, was named by five of the elementary teachers. One teacher each named the following books, in several instances neglecting to supply the author's name: How Children Grow, Reading Problems of Children, Psychology of the Mind, Finding Yourself in Your Work (Hepner), Wholesome Personality (Burnham), The Fearful Child, Our Children in a Changing World (Wexberg), Understood Betsy (Canfield), Maladjustment and Mental Hygiene (Wallin), and The Psychology of Exceptional Children (Garrison).

In summary of this phase of the data, it can be said that, on the whole, the elementary teachers who cooperated in this study have wholesome and constructive attitudes toward professional training and research in the field of mental hygiene. All but three of them had had some college training in mental hygiene, and every one of these teachers who had had training declared that her college work had been highly beneficial to her in meeting classroom situations. The teachers felt that all elementary teachers should be acquainted with the fundamental principles of mental hygiene, and offered sound reasons for this belief. All but three of the teachers had recently done at least some reading in the field of mental hygiene.

Need for Mental Hygiene in the Elementary
Grades of the Denton Schools

In an effort to ascertain how widespread is the need, in the elementary schools of Denton, Texas, for the practice of mental-hygiene techniques, the writer included the following questions in the questionnaire which was submitted to the elementary teachers: (1) Have you, this semester, had occasion to apply mental hygiene to the solution of classroom problems? and (2) Have you any pupils who show lack of cooperation in either work or play which you believe to be due to mental temperament? Two of the twenty-seven teachers failed to respond to these questions either affirmatively or negatively. Twenty of the twenty-five teachers who answered the question had had occasion recently to apply mental hygiene to the solution of classroom problems, and five answered the question in the negative. Seventeen teachers stated that they had in their classes one or more pupils whose lack of cooperation in either work or play might conceivably be due to mental temperament. Eight had failed to discover any cases of this nature. These data are shown in Table 3.

Space was provided on the questionnaire for the teachers to tell whether the mental-hygiene techniques they had employed had been successful in solving the problems which had arisen in their classrooms. Nineteen of the twenty-seven teachers gave some response to this phase of

TABLE 3

PREVALENCE OF THE NEED FOR MENTAL HYGIENE IN THE
ELEMENTARY GRADES OF THE DENTON SCHOOLS, AS
INDICATED BY TWENTY-FIVE TEACHERS'
ANSWERS TO TWO QUESTIONS

Questions	Number of Teachers Giving Each Answer to Each Question	
	Yes	No
Have you, this semester, had occasion to apply mental hygiene to the solution of classroom problems?.....	20	5
Have you any pupils who show lack of cooperation in either work or play which you believe to be due to mental temperament?.....	17	8

the questionnaire. As to whether their techniques had been successful, six frankly replied, "Yes." Other responses included the following: "Yes -- hope so"; "Yes -- I think so"; "I doubt it"; "Usually"; "In some cases, yes"; "Fairly"; "Beginning to be, I think"; "Beginning to see some results"; "So far, it has helped"; and, "Not yet ready to see results, but am hopeful." One teacher said: "No; not the fault of the technique used." On the whole, the responses were in the affirmative, but the results of the techniques were seldom as effective as might have been hoped for. This was due,

in part, to the fact that most of the cases reported on were still under observation, and the corrective measures were still in process of application.

On the questionnaire, the teachers were encouraged to give brief descriptions of the cases in which lack of cooperation in either work or play might conceivably be attributed to mental temperament. Fifteen of the twenty-seven teachers responded to this phase of the questionnaire. These responses provide an interesting commentary on typical problems arising in elementary grades. They are here reproduced verbatim:

1. Many cases of "can't" complexes before they attempt a thing.
2. Some like to work independently, never cooperatively. Some like no games at all. Some engage in no activity except reading.
3. One has an inferiority complex; another is too aggressive.
4. Two pupils disturbed by trouble in their homes.
5. One child a constant whiner. Another constantly trying to boss, even the teacher, and will not take criticism; swells and pouts.
6. Occasionally cruel outbursts break out, even among apparent friends.
7. A boy who refuses to play with other boys because he is afraid of being hurt. His mother encourages this complex.

8. Too much "mother" complex. Inferiority complex due to poverty of home environment.

9. Temper tantrum; rebellion when crossed by any opposition; pouting; fighting.

10. Child very selfish; does not share tools, etc., with other pupils.

11. One does not play with others because he is unable to understand the procedures of games, and, too, he has no initiative.

12. A child never takes part or responds unless called on, then often refuses to respond.

13. Break-up of home. Another tied to apron strings of mother.

14. Child demands attention and special directions because he has been babied at home.

15. Unhappy home to a certain degree leaves the child feeling insecure, thus it affects his actions.

Every teacher who is at home among elementary pupils is familiar with the problems outlined in the above listing. Perhaps all of these problems can be alleviated by a conscientious application of certain of the principles of mental hygiene. The teachers interviewed for this study are accomplishing some degree of success in applying mental hygiene to classroom situations such as are mentioned above.

Case Studies

The questionnaire submitted to the twenty-seven elementary teachers by the writer requested that each teacher submit one case study of a classroom problem involving the application of mental-hygiene principles. In each case it was suggested that the problem be described, the procedures outlined, and the results listed. Only about half of the teachers furnished such case studies, and some of those submitted are, because of their brevity, worth little. However, each of these studies serves to define a problem that is commonplace in elementary grades, and offers some worthwhile material in connection with an approach to its solution.

It is, at this point, the writer's purpose to present several of these case studies in the hope that they will be worthwhile contributions to a study of the application of mental hygiene to situations arising in elementary grades.

A case of social insecurity caused by parental oversolicitude. -- A fourth-grade child entered school at the beginning of the fall semester with the attitude that he was disliked by practically all of the children in the room. Later, he even reported to his parents that his teacher did not like him. On the playground he could not get along harmoniously with his group, and for this reason he almost invariably entered the room "fussing" about something,

complaining about some fancied insult, or fretting about an exhibition of unfriendliness on the part of some of his fellows. The teacher worked on each problem as it presented itself, and always discovered that the disgruntled child was in the wrong, no matter what the situation might be. He was socially a misfit, and felt totally insecure in social groups.

The child related to his parents untrue statements that the teacher reputedly had made. Finally the matter came to the principal's notice, and with the principal, the teacher, and the boy working together, it was possible to show the child that the things he did were wrong, and that the stories he told were untrue. In the room the teacher began to let him perform extra duties, and caused him to assume little responsibilities which showed him how to give and take, and caused him to feel that he was not so unwanted as he had supposed. Giving him extra things to do developed in him a happier attitude, eliminated most of the playground trouble, and was indirectly responsible for causing a considerable improvement in his grades. Besides, a series of conferences with the parents produced a different attitude on the part of the child's parents, who formerly came to school every time the teacher corrected the child, and exhibited an excessively protective attitude which was unjust to the boy and unreasonable toward the teacher. All in all, the condition is now considerably improved, due

chiefly, perhaps, to the development in the child of the knowledge that he can accomplish something on his own initiative without constant supervision and tutelage from his once oversollicitous parents.

A case of temper tantrums caused by physical handicaps.

-- For some time a kindergarten child came to school each morning dressed in clothes too warm for indoor wear, and stubbornly resisted all the teacher's efforts at persuading him to remove them. He soon became increasingly irritable, and this and other causes produced severe temper tantrums. The parents assured the teacher that they wanted to cooperate with her in her efforts to help the child, but they said that his conduct was the same at home, where he was bribed and humored in an endeavor to ward off irritation and tantrums. When the teacher perceived that he seemingly was being over-stimulated and was being unnecessarily cross with the other children at school, she advised the parents to confer with a child specialist. They did so, and were advised to keep him at home in a quiet atmosphere, to keep him as much as possible in the sunshine, and to have certain physical conditions corrected. Tactful but firm dealing was advised, and worry over staying out of school was to be avoided. Under this different regime, the child appears to be showing gradual improvement.

A case of inferiority complex caused by lack of self-confidence. -- A second-grade girl responded readily and

was thrilled to have opportunities to run errands or to perform any little duty in the classroom. But when she was called upon to write a word or a letter on the board, she usually became alarmed, nervous, and fearful. Often she made such excuses as, "I don't want to," or, "Let somebody else." If she could go about some duty without running any chance of attracting the notice of her classmates, she was happy; but she was miserable if she was asked to do something with everyone watching her. It was only with firm persuasion, which sometimes bordered on force, that the teacher was able to enlist her compliance in such circumstances. The teacher was careful to be courteous and understanding, but she always saw to it that the child did what she was asked to do. Reluctantly the child performed the tasks, while looking and acting frightened. Some improvement has been noted in the child's behavior, and the teacher is fostering this progress by giving her many opportunities to do things that she can do well, and then congratulating her upon her accomplishments.

A case of aggressiveness caused by parental oversolicitude. -- A second-grade girl, according to her teacher, was a natural-born leader who was determined to have her way at school because she had always had it at home. Her parents indulged her every whim, and tried to anticipate her every wish. Parental overindulgence is as likely to produce an attitude of superiority as one of inferiority. This child

possessed the ability to manage people so tactfully that they seldom realized that they were being "bossed," and that they were willingly acceding to her every wish. The teacher endeavored to see to it that this girl was not called upon or given positions of responsibility or leadership more frequently than any of the other children in the class. She was careful to treat the child with the same courtesy that the child expected others to show her. Whenever the teacher requested the child to do a certain thing, she always tried to see that it was done immediately. Little has been accomplished, although the child seems to have more regard for the rights, opinions, and interests of others. The teacher must be careful to guide this child into a wholesome use of her abilities, and she must take especial care not to suppress the child's natural capacities for leadership.

A case of inferiority complex caused by a broken home.

-- A little third-grade boy lived with his father. His mother and father were separated, and the child was very unhappy because of home affairs. He had a serious feeling of inability and insecurity regarding anything that presented any difficulty whatever in the accomplishment. The teacher, understanding the child and the problems that confronted him, tried to help him overcome his difficulties by being sympathetic toward him and by trying to help him to establish confidence in himself and in others. She painstakingly tried to help him reason out what to do with his problems whenever

a difficulty presented itself. The teacher believed that in this way the boy would gain confidence in himself and at the same time not develop a dependent attitude either toward the teacher or toward his father. The boy possessed good reasoning ability with regard to impersonal problems, and the teacher believed that this reasoning ability could be transferred to the solution of his personal problems. Her efforts have been directed in this direction, and she now reports that the boy is developing a better attitude and is gaining in powers of initiative and achievement.

A case of stealing caused by poverty in the home. --

A child who persists in taking things that do not belong to him seems to the teacher to be a definite mental problem. At home he has never known anything but poverty, hardship, and a lack of all those things which make life happy and enjoyable. His environment was conducive to an effort on his part to acquire for himself some of the pleasures that others enjoyed. Early in life, he became the victim of his suppressed desires, and began to take things that belonged to others. On two occasions when money was taken, he seemed to be hardened to the point that only when pressure was put upon him did he confess his guilt. Later he denied the offenses, and then re-confessed his error when caught in his denial. The teacher, the principal, and others have attempted to reason with him and to show him the unfortunate consequences of his conduct if he persists in such behavior.

But all efforts have*availed nothing. He has an insatiable longing for the property of others, especially for money and for the little luxuries that money can procure. Because of his weakness in character, he is socially ostracized by most of his fellows. The poverty of his home environment has preyed so long upon his mind that this case seems to be one demanding the skillful application of mental-hygiene techniques.

A case of inferiority complex caused by physical handicap. -- A sixth-grade boy with a very serious speech defect was very sensitive because of it and became agitated and extremely self-conscious when he was asked to read, to talk, or to recite before the group. The teacher was deeply concerned over the problem, and recommended remedial speech work for this boy. To date, however, she has not been able to obtain the needed help from the speech teacher in her school, who has informed her that he is supposed to work only with a certain grade in the school. The teacher believes that the boy could be materially benefited by a well-planned program of remedial speech work, and is still hopeful of obtaining the needed assistance.

A case of bullying caused by desire for attention. -- A seven-year-old, who had long been accustomed to getting his way by bullying, running away, temper tantrums, etc., in a sudden fit of anger threw an apple at another child. When informed by a "safety-patrol," composed of fellow

pupils in his school, that such behavior was wrong and that he was being "reported," the boy became alarmed and angry, and started home. Arriving at school following her lunch hour, the teacher was just in time to see him disappear across the street. About ten minutes later he returned to the building, but not to his room. The teacher, on the lookout for him, saw him loitering in the hall. Upon inquiry, she discovered that he had returned (so he said) because he did not know the way home.

During a serious but calm conference with him in a private room, the teacher explained that good soldiers do not run away from trouble; that daddy and mother would have brought him back to face his trouble; that the only fine way to act in such cases was to face the difficulty; that safety-patrols were helpers and friends, etc. After some time, at the suggestion of the teacher, he returned to the classroom and announced that a good soldier faces his troubles, etc. The teacher also asked the parents for cooperation in helping the child to face his troubles, and obtained their promise to punish less and to aid more. Slow but increasing improvement has been the result.

A case of crying caused by lack of self-confidence. --
At the first of the school term a little third-grade boy, who had recently moved to Denton with his family, would inevitably cry every time he made a mistake in his work, or at the least provocation from his teacher or classmates.

The teacher felt that his difficulty was caused by nervousness and by a serious lack of self-confidence which accompanied the child's efforts to become adjusted to a new home, a new town, a new school, and new companions. The teacher was careful never to scold him or to do anything that would in any way cause the other children to comment unfavorably or to notice his behavior. Within a few months, with the teacher's sympathetic help, the boy has become adjusted to his new surroundings and has overcome his difficulty. Along with his adjustment has come an increasing sense of self-confidence.

A case of selfishness caused by desire for attention. --

One first-grade boy cried and screamed when a wish was not granted. He was predominantly selfish, and frequently drew attention to himself by sheer naughtiness or by any other means which would cause others to notice him. Such an attitude of selfishness is more or less natural among small children, but ordinarily a child of six years has been more successful in overcoming selfishness than was true of this particular boy. His teacher informed the writer that her purpose in working with this child had not been to make him "better," but to make him "wiser," to the extent that he would desire to choose activities which would be likely to bring a feeling of satisfaction and also praise or favorable recognition from co-workers. Whenever the child produced what the teacher called a "nice" or "fair" piece of

work, she was always ready to comment favorably upon it and to help him understand what made it a worthwhile achievement. She has been consistently considerate and appreciative of his every effort, and his behavior and attitude have been modified perceptibly for the better.

A case of inferiority complex caused by lack of self-confidence and lack of independence, together with parental oversolicitude. -- The subject of this case is the only son of young parents who cherish him very much -- too much for his own welfare, for they know that no other children can be added to their family. This boy is an extremely nervous child who doubts his ability to achieve anything in an acceptable manner. He is one who continually says, "I knew I couldn't," "I can't," "I know I missed that," "I did know that, but -- ," etc. However, he has a very pleasant personality, and the children like him, despite the fact that he does try to show off at times.

He has plenty of ability, and if this complex he now has can be successfully broken down, he not only will be able to accomplish a great deal but will be an exceedingly likable person. He needs to gain much in the way of independence, since he is now improving in routine work and is showing a slight improvement in creativeness. The teacher's help in the beginning was, she asserts, probably similar to what he received at home; but as she sensed that he was gaining in security and self-confidence, she permitted and

encouraged him to do his work with less and less supervision. Constantly, she expressed approval privately and before the entire group. The group helps now by complimenting him, too. The teacher states that her job with this child has only begun, but that she does believe in him and hopes that she can help him to find himself soon.

A case of truancy caused by a feeling of inferiority. --

About two years ago the subject of this case was promoted to the junior high school. Thereafter he did not attend school regularly, seemed to lose all interest in his work, and often played out of school when there was no reasonable excuse for his not being in class. After being forced to return to school, he was given a good paddling. He has often complained about not liking certain teachers.

Last year he was given an achievement test, and his low score caused him to be demoted to the ward school from which he had previously been promoted. This demotion pleased him very much, and he is taking new interest in his school work and has not missed a day from school during the present scholastic year.

The principal of his school, in reporting his case, stated that he believed the achievement test had done the boy an injustice, because he definitely has the ability to learn. In junior high school he apparently developed an inferiority complex, and hence felt unequal to the tasks that confronted him; but since returning to the ward school,

he has taken a lead in most of the activities of the school. His teachers and his principal have given him responsible jobs to execute, and he enjoys this type of work. His demotion seems obviously to have been a blessing in disguise.

A case of inferiority complex caused by physical handicap and parental oversolicitude. -- This six-year-old boy is very attractive and is unusually neat and clean in his appearance. He comes from a home of moderate means, where the parents are of average intelligence and are rather progressive in their way of living. In the family are three other children, an older sister and twin brothers about a year old.

On his first day at school, the boy's mother accompanied him. He clung to her very closely and would not take part in any of the activities of the other children, nor would he make any response whatever to the teacher's attempts to interest him in activities and to discover his own interests. His mother offered the information that he was very timid and bashful, because at home he had everything done for him, and had not even been taught to dress himself. He played alone at home, and seemed to possess no interests except machinery.

The teacher listed five factors which she believes greatly affect the boy's attitudes and habits at school;

1. He talks very little and in very immature statements. He cannot express himself clearly, nor is he able

to use complete sentences or coherent statements except in rare instances.

2. He has not, after seven months in school, developed a reading-readiness ability, which is so essential to every child before he can do first-grade work.

3. He is very immature, both mentally and socially.

4. He lacks self-reliance and independence, a fact which is directly attributable to over-interested parents and grandparents.

5. He has no social relations on his own age level, and before entering school, had associated only with adults.

As results of these conditions, the teacher listed the perceptible development of a serious inferiority complex, of stubbornness, of laziness, of increasing timidity, of a total lack of interest in everything that goes on, and of deliberate inattentiveness.

The teacher is confident that this boy possesses the ability to learn, but first he must become sufficiently adjusted socially to feel free to express himself so the teacher can discover his interests and ascertain his knowledge. The teacher stated that within a few days before she filled out the questionnaire, she had discovered in the boy the development of what she called "a wee spark of interest" in books and reading. After seven months of work with the boy, this is the first encouraging sign she has noted. All the time, however, she has been using a number

of techniques in an effort to change the boy's attitudes and habits. Among her practices have been the following:

1. Holding frequent conferences with the mother to ascertain as much as possible about the child's home life.
2. Having frequent conferences with the school principal for advice as to methods of procedure in dealing with the case.
3. Keeping a daily record of every improvement made and of every clue discovered that might help in any way.
4. Placing before the boy as many things of interest as could be found in an effort to awaken his interests.
5. Giving him a chance to take part in as many extra-curricular activities as possible, such as rhythm band, music activities, speech work, programs, etc.
6. Giving him a great amount of creative art work, and constructive activities of various kinds.
7. Giving as much individual instruction as time permitted.
8. Trying to awaken his interest in all kinds of games, group play, and cooperative projects in an effort to foster the child's social development.

In the teacher's most recent conference with the boy's mother, the mother informed her that doctors had found the boy to be afflicted with mastoiditis. It was agreed that the mother would take the child to a clinic at once for a complete examination to discover the possible existence of

deafness (which the teacher suspects), of eye trouble, or of any other physical condition which could in any way be responsible for his utter indifference toward school work. In the event that such a condition is found, the mother agreed to have it corrected at once.

If no physical condition is causing the trouble, it was further agreed that the boy would attend summer school this year chiefly for the social development to be gained, and that next year he will repeat the first grade unless, in the next two months, he shows remarkable improvement.

The teacher hopes that through a continued use of such techniques as have already been employed and of others yet to be tried, and through possible assistance from clinicians and specialists, the boy can be helped to change his attitudes and habits to the end that he will not develop into a serious mental-hygiene problem with whom the school will have to continue to work for years in the future. The teacher definitely believes that if the right approaches can be made, the child will grow up into a well-rounded American citizen.

A case of crying caused by desire for attention. -- Upon entering school, a little first-grade girl cried incessantly. She was at times questioned in a kind and understanding manner, but to no avail. She often cried and laughed at the same time, and apparently lacked control of her emotions. Although every effort was made to make her feel at home,

the crying continued over a period of three or four weeks. She was given tasks which were easily accomplished in order to ascertain whether a lack of self-confidence was the trouble. The teacher commended her upon her achievements, but the crying continued. At times she appeared to be frightened; for example, one day when it rained she cried and said she would get her new birthday slip wet. Similar incidents occurred frequently, accompanied by crying out loud at times. Naturally, such conduct was disconcerting to the other pupils in the room, who could not understand and who were more or less sympathetic toward the child.

After being unable to discover the seat of the trouble, the teacher decided to ignore the crying, and privately urged the other pupils to be indifferent toward it. Within a short time it became apparent that what the girl had been working for was attention directed to herself. When she discovered that her behavior no longer brought her that attention, her crying became less frequent; and when she noticed that she received more time and attention when she was not crying, a further improvement was noted.

One day she was missing from school. The teacher, at her earliest opportunity, left the school and drove to the child's home, where the mother informed the teacher that the child had said she had been sent home. The teacher explained the situation to the mother, and asserted that she would be glad to take the child back to school at once.

When the mother asked the child whether she wanted to go back to school, the girl began to cry and would not be comforted. At first the mother thought the child should be permitted to remain at home for a while, but the teacher insisted that she return to class. At length the mother saw the teacher's point of view and informed the child that she must go with the teacher. She told the girl that her constant crying was silly and babyish, and that the mother would punish her if she cried for having to return to school. The child did cry most of the way to school, but was totally ignored by the teacher. After this event, she cried only once or twice, but soon ceased crying when it became apparent to her that her conduct would not bring her any attention from either the teacher or the pupils. She was given special privileges, time, and attention in an effort to help her to become adjusted. She is no longer a problem in the room.

A case of crying caused by parental oversolicitude. -- In a fourth-grade room, one boy could always be counted upon to cry if the least thing went wrong or if his slightest wish was frustrated. No matter what the situation was, he cried. Nervousness seemed to be at least partially responsible for the condition, since his voice grew loud and shook with emotion even when he read orally before the class. In a family of two children, he is much the younger, since the other child is enrolled in college. He has been shielded and petted by his parents and by the entire family. At the

same time the family has frequently compared him unfavorably with a cousin, who also is in the fourth grade. This cousin is nearly a year older and, naturally, accomplishes his tasks more easily and more efficiently. The teacher has tried to give the boy confidence in his own ability. She has ignored his crying, and has demanded that his work go on. Now he does not cry so readily, and is beginning to realize that he can do very well in most of his work. The teacher never compares his accomplishments with those of a better pupil, but tries to show him his own improvement and to encourage him to more conscientious effort.

A case of social insecurity caused by poverty in the home. -- A fourth-grade teacher is deeply concerned over the case of a child who is not accepted socially by the group to which she normally would belong. The child does not dress well, since the poverty of her family does not permit her to do so. She always looks, according to the teacher, "seedy" and ill-kept. The child, realizing that she is not socially acceptable, tries to compensate for the condition by employing one or the other of two procedures -- she either attempts to attract attention to herself by showing off, or else she withdraws completely from the social group. The teacher at present is working on this serious problem. She realizes that nothing can be done about the poverty of the family, but she is trying to boost the morale of the child and show her the importance of keeping

herself clean. She is also endeavoring to change the attitude of the child's classmates so that they will take her into their social groups. As yet, little has been accomplished, but the teacher is hopeful.

A case of fear caused by parental oversolicitude. --

On the second morning of the semester a mother brought her son to enroll him in the first grade. She gave the teacher the necessary information about the boy and started to leave. The moment she stepped out of the room, however, the boy began screaming and crying. Almost with every breath he screamed, "I don't want to stay here unless you do!" As the mother had important work at home, she could not remain, and took the child away with her, promising to talk with him. Perhaps he would behave differently the next morning. For four consecutive mornings the same thing happened. The father came to school with the boy during the second week, but had the same trouble. The boy was reasoned with and punished by the parents, but the father finally decided that the only thing to do was to let the child go to the country to pick cotton. After two weeks, the boy returned home, and was promised a bicycle if he would stay at school by himself. He promised, but when he was actually left at school, he had too great a fear. Screaming and crying, he ran for home. The teacher later learned that the parents had told the boy, "You had better be nice in school, or your teacher will get you." This warning had only added to

his fears. If the parents had not made this statement, he might have stayed at school in order to earn the bicycle.

Finally the parents enlisted the help of a relative, who was a constable. This man took the boy to the jail to show him where he would have to stay if he did not go to school. This time the boy had a real fear, and forced himself to stay at school. To his surprise, he enjoyed school and found it a much happier place than his parents had represented it to be. The teacher fulfilled her task of making the child happy while he was in school. She describes the parents' method of solving the problem as "hook or crook." Needless to say, the parents had not been fair to the boy in building up a fear complex toward school. Certainly, the methods they used to break down this complex are highly questionable. Fortunately, however, school appealed to the child, and he will soon forget his unhappy experiences. When once he remained at school, his own interests were stimulated and his fears were minimized by the pleasures he experienced.

A case of inferiority complex caused by a broken home.

-- The teacher of a first grade is concerned over the problem of a boy who is a constant "show-off," a trait which she attributes to the fact that he has never been really successful in accomplishing anything. He is never completely sure of himself, and his behavior seems to be his own method of keeping his courage up. He is of a very

nervous disposition, a condition which is attributed by the teacher to the fact that he has had a very unhappy life. His home, which is now broken, has been unstable since his birth. The teacher has been able to help him to some extent by gradually causing him to realize that he has the ability to do some things that possess real value. She has seen to it that he has had every possible opportunity to accomplish these things, no matter how small or insignificant they might be. They keep him busy at something constructive, and he is thereby gaining a sound appreciation of his own ability. He no longer has to resort to showing off to win attention or to gain confidence in himself. The teacher believes that he can be helped to build up a faith in himself that will make bragging and showing off totally unnecessary. By placing value on constructive behavior, the teacher is witnessing the slow formation of constructive habits.

Summary of Case Studies

The eighteen cases outlined are typical of problems that frequently arise in elementary grades. Even a hasty perusal of the case descriptions above reveals that the most common problem, of all those mentioned, was the existence of an inferiority complex which impaired the child's efficiency socially, scholastically, and recreationally. Nine cases distinctly involved the presence of an inferiority complex. This finding is clearly in keeping with a criterion expressed by a number of educators quoted in the

second chapter of this study, to the effect that the timid, shy, withdrawing, and inferior child is more often the one who is in need of the application of mental-hygiene principles than is the aggressive, so-called "problem" child.

The relationship between the mental-hygiene cases reported in this study and the conditions that clearly operated as causal factors, is graphically shown in Fig. 1. Here the prevalence of inferiority-complex cases is definitely indicated. Two of these cases are shown to be the result of broken homes, two were the result of a lack of self-confidence on the part of the pupil, two were obviously caused by parental oversolicitude, two by physical handicaps, and one by a feeling of an utter lack of independence. The three cases of crying were the result, respectively, of a lack of self-confidence, parental oversolicitude, and a desire for attention. The two cases of social insecurity were the result, respectively, of parental oversolicitude and of poverty in the home. The temper-tantrum case was thought to be definitely influenced by a physical handicap. A case of aggressiveness was due to parental oversolicitude, as was a case of fear. A case of stealing was directly related to abject poverty in the home. An instance of bullying was caused by a desire for attention, as was a case of excessive selfishness. An instance of truancy was found to be caused by a feeling of inferiority in a new situation.

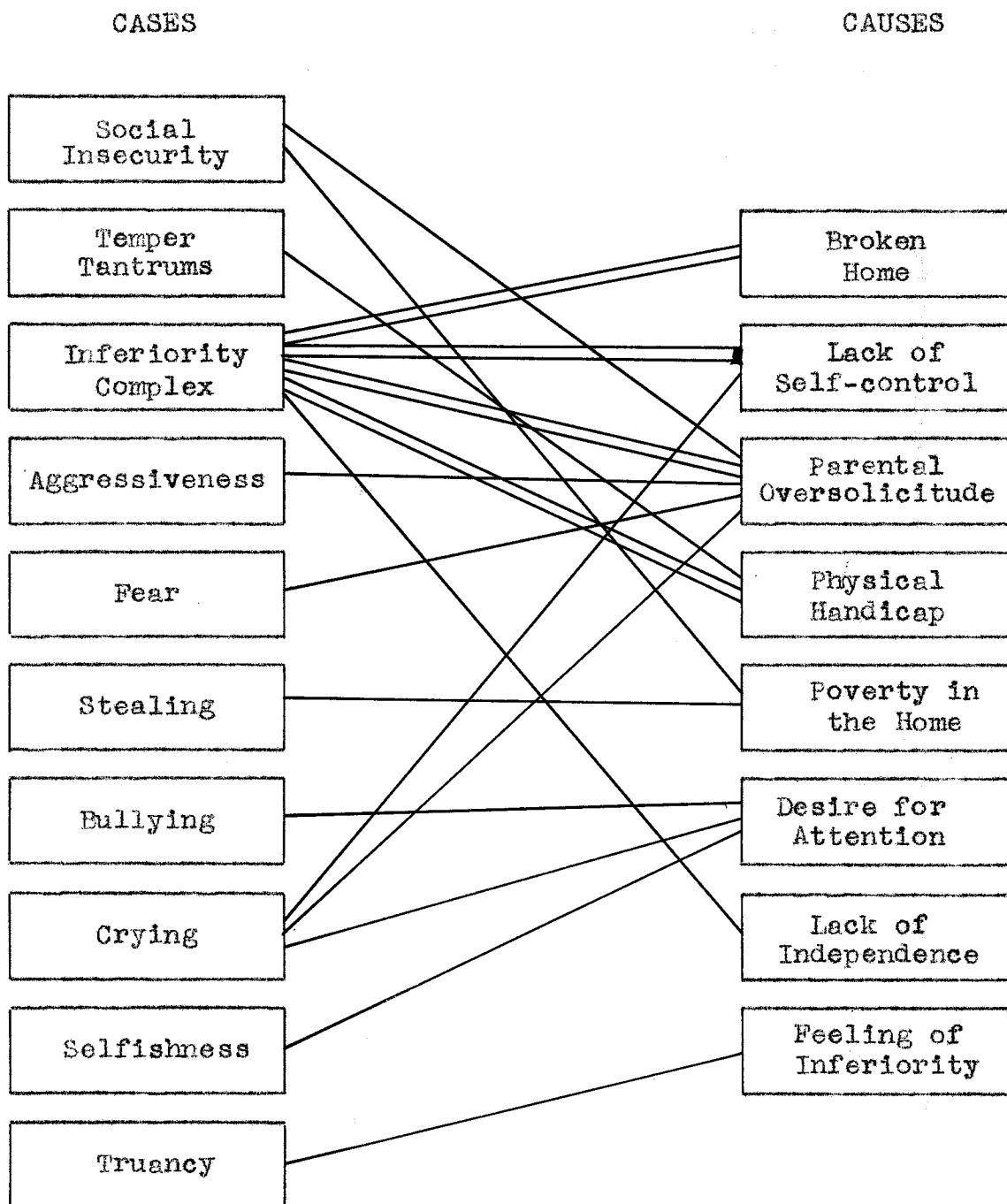


Fig. 1. -- Relationship between mental-hygiene cases and their causal factors, based upon the case studies prepared by teachers in the elementary schools of Denton, Texas.

Parental oversolicitude as a cause of mental-hygiene cases is shown in Fig. 1 to be highly significant, as six of the eighteen cases considered were directly attributable to this factor alone. This finding is likewise in keeping with the attitudes of the authorities quoted in Chapter II, who warn against overindulgence and an excessively protective attitude toward children on the part of adults. Such an attitude, according to the educators referred to, is likely to be responsible for the development of submissiveness, timidity, withdrawing tendencies, and a lack of initiative. These are characteristics that almost invariably enter into any serious case of conduct involving mental hygiene.

Figure 1 shows broken homes as causes of two inferiority-complex cases; a lack of self-confidence is responsible for two inferiority-complex cases and for one case of crying; physical handicaps are causal factors in two inferiority-complex cases and in one case of temper tantrums; poverty in the home was responsible for one case of social insecurity and for one case of stealing. A desire for attention entered into a case of bullying, a case of crying, and a case of selfishness. A feeling of inferiority was responsible for a case of truancy. Parental oversolicitude was the cause of two inferiority-complex cases and one each of social insecurity, aggressiveness, fear, and crying.

The teachers' methods of meeting these problems, as outlined in the descriptions of the cases, are, in the main, conformable to suggestions made by the educators as to the proper way to approach mental-hygiene problems. In Chapter II the experts are quoted as recommending, first of all, an effort on the part of the teacher to understand the child and to comprehend every phase of his difficulty. The teachers who cooperated in this study made conscientious efforts to understand every pupil in relation to his problems and their causal factors. The educators recommend, second, that an effort be made to discover the child's interests and to capitalize upon them in every possible way. This, too, the teachers attempted to do. The educators' third recommendation was to the effect that the teacher should endeavor to get the pupil interested in doing some piece of constructive work, and should encourage him by personal assistance and by complimenting him upon his achievements. This also was done. A fourth suggestion advocated an attempt to interest the child in group play and in cooperative work, so that he may experience social development and come to know a feeling of security in group work and play. The teachers made progress in this direction. A fifth recommendation by the educators was to the effect that the assistance of the home should be enlisted in the solution of mental-hygiene problems. This the teachers attempted to do by conferring with the parents and obtaining

their support and help in remedial efforts. In only one important instance were the educators' recommendations violated, and this transgression occurred in the home without the knowledge of the teacher. The case in point was one in which the child's fear of school was overcome by causing him to have a greater fear of what would happen to him if he did not attend school. Such methods can never be countenanced, and certainly are not in accord with sound principles of mental hygiene.

In the main, however, the mental-hygiene problems reported in the present study were handled in ways that conformed to the recommendations of specialists in the field, whose points of view are indicated in the second chapter of this thesis.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In view of the data considered in this study, the writer believes that the following conclusions are justified:

1. Mental hygiene is a science which has as its aim the preservation and conservation of sound mental attitudes and habits, the development of well-rounded personalities, and the social and mental adjustment of all individuals. Principles of mental hygiene are also applied to the diagnosis and treatment of disorders of the mind and the personality.
2. The teacher who is not familiar with the fundamental principles of the science of mental hygiene cannot be as efficient as she would otherwise be in the molding of the attitudes and personalities of the children with whom she works.
3. The aims and functions of mental hygiene are in harmony with those of a sound philosophy of modern education.
4. Mental hygiene accepts the concept of individual differences as one of its primary tenets. Procedures which are efficient in the solution of one child's problems will

not be at all appropriate in the treatment of other cases. The most important initial step in the application of mental hygiene to classroom problems is the discovery of the child's dominant interests. From this point as a center of attack the teacher may work constructively to build up the child's self-confidence and to help him find his place in social groups.

5. The pupil who is shy, timid, reticent, and submissive is more likely to be in need of mental hygiene than is the aggressive, dynamic, so-called "problem" child. Inferiority complexes are apt to be indications of mental maladjustments, or at least of their symptoms. When the teacher encourages the reticent pupil in accomplishing something that he can do well, she is taking the first essential steps in overcoming his feeling of inferiority and hence in diminishing the danger of mental disorders which might later arise.

6. All but three of the twenty-seven elementary teachers who cooperated in this study had had one or more courses in college that dealt with the principles of mental hygiene, although many of these courses only touched upon the subject in an incidental manner. The teachers who had had such courses had taken an average of two courses each.

7. The teachers who participated in this study had, on the whole, wholesome and constructive attitudes toward professional training and research in the field of mental hygiene. Every teacher who had taken mental-hygiene courses in college declared that these courses had been of great

help to her in meeting the problems arising and developing in an elementary classroom. The teachers were convinced that all elementary teachers should be acquainted with the fundamental principles of mental hygiene, and offered sound reasons in support of this belief. All but three of the teachers had recently done at least some reading in the field of mental hygiene.

8. The prevalence of the need for the application of principles of mental hygiene in the elementary grades is indicated by the fact that almost all of the twenty-seven teachers had recently needed to apply mental-hygiene techniques to the solution of problems arising in their classrooms. Almost as many teachers stated that they had in their classes one or more pupils whose lack of cooperation in either work or play might conceivably be due to mental temperament.

9. Eighteen case studies included in this investigation pointed out the fact that the existence of an inferiority complex was the most commonplace mental-hygiene problem encountered in the elementary grades of the Denton schools. Parental oversolicitude was the most prevalent cause of mental-hygiene cases. However, a multiplicity of contributing factors in practically every case led to the conclusion that no single factor was wholly responsible for any one case.

10. In the main, the types of procedures employed by the elementary teachers in dealing with mental-hygiene problems conformed to those recommended by educators in this

specialized field as worthwhile approaches in dealing with such cases.

Recommendations

The following recommendations appear to be warranted in the light of the findings of the present study:

1. Since serious problems involving principles of mental hygiene are so common in schools, it would be advisable for institutions for the training of teachers to offer intensive work in the field of mental hygiene, and to place at least certain of the mental-hygiene courses on the list of requirements for certification.

2. Teacher-training institutions should provide laboratory courses in the field of mental hygiene, which would enable the student to deal personally with mental-hygiene cases, and, under expert direction, to test the application of techniques and principles. Such an opportunity as this would serve to equip the student to handle, with understanding and competence, the problems that will arise later when she has become a teacher in her own classroom.

3. Teachers should do more reading in the field of mental hygiene, so that they may keep abreast of the newest developments and techniques for dealing with classroom problems.

4. The teacher should endeavor to develop greater skill in conferring with parents regarding the problems of

their children, in order that she may present these problems in a sympathetic and understanding manner and thus win the parents' good will and enlist their cooperation in dealing with the situation.

5. Teachers should make more use of pupil assistants who, under the teacher's direction, will help to interest timid or reluctant pupils in group projects and in social interests. Often a pupil can do far more than the teacher in discovering the interests and in bringing about the social development of the submissive children who may develop into serious mental cases unless their interests are vitally challenged and their capacities awakened to worthwhile achievement.

6. Teachers must be careful in diagnosing the causes of mental problems in their classrooms. They should never be dogmatic in naming the factors that they believe to be responsible. The fact that a multiplicity of contributing factors tend to operate in each case, rather than one single cause, implies that the teacher should not look only at surface indications in making his diagnosis, but should seek to unearth all the roots of the trouble by such means as testing, clinical examination, psychiatric methods, and a survey of the child's total environment in home and community. Such a comprehensive scheme of diagnosis will contribute immeasurably to the teacher's efficiency in dealing with mental-hygiene problems, and will enhance chances for success in remedial measures.

APPENDIX

QUESTIONNAIRE

Name _____

Teacher of grade _____ School _____

Please answer the following questions as frankly as possible. All information will be regarded as strictly confidential. Your cooperation is appreciated.

1. Have you had any college courses dealing with principles of mental hygiene? _____ How many? _____

2. Do you feel that such courses have helped you in your work as an elementary teacher? _____ If so, how? _____

3. Should elementary teachers be acquainted with the fundamental principles of mental hygiene? _____ Why or why not? _____

4. Have you, within the past year, read any articles or books dealing with mental hygiene? _____ If so, name them. _____

5. Have you, this semester, had occasion to apply mental hygiene to the solution of classroom problems? _____ If so, was your technique successful? _____

6. Have you any pupils who show lack of cooperation in either work or play which you believe to be due to mental temperament? _____ Give brief explanation/ _____

7. On the back of this sheet, please write out the details of some classroom situation recently confronting you which called for the application of mental-hygiene techniques. Please be specific about the nature of the problem, the exact procedures used in its solution, and the results of such procedures.

BIBLIOGRAPHY

- Anderson, Harold H., "Conflicts in Personality Development," Mental Hygiene, XX (October, 1936), 605-613.
- Averill, Lawrence Augustus, The Hygiene of Instruction, Boston, Houghton Mifflin Company, 1928.
- Bassett, Clara, The School and Mental Health, New York, Commonwealth Fund, 1931.
- Burnham, William H., The Normal Mind, New York, D. Appleton and Company, 1924.
- Crawford, Nelson Antrim, and Menninger, Karl A., editors, The Healthy-Minded Child, New York, Coward-McCann, Inc., 1930.
- Department of Supervisors and Directors of Instruction, Mental Health in the Classroom, Thirteenth Yearbook, Washington, National Education Association, 1940.
- Frank, Lawrence K., "The Basic Needs of the Child," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 3-25.
- Frank, Lawrence K., "The Reorientation of Education to the Promotion of Mental Hygiene," Mental Hygiene, XXIII (October, 1939), 529-543.
- Griffin, J. D. M., Laycock, S. R., and Line, W., Mental Hygiene, a Manual for Teachers, New York, American Book Company, 1940.
- Groves, Ernest R., and Blanchard, Phyllis, Introduction to Mental Hygiene, New York, Henry Holt and Company, 1930.
- Harkavy, Edward E., "Mental-Hygiene Implications of Non-attendance," Mental Hygiene, XXI (October, 1937), 608-618.
- Hobson, C. V., "How Much Do Teachers Know about Mental Hygiene?" Mental Hygiene, XXI (April, 1937), 231-242.

- Howard, Frank E., and Patry, Frederick L., Mental Health, New York, Harper and Brothers, 1935.
- LaBrant, Lou, and Willis, Margaret, "Some Problems of Adolescence," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 174-187.
- LaRue, Daniel Wolford, Mental Hygiene, New York, Macmillan Company, 1928.
- Mayer, Jane. "Parents Work with Teachers," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 89-96.
- Mikesell, William Henry, Mental Hygiene, New York, Prentice-Hall, Inc., 1939.
- Misner, Paul J., "In-Service Growth of Teachers," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 221-230.
- Myers, C. Roger, Toward Mental Health in School, Toronto, University of Toronto Press, 1939.
- Myers, Garry Cleveland, Developing Personality in the Child at School, New York, Greenberg, Publisher, 1931.
- Pullias, E. V., "The Relationship between Education and Mental Hygiene," Mental Hygiene, XXII (October, 1938), 612-624.
- Rich, Gilbert J., "Contributions of Psychology to Mental Hygiene," Mental Hygiene, XX (October, 1936), 554-565.
- Riggs, Ora, "Social Living in the Dever School," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 163-173.
- Ryan, W. Carson, Mental Health through Education, New York, Commonwealth Fund, 1938.
- Ryan, W. Carson, "Pre-Service Training and Teacher Growth," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 231-240.

- Texas Society for Mental Hygiene, Mental Hygiene and the Texas Society for Mental Hygiene, First Yearbook, Austin, University of Texas Publication No. 3617, May 1, 1936.
- Texas Society for Mental Hygiene, Mental Hygiene in Action, Second Yearbook, Austin, University of Texas Publication No. 3832, August 22, 1938.
- Texas Society for Mental Hygiene, Mental Hygiene Moves Forward, Third Yearbook, Austin, University of Texas Publication No. 3944, November 22, 1939.
- Tiegs, Ernest W., and Katz, Barney, Mental Hygiene in Education, New York, Ronald Press Company, 1941.
- (White, William A., The Mental Hygiene of Childhood, Boston, Little, Brown and Company, 1927.
- Wile, Ira S., "Integration of the Child the Goal of the Educational Program," Mental Hygiene, XX (April, 1936), 249-261.
- Witty, Paul A., "A Forward Look," Mental Health in the Classroom, Thirteenth Yearbook of the Department of Supervisors and Directors of Instruction, Washington, National Education Association, 1940, pp. 241-247.
- Witty, Paul A., and Skinner, Charles E., editors, Mental Hygiene in Modern Education, New York, Farrar and Rinehart, Inc., 1939.