Practical Psychiatry for Everyone

How to be Your Own Mind Doctor and Solve Mental Problems for Yourself and Others

By D. O. Cauldwell, M.D., Sc.D.
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WHY WE STUDY THE HUMAN MIND

We know that we provide nourishment to appease the appetite and to supply nourishment for our bodies. We know that nourishment affords us energy and we are well aware of the part energy plays in our lives. We know that we read and seek various diversions to please and appease the mind. And, if we give it thought, we realize that our most primitive ancestors probably gave no thought to such factors further than simple appeasement.

As man advanced he learned that without food for the appeasement of the appetite, he grew weak, and thus he gradually came to associate food (nourishment) with the function of producing energy. Through such lessons early man began to understand the significance of thought processes and sought to interpret their meaning. In the primitive state of things it was important that man seek to understand the thought processes of his kind and to determine everything possible relative to the psychology of wild animals or beasts. This may be more readily understood when we consider that upon a knowledge of animal psychology often depended man's supply of food—and upon a conception of the human psychology depended man's recognition of man as friend or enemy. And so, while the curtain of time was slowly lifting on mankind some 70 million years ago, after having lifted on the world some 20-odd millions of years earlier, the study of the human mind became imperative.

Down through the ages man has studied the mind of mankind. He has made many errors, and still does, yet he has gradually accumulated a knowledge which leads, at least, to something more than the elementary workings of the mind of man, and today, both life and civilizations have become so complex, that we find it essential to study the mind of man unless we desire to live as hermits.

The more intelligently we would live, the more important it is that we have an understanding of the mental processes of our fellow humans—and for this, as well as dependent and contributory reasons, we study the human mind.

MIND STUDY AND PSYCHOTHERAPY IN HISTORY

In the 9th and 10th centuries there lived an Arabian physician named Rhazes. This physician was a wise man and perhaps the most learned physician of his day and time. One story told by the Arabians is not credited as an exploit of Rhazes, but it is typical of the man and physician. The story is that a woman suffered a paralysis of the arms. In the presence of students a physician and teacher tore the veil from the woman's face. She blushed deeply. He then lifted her clothes above her head. Instinctively, she reached up and pulled her clothes down. This was psychotherapy. The physician had suspected what we, of modern times, call hysterical paralysis. Had the paralysis been other than functional the woman could not have moved her arms. It is evident that the physician recognized what we know as hysteria and reasoned that the paralysis resulted from the hysteria.

A story is told of Rhazes who was called to attend an emir (ruler). Enroute, Rhazes and the emir's servants reached a swollen stream and
Rhazes refused to cross the stream. There are no historical records to indicate that the man had a fear. Thus, we may see in his refusal an eccentricity, or rather what we might call a quirk. Perhaps a scheme. The emir’s men had been ordered to bring Rhazes to the emir’s sickbed even if they had to bind and force him. Thus—at the river—the men bound and gagged the physician and brought him to their ruler.

The emir was rheumatic and refused to move or be moved. Rhazes was a skillful and tactful physician and presently inveigled the emir to permit his removal to a bath on the outskirts of the city. There Rhazes “sweated” the emir and through heat and the eliminative processes brought about relief and cure—but the emir was still afraid and ordered his servants to move him (rather than attempt to walk or move himself) and cautiously, at that.

One day Rhazes decided it was time to act. He, like the emir in the bath, was in the nude. He excused himself on a pretext and when he reappeared he was fully dressed and brandishing a sword. “You had me gagged and bound,” he shouted at the emir, “and now see what I can do to you in revenge.” The angered and frightened emir sprang to his feet, and shouted for his guards. Rhazes seeing that the cure was complete, hastily retreated. He had arranged with the guards that they remain out of earshot temporarily, and explained that the emir would seek them—that he would no longer require being moved about by others and that no longer would their ears be pierced by his shrieks of pain and imaginary pain.

Rhazes escaped easily enough—and collected a wager on his way. He had wagered that within a reasonable time he would make the emir walk and the emir had bet against him. The emir ordered Rhazes caught and severely punished but evidently arranged that his orders should not be carried out. He later sent Rhazes a splendid present.

We may thus look back over the centuries and see that mental medicine was understood and practiced centuries ago.

MIND-TRUSTERS

Not many years ago, the term “brain-trusters” was coined. There had been brain-trusters galore before and there have been since. Long before the Dark Ages there were mind-trusters. In other words, there were many mind-trusts. The priests of old played on the superstitions of man and thus held sway over man’s mind. The clergy fought the breaking up of the mind-trust which they controlled on down through the Dark Ages and they are still fighting even today although they are so divided that one of their favorite sayings: “A house divided against itself must fall,” is coming true. This is not necessarily because the house is divided, but because man has learned to peep behind the curtains at the side show and learn that the spiderwoman is a fake.

In the midst of the clerical mind-trusters, there arose, in time, a separate clan of mind-trusters. Whereas the clergy had been saying: “We will attend to the mind of man,” or rather in their actual words which meant mind, “the spiritual needs of the soul of man.” Science has made of the term “spirit,” and “soul” rather vague entities. Now, a new school reared its head and claimed: “The mind of man is our domain.” This same school had declared that the body of mankind was its domain. In many States it had brought about the enactment of legislation which practically said: “If you wish one well and receive remuneration in money or other consideration, you have violated the law according to our ‘Trust,’ and you can be fined or sent to jail, or both.”

It was thus that medicine took over the domain of the mind and
body, and almost the bank account, of mankind. Today leaders in medical circles who are highly qualified in the science of psychiatry (the recognition and treatment of diseases of the mind), are emulating the clerics of the Dark Ages and, represented by a body of no more than 4,000 absolutely qualified by training and law practitioners, are shouting: If you are not a qualified psychiatrist—leave your mind alone. One leader refers to efforts of man to aid man in his mental problems, and says: “Mischievous psychiatry.” I could continue almost ad infinitum, giving you examples—but I have said enough to show the trend.

Honest, well-qualified psychiatrists are our greatest humanitarians, and a few psychiatrists do not express the opinions of the body of such physicians as a whole. Yet—to my way of thinking, at least—those who are crying “Leave your mind to the qualified psychiatrists alone,” are guilty of a lot of mischievous psychiatry, and these few, because they are leaders, may exert an evil influence over others who seem all too ready to follow the authoritative herd.

If you wonder why I have explained the foregoing, you will understand when I explain that one may learn a great deal about being his own mind doctor, and one may learn enough of practical psychiatry to be of considerable help to his family and friends—but only the qualified psychiatrist can legally practice psychiatry—and receive a fee in cash or other consideration.

The voice or pen of a versatile layman has spoken worlds of truth in a few words. Says Jack Woodford, in his “Why Write a Novel”:

“None of the world’s really great psychiatrists were ever costly. They were too anxious to get plain human beings into their lairs to examine, and not at all interested in rich old money bags suffering from sex repression.”

All of the trusts of the world cannot deprive you of your right to think and talk. And, in America at least, we are regarded under the Constitution as having the right to freedom of speech and of press. So remember that if you can think, speak, write and print, there is no law which can deprive you of your thoughts or speaking your piece. If someone benefits thus from your thoughts you are a humanitarian and all of the trusts in the world cannot abrogate your right to think and project your thoughts through a medium of expression that mankind may benefit.

NORMAL AND ABNORMAL PSYCHOLOGY

Psychology has been variously defined. It has been even called the study of the soul. The term soul is a misnomer which has, through general usage, come to be identified with mind. The best definition of psychology for the purposes of our study is: “The Science of Mind.”

Investigators and teachers have classified psychology as normal and abnormal. An understanding of the more basic ideas of psychology is essential to a study of practical psychiatry, and by practical is meant psychiatry you can use.

Normal Aspects of Psychology

When an infant is born it leaves the particular warmth of the mother’s womb and the pressure of the amniotic fluids and emerges into a world of a different temperature and into atmospheric pressure. Instead of receiving oxygen from its mother’s bloodstream, is begins to breathe and thus to receive oxygen from the air. Its lungs, previously dormant, begin to function. The change is so sudden that under the most carefully laid plans and preparations, the infant receives a shock.
When the infant receives a shock it feels, and a process of mind has been established—realization.

As the infant mind lives it goes through the processes of normal psychology. It feels, it knows and it strives. Feeling is psychologically known as affection. Knowing is known as cognition and striving is known as conation. It is easy to understand that the infant knows and feels, but how does it strive? In the first place, it strives to adjust to its new environment. With its first breath the normal infant begins to kick its feet about and when hunger manifests it strives to secure its nourishment as fully and as quickly as possible.

Early, and it is impossible to say how early except that it is perhaps the sensation of shock which produces realization, awareness comes to the infant. And the next step in the processes of mind is consciousness, which is an awakened awareness. (There is awareness in a semi-conscious state and this is the first state involving awareness in the infant.)

As the infant exercises it experiences a fatigued feeling and fatigue brings relaxation and rest. Rest brings sleep. Other sensations now enter into the awareness of the infant. These are special sensations. These are the sensations with which all of us are familiar: hearing, vision, smell, taste, and touch—also known as skin sensations. The reason for the classification of touch as skin sensations is that there are four qualities of touch sensations: pressure-touch, pain, heat and cold.

The taste has four qualities: sweet, bitter, sour, salt.

Smell (the olfactory sense) comprises some 12 elementary qualities. Man rarely uses all of these qualities because he is not as dependent upon the sense of smell as are numerous of his animal friends.

Vision or sight actually is the characteristic of determining quality of color. The color combinations perceived depend on special processes of special faculties of the sight apparatus.

In hearing, several thousands of tones may be appreciated.

Perception is the presentation in consciousness of an external object.

Apperception is the process through which any mental content is brought to clear comprehension.

Meaning is the recognition of the relation between the parts and the whole. Depending on the experience of an individual, meaning may be considered as the subjective attitude towards perception.

Conception comprises the abstraction and recombination of the qualities of ideas or precepts. It embraces comparison, abstraction and generalization.

Ideation

The highest function of awareness (cognition) is ideation and this includes thought, intellect and memory. From an idea or precept, one goes on to the association of ideas. According to Reid: “Every relation of things has a tendency, more or less, to lead the thoughts, in a thinking mind, from one to the other.”

The Complex

Dawson has given a concise yet comprehensive definition of the complex. He defines it: “A cluster of ideas which tend to be associated together in the common mind because they have a common effect or bond of emotion.

The Faculty of Imagination

The process of imagination involves associations which may be made both from concepts or ideas or concepts and ideas. In the process
there is a rearrangement of memories which project mental images and with these there may be associated a feeling of unreality. Reproductive imagination is based on past experiences and constructive imagination is creative imagination such as observed in inventions, art, writing, etc.

Thinking

When thought is concentrated on something definite as the achievement of a definite goal, thinking is said to be realistic or directed.

When thought is free and without effort, seeking no definite result, it is termed fantastic or undirected thinking. Building castles in the air or day dreaming comes within the scope of undirected or fantastic thinking and this includes autism, concerning which we shall hear more later.

Aspects in Brief

Normal psychologic processes also include memory, emotion (and this may be normal or abnormal), passion, mood, sentiment, temperament, instinct, sex, herd, volition, attention, etc.

ABNORMAL PSYCHOLOGY AND PSYCHO-PATHOLOGY

Confusional States

Confusional states embrace disorders of the sensation. In disorders of the sensation there may be anesthetic (without feeling) areas on the surface of the body and even needle pricks may not be felt. This analgesia may occur in various condition but is markedly noticeable in such conditions as hysteria and the various dementias.

Increased sensitivity of areas of the surface of the body is known as hyperesthesia. This hypersensitivity occurs in conditions involving acute manias. Mental hyperesthesia occurs in persons of neurasthenic and melancholic inclinations. Also, there is hypersensitivity of the emotional factors in the sufferer from anxiety neurosis (in which there are symptoms of depression and melancholia), and there may be an intolerance to noises, the movements and actions of other persons, lights, etc.

There may be a perversion of sensation as when hot feels cold and vice versa. This is called paraesthesia.

Among other disorders of sensation there may be disturbances of vision and the visual sense, of perception, of taste and smell, and the appetite may develop into what is called anorexia nervosa. The genital sense may be so disordered that either there is no sexual desire or the instinct may be of the uncontrolled variety.

The psycho-pathology of perception is so broad that I shall make no attempt to discuss it except in later topics wherein such disorders are involved.

Disorders of ideation may manifest in the form of “flighty Ideas, or a flight of ideas.” Impairment of memory covers a wide range of conditions and these will be treated in material to be presented.

Among other factors of abnormal psychology may be mentioned disorders of judgment wherein there may be delusions, hallucinations,
etc. Disorders of conation (the faculty of striving) may embrace exaltation, deficiency, and perversion of efforts. Other disorders embrace those of the will and attention.

EXPLANATORY COMMENT

This treatise is written for the layman. Psychiatry and psychology are sciences necessarily involving a vast technical terminology. Many of the terms which have been used thus far are not beyond the average comprehension. The brief treatment given to normal and abnormal psychology has been so given as to lay a foundation for further study.

The student must not conclude that when certain or even various conditions mentioned under psycho-pathology exist that the person manifesting these conditions is a positive neurotic, psychoneurotic or psychopath. Now and then psycho-pathologic manifestations are evident in persons of high intellectuality and of the finest moral fiber. All data presented herein are presented for the purpose of aiding the layman to distinguish between the seriously abnormal and the so-called normal. Indeed, characteristics may be normal or abnormal, but it is now generally agreed that there are no normal people. By this is meant that there is no such thing as perfection in humanity and hence so-called norms are based on general averages.

Often psychiatrists and psychologists refer to individuals as borderliners, indicating that the person referred to is on the verge of actual or serious abnormality. Some of the most authoritative writers have expressed the belief that there is no positive demarcation between sanity and insanity whether this be partial or regarded as complete.

MENTAL DISTURBANCES

Mental disturbances may be minor, relating to conditions which are transitory or major, wherein the disturbance remains after the causative factor no longer exists.

Temporary worry, anxiety and concern are minor disturbances. These disturbances are entirely normal and a person who does not become upset, worried, anxious or concerned under certain conditions is likely to be so abnormal as to be psychopathic. The person of average normality quickly overcomes an upset, never worries long but rather seeks to correct the causes of his worry, and emerges from anxiety as though an anxious state had not existed. A type or kind of mental deficiency exists in a person who is unable to accomplish the foregoing.

PSYCHOLOGICAL UNDERSTANDING

That which has been said of normal and abnormal psychology is by no means new—even to the raw student of psychology. The explanations given bring psychologic identifications into the mental focus. We cannot recall even our early impressions of cognition—awareness—and yet, we know that as we grew awareness became keener and broader. We do not recall our early manifestations of conation. As to just when we began striving, making efforts, and especially conscious efforts, there is not any cognition. But we can look backwards and see how our efforts expanded as we grew. We have no memory of our first cognition of sound, of taste, or smell, of the sensations, or of visual objects. We can
understand how awareness of all of these entities grew on us. We cannot recall our early worries, anxieties, fears, angers, etc., but we can know just how these have affected us as we have traveled onward in life—through childhood and to maturity—if and when we have reached maturity.

None of us recall our early complexes, our perceptions, apperceptions, our efforts at ideation, nor can we recall our early confusions, disordered thinking, and other things on the abnormal side of the scales, but we are aware that such states existed.

Having reached a state of analytic awareness, we can now recognize and realize the important factors which have served us while reaching a state of awareness and we know that such factors will influence our awareness, and thus our lives, henceforth.

The professional psychologist and the professional psychiatrist must be ever conscious of the psychological factors which have been presented. Such consciousness helps the professional person to quickly catalogue traits, emotions, characteristics, etc., although he does not think of the factors presented by their terminology. He thinks of what such factors represent and thus quickly forms a clear picture which aids often in an almost instantaneous analysis.

The armed forces have developed valuable psychometric tests by which the force and duration of mental processes may be measured. And during the recent war psychiatrists were able to decide, often in as short a space of time as two minutes, whether a man had the mental stability requisite for service in the armed forces. In this the psychometric tests had been given by others and the results were set down in such a way that the psychiatrist could see them at a glance. In a flash the numerous important factors of normal and abnormal psychology having application in a specific case, or in general, came within the mental focus of the physician. This faculty enabled him to formulate without effort such questions as would bring answers giving the requisite essential data for an accurate decision.

To many persons, fundamentals are dry and boring. And yet, fundamentals are as essential to learning and doing as a place upon which to rest the weight of a house—even though this be against the plain earth. The law of gravity does not permit us to toss a house into the air and suspend it there. It must have a place upon which to rest. Many persons try to apply an adverse law to understanding and accomplishment. Seeing someone else perform a certain feat, do a certain skilled act, or hearing a trained singer pour forth sweet musical notes, persons have sought to imitate, without training, the skilled person.

We do have the ability to imitate—but when we buy something and pay for it we want no imitations. If we would accomplish—we must learn fundamentals—imitation accomplishments are no better than imitation products—goods.

The more you would understand of psychology and psychiatry of the human mind, the human being, and the workings of the human mind in its normal and abnormal aspects, then the better you must be able to bring quickly into focus the basic factors concerned such as those covered in the remarks on normal and abnormal psychology. And, of course, you must know that there are no pretense at being all of the important basic factors or fundamentals. They are sufficient for a working basis. They give us psychologic understanding.

THE GREATEST FACTOR IN MENTAL HEALTH

Is there a greatest factor in mental health? There is. It is happiness. Yet is there an art of being happy, and if so can it be mastered? Happiness seems to be the natural state of many humans—but
apparently not the majority of humanity enjoy this natural state. Happiness to some is natural, to others it is an art, to still others it is a science and to many it is both an art and a science. To all, happiness should represent a way of life and a way of living.

Happiness should constitute an unquestioned state of sanity—but the reverse is regarded as being true. That is, the insane are regarded as being the only entirely or absolutely happy people.

When we consider that many qualified mental scientists consider that there is no demarcation between sanity and insanity and that others hold that but a slender thread supports the balance of weight between sanity and insanity, we are led to wonder why there are so many sane and unhappy people in the world. But not all unhappy people are sane, either.

It is reliably estimated that one out of every 14 persons is either neurotic, psychotic or psychoneurotic and the latter includes actual psychopaths. No matter where we go and no matter how many people we meet, converse with and observe, we are certain to observe a great deal of unhappiness. But, there is a saving grace. Sane people do not remain constantly unhappy. It therefore follows that a sane person can cultivate the habit of happiness and can do so so persistently, that happiness becomes akin to a natural state and unhappiness (which must enter all lives at times) can be dispelled by an awakening and exercise of the will power.

There are different degrees of happiness. Elation is a degree of happiness. One is elated because one has succeeded in something, because one has found a coveted article, because one has been presented with something desirable, etc. There is exaltation which often accompanies abnormal psychological conditions—but not always. A person may be exalted by music, by well-deserved praise, by a realization of love, by success in accomplishing something of a difficult nature, and, of course, one may be exalted in numerous other ways.

When a state of abnormal or psycho-pathological exaltation exists the judgment is poor. We may see this in a person who has had a certain degree of apparent success in a business venture. Immediately the exalted person tosses caution to the winds. He may convince others that he has a formula for conquering the adversities of financial or economic shortages, and his credit may expand like a balloon under pressure. The exalted one plunges, plunges, and plunges. He is in a continual state of excitement and finds it hard to let down and rest. Sleep was not meant for him. He builds his castles—plans and plans and plans.

Then, suddenly, because he did not see both sides of the matter, because he placed his faith in absolute intangibles, and because he did not figure potentials—his world comes tumbling down around him—he is worse than bankrupt, and he cracks up. A nervous breakdown, it is called.

There are untold instances of psycho-pathological exaltation. Even children experience the state. They get a new toy, even meet a new friend—relatives come to visit and bring children and some of the usual restrictions are removed. The excited and exalted child sleeps fitfully, eats fitfully, and just must devote every moment possible to the object or objects causing its exaltation. The let-down invariably comes and there is a sick child. Fortunately for children, they recover from such illnesses quickly.

Sane persons experience psycho-pathological exaltation. The inventive genius becomes exalted when he seems to be reaching a solution to his particular creation. He goes unbelievable hours without sleep or rest. The artist becomes exalted and works like mad to complete a painting while he has the inspiration. The writer gets exalted over a hot idea and grows a beard while he goes without sleep working out the details of his idea. There are examples and examples.
An abundance of examples supports the claim, theory or holding, that the borderline between sanity and insanity is indeed separated by a delicate thread.

Other degrees and kinds of happiness exist. In the examples given one may find an indication which will lead to the analysis of the degree or kind of happiness any certain individual experiences.

The Contentment Factor

The factor of contentment plays an important part in the sum total of any person's happiness. Yet the contented person is not the sanely happy person. Absolute contentment must mean near—absolute inertia. If one is content—thoroughly content—then one has no ambition to attain—to accomplish. Yet, contentment that is found in occupation spells happiness of a high order. This is perhaps the most lasting and basic contentment that exists.

Cultivating Happiness

Cultivating happiness is so simple that one has but to desire and will to succeed. And as strange as it may seem, vast hordes of highly intelligent people seldom lift the curtain of obscurity to disclose the simple formula of desire and will. If desire and will are realized art and science and naturalness will materialize.

Children and Happiness

With the exception of the inherently psychopathic child, happiness is the natural state of the child. Children become morose, sullen and even melancholy (depressed), and there are natural reactions to life and to environment and circumstances. Ordinarily children experience these states but briefly. Parents and other older persons can and do sow the seeds which lead a child from the happy medium, the ability to quickly get over its abnormal spells to the development of neuroses, psychoses and a chronic tendency to melancholia.

Parents and others having control over children should realize that the child has as much right to individuality and to live its own life as does the parent or older person and that it is insanely selfish and worse than juvenile on the part of the older person to seek to live the child's life for it.

The longer I observe the more I marvel that children grow into useful men and women in spite of adverse parental influence which professes an attempt at near—perfection in bringing the child up right. The longer I live and the more I observe adults and children the more convinced I am that children are not bad people.

Let a child work hard, play hard, and sleep hard. Let the child form its own inhibitions and they will invariably be such as benefit herd—society. The child selects or respects inhibitions according to its capacities and incapacities and this is something which has been lost to adults since their childhood days.

Children are never capable of doing the damage they are held as being capable of doing—they are physically and mentally incapable. They are limited by their physical and mental statures and powers. Guide, rather than force and lecture the child—and insanity in each
succeeding generation will decrease. The habit of happiness will be acquired and through it diligence because of the contentment to be found in diligence.

Do not be a juvenile parent.

Understanding Happiness

To understand happiness is to know contentment—and not the kind of contentment which means inertia—but the kind of contentment which leads to enthusiasm and accomplishment. Thus you will find that happiness can readily be the greatest factor in mental health.

JUVENILE AND ADULT MENTALITY

Each individual has his own conception of what constitutes both adult and juvenile mentality. These conceptions do not always make acceptable conclusions. The adult mentality should have reached the stage where calm judgment and practical wisdom overshadow juvenile traits. The actual juvenile mentality should be recognized as a mentality which is as yet unsure and feeling its way—seeking maturity and maturation of ideation.

Many of our actual juvenile problems stem from the fact that there are too many juvenile parents seeking to bring about adult maturation in their children when the parents have not (and probably will not ever) come into the maturation they seek to bring about in their children.

To look at the matter in a somewhat harsher manner, the efforts of juvenile parents to mature their children into adults, are but pretense or misconception, or both. Many parents want their children to be like themselves. This means anything but a desire that children mature properly into adulthood when the parents remain juvenile.

Parents Handicap Their Children

Among a child's first apparently conscious acts is the one of exploration. The infant explores its body, the body of anyone who chances to offer an opportunity for exploration, and its surroundings. From then on exploration becomes investigation. The child seeks to learn and in doing so employs, to a great extent, the trial and error method. Once injured, as may be seen in the matter of a minor burn, a child learns to test new things cautiously. He does not need to be told. As the child grows, it learns concerning conduct in much the same manner and all of the "thou shalt nots" shouted at it from older persons—especially parents—alters the picture but little. The picture may be sadly marked when the child reaches adult life—even before. Prohibitions cause inhibitions and these cause repressions. Impotency in the adult male and frigidity in the adult female often result from the repressions brought about through the prohibitions and inhibitions of early childhood.

I have known parents who had but little schooling and when real adult maturation was reached by such parents and they had offspring it was their fondest desire and often their whole life aim that their children should have the best schooling possible. On the other hand, I have known parents whose educational advantage was poor and who did not want their children to be so schooled that the children would be smarter than the parents.
Many children are handicapped by parents who literally force their eccentric ideas on their children. This may be seen in the child who spouts the same religious dogma as has been heard from the parents and who, when voting age is reached, is of a certain political party, solely because “pa” was of the same party. Such children remain juvenile even after the the age of maturity has been reached, and their fathers tell them for years and years how to vote and for whom and what to vote.

The Fallacy of Evil Companions

One of the great advocacies of juvenile parents is that their children “shun evil companions.” Parents speak of their children as having gotten into trouble because of bad companions. Bad companions are companions who are poor company—in other words—uninteresting and uninspiring company. No child is necessarily more evil than another. A child may be the product of evil environment—an unclean environment where criminal-minded psychopathic individuals rule the home roost.

Regardless of the admonition of parents, children are likely, in a large measure, to choose their own companions better than their parents can choose them for them.

Many parents have the idea that because they do not like certain persons and regard them as bad that their children must of necessity be the same way. But such judgments are not always correct and the parents adjudged as “not so good” may be better than their judges.

Invariably children exercise better choice in the matter of companions than their parents.

Healthy Children Survive

There are children who have been so fortunately endowed by nature that they survive parental handicaps and even adverse parental influences. Years ago I went for a drive to a city some two hours by motor from my home, in company with friends (man and wife) to pay a visit to an aged and ailing former music teacher of the lady. It was Sunday and late spring, and the weather was ideal. On the return trip the lady suggested that an extra hour of driving would take us by her parent’s home and that she felt she should not go so near without calling to see them. Her husband agreed, stating that he had had it in mind to speak of it but had felt that the extra trip might not fit with my plans, engagements, etc. I was quite agreeable to the drive. At once the lady explained to me, “My mother and father are very old-fashioned.”

Enroute, I gave the statement no further thought. I understand what was meant when we arrived. It was hard for one seasoned (as I was) in encountering almost unbelievable circumstances, to believe that this charming and accomplished lady who always gave the impression of the cleanliness of the driven snow, was the daughter of her parents. Indeed, had the parents been aged one might have had a different idea. They were not—were, in fact, still below the half-century mark—and they were filthy. The home was filthy and a group of children gave no impression of sanitation. The place (which was rented) was dilapidated. The house, outbuildings and fences were ruins. We sat for a while under some large trees in the front yard. Had not the conversation been a matter of study for me it would have been depressing. We did not tarry long. On our way to the city the lady explained:

“I can see that you are surprised—not that my parents have such a daughter, but that the daughter has such parents.
When I was small both sets of grandparents and my parents lived together. Several uncles and aunts and others lived with us. They were all opposed to schooling and to cleanliness. All but one person—a great, great grandmother who was almost 100 and lived in a small cabin room to herself. Her cabin room was as spic and span as polished silver—and in an old trunk, which was extremely well preserved, there were books and heirlooms.

It was this great, great grandmother who taught me to read and write before the average child even starts school. She also taught me many of the fundamentals of music. And she taught me cleanliness. She said that I was like her and she took no interest in any of the others of the clan. My father was her great grandson and she often remarked that to her there seemed to be no relationship.

When I was an 11-year-old girl, my grandmother received a letter. It was a great event to her. She often made trips to nearby towns driving a horse to a wagon. And she went when she chose, whether it was day or night. It was like that when she received the letter, which I well remember as having had a foreign stamp and postmark.

We drove for two days and then took a train. Grandmother sent a letter to the sheriff of our county. She had made certain to have my birth certificate with her. Within a few days we were sailing the blue waters enroute to Spain. My grandmother had been a political exile. The glory of her welcome back to the place of her birth was too much for her. She died. But provision was made for my education and I was schooled in Europe.

Two years ago I returned home and met Pete (her husband) on the train enroute from New York. We fell madly in love—but I did not say yes until Pete had met my family.

I have a little money of that which was provided from a source unknown to me in Spain—and Pete is in good financial condition. We offered to buy a home for my folks and to do something for them. My father practically threatened to run us away with a shot-gun. But we are hoping that we can do something for some of my numerous brothers and sisters.”

Pete seemed to think it was his turn. “My background was not even as fortunate,” he explained.

“I was born under no better circumstances. And I was a large and awkward barefoot boy when my mother's uncle took me away with him. I had been my father's first and he had remarried at once after my mother's death—a few weeks after my birth. I must have inherited good genes from my mother. I could well understand in Evelyn's case and but for a change in environment I might be like my half-brothers and sisters who compare to Evelyn's family. They are all nearly grown, however, and have refused help. To me the environment of a child seems to mean much and to have practically everything to do with the future development of the adult development of the individual.”

The reader may by now be thinking that this leads a long way from practical psychiatry. It is the essence of the basis for psychiatry and psychiatric study.

If you will but read the leading lights in psychiatry and psychology you will know that all are agreed that some centuries ago physicians, as physicians, had but little power. The clergy ruled—dominating the legal machinery which made laws and which, invariably through cruel methods, enforced laws. The physician who interested himself in mental science—the recognition and treatment of mental diseases—had to spread his scope or sphere of influence and become also a lawyer, a politician and a sociologist. The little digression was given to show the
close relationship of psychiatry to sociology—and but little is needed to lead the discerning to the fact that soaring above these humane sciences and studies we have jurisprudence. Jurisprudence is regarded as symbolizing justice. All of us know how false this is.

Medical science has traveled a long way from beneath the thumb of the clerics. Sociology is still dominated by the men of the cloth. As to whether legislation (if not jurisprudence) is still so dominated, check on the statutes of your state and see whether there are Sunday Blue Laws. Determine how often the influence of the clergy has caused city councils to pass ordinances against Sunday movies. Think of a little review of the literature of the past few years and see if you cannot recall a few legal battles wherein the clergy has sought to enforce Bible reading in your schools (and other schools) and even prayer and the exclusion of the study of evolutionary science. In these matters it has not been a case of majority rule, but a case of a dominance over the majority by a minority.

If you think that these things have little to do with psychiatry—then think again. In preparing an outline for this treatise I analyzed and deliberated and studied and read, seeking to find a manner of presentation which should not be tiring—and which should bring the importance of an understanding of the principles of practical psychiatry to lay persons—in a manner quite different from any I had examined.

To me it seems that no dissertation on psychiatry or mental matters would be complete without an outline of some of the fundamental elements—such as were found in the beginning of this book. It would be impossible in a short book to give an exhaustive causology of various mental abnormalities. And the greater number of mental abnormalities being but mental disturbances lend themselves to correction. And here I want to take you abruptly back to a part of our study of the fundamentals of normal psychology.

The Association of Ideas

Do you recall the quotation I made of Reid:

"Every relation of things has a tendency, more or less, to lead the thought, in a thinking mind, from one to the other."

Now, I ask you to consider the relation of things embraced in our study, so far, of juvenile and adult mentality, and to give especial attention to all which has been said under this subject. It will help you gain a clearer impression of the association of ideas and will bring you face to face with another fundamental of normal psychology: Ideation. In Dawson's "Aids to Psychiatry" (Balliere, Tindall & Cox, London), the following appears under Ideation:

"Ideation is a revived precept, the memory of past perceptions, memory-images, or re-presentations."

Also:

"Ideation, This is the process concerned with the highest function of cognition."

JUVENILE PARENTS

It will be seen from that which has been discussed that we evidently have, as a problem, a greater problem in juvenile parents than in juvenile delinquents. Many children will mature into adulthood, the
state wherein mankind exercises, without effort, calm judgment and practical wisdom, if placed under good environmental conditions and given encouragement to develop as individuals, coming early into self realization. Those who become parents without having had such an opportunity, unless endowed through favorable genes by a remote (or near) ancestor (or ancestors), are almost certain to remain juvenile. They cannot be expected to rear normal children—and, unless an approach to normality can be reached, happiness can be attained more readily through the route which leads to some form of insanity.

THE TIME TO GROW UP

When the body has reached that state of maturity which enables it to accomplish the natural biological urge of procreation, and through physical maturity, if directed by a competent mentality to provide for the product of procreation (offspring), it is time for the individual to grow up—to become mentally mature.

As may readily be seen, heredity (juvenile parents), and society (traditions and prohibitive rules), and a run-away political economy, afford an abundance of stumbling blocks for those who would become the human products of maturation—mental as well as physical.

Maturation is, of course, a process which must continue from the time of maturation into adulthood, on through life. Maturation should never cease and normally it does not. After adult maturation has come about, we must constantly conform to changing circumstances and if we would attain an approach to normality, we must seek to aid the processes of maturation, of adjustment to changes, of ideas, of social adaptation, etc.

After we actually "grow up" we must continue to grow up as long as we live. We must seek to expand the mental horizon, and must be ready to help our mental processes in the matter of maturation of new ideas and new and broader concepts.

THE OTHER FELLOW'S SIDE

No matter how individualistic we may be, we stagnate and become narrow-minded when we refuse to consider the other fellow's side—the other person's viewpoint.

There are individuals of both sexes who love argument for argument's sake. These individuals are rarely sincere. There is often an element of malice in their agitation for arguments. Now and then they are not easily recognized even by the trained and experienced psychologist because such a person will be minded to exercise all fairness in his judgments. If they do not show their colors on the first occasion, however, no more than two or three occasions will be required for their recognition. The person who uses practical wisdom will laugh at these misdirected individuals and ignore them—or will, so that it can be unmistakably understood, explain to them when they seek to initiate an argument, that the person of practical wisdom will agree with anything they may choose to say. If this is insufficient, a little additional spice may be added jovially to the effect that you readily agree to the wind-blowing because you invariably hear empty sounds.

Nothing appears to so readily deflate the egocentric, malicious arguer, as to be told that sensible persons always see sensible views and that no sensible person sees wisdom in arguing when an argument does not present a sane issue.
Once we have eliminated the malicious arguer we will do well to
give careful consideration to the other person’s viewpoint, for we may
gain infinitely thereby. On the other hand, many sincere and serious
persons are likely to present viewpoints which we immediately reject,
being positive within ourselves, that such viewpoints are unsound and
unworthy of our consideration.

To take the attitude that we are personally always right, is to travel
in the direction of that slender thread which may break before our
tread and send us stumbling into that abyss above which sanity rises
and stands out like a lighted tower.

THE OTHER MAN’S PROPERTY

Busy, contented and happy people have little time for envy. Envy
is a poison. The idea that envy and related attributes of mind (being
abnormal) cause the generation of toxins (poisons) within the system
sounds far-fetched. One group of physicians studied 100 patients suf-
fering from toxic conditions wherein it was well known that the toxins
were not “drug” or serum toxins, and found as outstanding the char-
acteristics known as envy in the group of 100 patients.

Envy creates unhappiness—particularly for the person who permits
envy to get the better of him. Beware of permitting envy to get a hold
on your personality as you would beware of a dangerous reptile.

THE OTHER FELLOW’S GIRL

There is nothing wrong about rivalry in business or in love. Indeed,
rivalry and competition stir the urge to mastery within us. But once
you realize that a rival has actually won—accede graciously to his vic-
tory. There is happiness and what we may call nobility in the ability
to be a good or gracious loser. None of us can win every time. When you
envy the other fellow his girl, then you are wasting a lot of valuable
time and energy and creating harmful poisons within your body—
poisons which can harm you. You are wasting time because your time
could be directed to far greater advantage into constructive channels
and who knows what you may find or how happy you may later be that
your rival won.

THE OTHER GIRL’S BEAU

When a girl loses an apparent suitor to another girl she usually
suffers from hurt pride. (This is as true of the male, perhaps more
true.) She can recover more quickly by realizing that perhaps she has
lost luckily. For an attractive and sensible girl, there’s always romance
ahead.

THE OTHER MAN’S WIFE

Have you ever coveted the other man’s wife? It isn’t healthy and I
speak by no means in a biblical sense. In the first place, it is often dan-
gerous. In the second place, a woman who is fickle with the man she
married may be as fickle with you and disappointing rather than de-
sirable. If you’re “nuts” about her and your devotion is returned, she doesn’t love the husband anyway. Why not have her get a divorce and get hitched to you? If neither is that serious you may be able to have a little affair without getting a bad taste in the mouth later—but it does not often happen thus to mature adults.

THE OTHER WOMAN’S HUSBAND

If you want another woman’s husband and he is really attracted, seek to determine whether his wife is actually undesirable. As a woman you should be able to evaluate, even with a jaundiced eye (in the event she is actually more attractive and desirable-appearing than yourself) the charms of another woman—and her character, too, to a great extent. If she is definitely inferior, then both she and her husband might be better off divorced. But if she has “it,” then don’t be foolish. A man who’d wipe his feet on a desirable wife would wipe them on any other woman and delight in the wiping.

YOUR NEIGHBOR’S CHILDREN

Are your children always right in the various little squabbles it is but natural for children to have? Or, are your neighbor’s children always wrong? Then take a hold on yourself—you’re slipping. Neither is ever right. However, it is normal for children to have squabbles and disagreements, and even fights. It is better for children to lick each other than for their elders to whip them. It is through the pain they inflict on each other that they learn the results when they inflict their own methods of fighting on others.

YOUR OWN CHILDREN

Are you the kind of parent who admonishes your children: “Don’t fight, but don’t let nobody run over you”? Never dominate or drive your children. Seek rather to inspire them and encourage them to inspire others. Excellent conduct and courtesy on the part of the child does not imply sissiness, but good breeding.

YOUR JOB OR BUSINESS

Are you satisfied with your job or your business? If so, you have greater than usual chance to be content and happy—and a good family man or woman. If you are discontented, then you should know the kind of vocation you prefer. If you are not qualified for such vocation there’s a lot of fun to be had, no matter what the apparent sacrifices, in qualifying as you’d like to be qualified. Do not watch someone else who is skilled in the very thing you’d like to be skilled in and envy that person and grow more and more discontented with your own job—your own vocation or business. If you permit yourself to come within the category of persons who envy anyone who is skilled, regardless of the skill, and are unwilling at the same time to put forth the requisite effort to acquire the desired skill, be careful. Better do an about-face and do some serious thinking and more serious determining. You are walking dangerously near that thin thread.
PLAYING WITH HERD

Do you like to play with herd? Or do you tolerate playing with herd although you are secretly bored? Or do you withdraw into your shell and exclude herd?

The introvert lives greatly within himself. And regardless of one's disposition towards social matters, each and everyone of us lives greatly within himself. This is true of the most pronounced extrovert because no matter how much we live with herd, deal with herd, play with herd, and work with herd, there are those hours when we must live within ourselves because although herd may be all around us, herd is not, and cannot, be actually present.

There is nothing wrong and nothing abnormal about being an extrovert—a person constantly active with herd (other people), open, little drawn within himself—nor is there anything wrong with being an introvert—and living greatly within yourself. Both extroverts and introverts make up the world and both contribute to progress and the sum total of life and all that pertains to humanity.

Happier, however, is the person who is fairly well-balanced—part introvert and part extrovert. It is this person who can meet and overcome problems, disasters, even catastrophe, better than either the introvert or the extrovert.

When disaster strikes the real extrovert he is likely to bore his friends with the disaster until they forsake him. A forsaken extrovert is a lonely person indeed and is threatened with serious melancholia (concerning which we shall soon learn), and even suicide. The positive introvert lives so much within himself that he might well resort to friends should disaster strike—but he is more likely to permit his troubles and griefs to reproduce a thousandfold within him and his plight can become sad indeed.

If you can remain either an introvert or an extrovert and thus remaining meet and master disaster, you do not need to change. If you are not so sure—and are an introvert—better try playing a little more with herd, and if you are an extrovert and play over-much with herd, retire a little within yourself. Remember that that which you seek is self-mastery and through self-mastery, mastery of circumstances, and the medium leading to greater contentment and happiness in life.

YOUR DOMESTIC LIFE

Give a thought to your domestic life. If you are single your domestic life is wherever you have your domicile—yet it leads out into many by-ways. Are your surroundings pleasant? Do they irk you? Even though your surroundings are pleasant, you must keep them so and it will not hurt to seek ways through which you can add to the pleasantness. If your surroundings irk you—do something about it. Determine first if you can bring improvement where you are and even so, if the elements of local environment are such as to require effort all out of reason, then change.

If you are married and your domestic life is unhappy—then seek to analyze the unhappiness and find the cause, or if you know the cause you will be happier doing or seeking to do something about it than you will be if you continue to let the dead hand of inertia rule you.
Domestic life can be made to be beautiful. It requires co-operation on the part of all concerned. Just remember that it takes just one person in a family circle to start commotion leading to disturbance and that one person can take the lead and bring about peace and calm and happiness. In a family circle it is always easy to be upset and irked by the actions of others—but do you not also irk other members of the circle? Is it necessary? And can you not, through patience and intelligence, and by setting an example, even ever so silent, improve matters?

In the family someone must take the lead in one thing and others in another. Be certain that you at least take a constructive lead.

THE SEX LIFE

The sex life begins in the cradle. Because I have as readers adult or suitably mature persons I shall speak but briefly of the sex life of the infant and the child. I shall have more to say concerning the sex life of adults.

WHEN SEX BEGINS

Sex begins with life and ends with death. The uninformed claim that the infant and small child are asexual creatures—that they have no sex life. Freud and others have shown that the infant has a rich sex life. Indeed, from the first time that the infant takes nourishment it has, according to authoritative sources who spoke without fear at the turn of the century when freedom of expression on sexual matters was greatly tabooed, a beginning of the cognition of sexuality. As its little hands get busy exploring its body and it finds the sensitive sex organ, sex life comes into focus.

In serious illness and with advancing age, sexual powers and desire may wane, but sex remains until the last smouldering ember of life is dissipated into the nothingness whence life came.

It was an unhappy day for mankind when our ancestors brewed the idea that there was something terribly wrong about sex. One might use the imagination and, not without a reasonable basis, form an idea that somewhere back in the antiquity which formulated the first sex taboos, some serious disease must have affected the genital organs of both sexes. Early man braved the wild beast in his lair—he could see the beast—and feared his shadow because he could not understand the mechanics of its formation. If early man started sex taboos because of a fear of some dread disease which he associated with it, he was traveling in a sane direction at the time and under the circumstances.

When our ancestors invented morals they also invented false morals. And when in their “morality” they placed unnatural taboos on the most natural thing in life—sex—they projected ages of untold injury on their posterity.

Sex is unclean physically on the same plane that our bodies become unclean when not properly bathed and attended, and on the same plane that our premises become unclean if we permit filth to accumulate on them. Sex is not unclean morally in moral minds. It is, or becomes unclean morally, when it fails to exercise care in selecting a place of exercise—such as in the immoral mind. But the immoral mind is not the mind usually conceded to be immoral—it is invariably the mind generally claiming to be moral—ever so moral and holy.

When you hear the shout that sex is unclean morally, know that the subject of sex has found unclean ground in the mind of the shouter of uncleanness.
Ignorance, pseudo-morality and taboo give the impression of uncleanliness of sex but the uncleanliness is in the mind of the labeler and he or she who implies or declares the uncleanliness of sex.

AN OFT-REPEATED SEX QUESTION

An oft-repeated sex question is: Is it right to have sexual intercourse before marriage? If I have answered the question once, in person or by letter, I have answered it countless times. The answer is simple and clear.

Until one has intercourse according to the definition given by the dictionaries, whether the sex be male or female, one is a virgin. And the matter of when and under what circumstances one gives up that virginity or changes to the non-virgin state, is strictly a personal matter. No moral whatsoever is involved—taboos to the contrary notwithstanding. If changing from the virgin to the non-virgin state involves injury to no one (specifically the opposite partner in the sexual act), then there has been no immorality involved. Men and women who demand virgins as grooms and brides, owe it to their prospective mate to retain their own personal virginal states.

The question has often been asked by man: How can I know that my bride is a virgin? A man cannot know. He can ask—and he is more than likely to get the truth whether it suits him or not. One physician of my acquaintance told me that he was asked the question so often—even couched in the phraseology: How can a man know his bride is a virgin? asked by men who had been married for years as well as prospective grooms and recent grooms that he formulated a stock answer. It was: “Man can’t tell and why the hell should he care?”

It is narrow-minded and often nasty-minded to be so unrelenting in one’s mind about such a fetish as virginity. It isn’t worth what it is supposed to be, and it does not bind either man or woman to the marital bed-chamber after marriage. That which binds thus goes much deeper and we shall examine that briefly in due time.

SEX AND SANITY

An old medical idea long outmoded was that the so-called secret vice, (which isn’t a vice at all, but natural) known as masturbation or self sex gratification, caused insanity. Masturbation, it is now universally agreed by medical men, has never caused insanity but that some form or other of insanity has, in various instances, caused excessive indulgence in the practice.

More than 90 percent of persons of both sexes indulge in the act at some time in life. Recently I had a letter from a lady—complaining that after a few months of young married life she had surprised her husband in the act of masturbating. She wanted to know what to do. What is the answer to the situation? Especially when the wife quarreled with the husband about his practice (having, according to her statement, caught him a number of times).

The answer is that the lady was a wholly inadequate wife and that she was injudicious when she quarreled. Further—many persons, while sleeping, allow their hands to fall wherever they may, naturally—and it is natural, especially when the bladder begins to fill, that the hands travel toward the direction of fullness. The hands may thus come to rest on or near the sexual organs. And, during sleep, while a person falls to a deeper level of sleep, or returns to a lighter level, the forces causing the change in the sleep level induce a spasmotic movement,
often of the entirely body and often of one or another limb, even the head and neck, and this spasmodic movement is commonly described as a jerk. It was easy to understand that the near-bride or post-bride who wrote asking what to do, regarded the sexual act between herself and husband with about the same degree of contempt with which she regarded the old practice into which the husband lapsed. Her unfortunate position was due to improper training and wrong ideas about sex. It is probable that explaining much the same as I have just explained, helped. I advised that if this did not help she should seek professional psycho-analysis and that I hoped she would find that the cost of the treatment was not beyond her means.

Sanity in sex is a simple matter of excluding taboos and the idea that sex is unclean or sinful, and controlling the sexual instinct according to expediency, following the same pattern we are accustomed to follow in the matter of the proprieties regarded by clean and sane thinking persons as decent.

SEX AND CHILDREN

One mother once consulted me in utter desperation. She had come upon her small son and daughter in an apparent effort at intercourse. Wisely she had ignored, with them, what she had observed. I learned that the children had been sleeping in the parental bedroom and that while the parents engaged in the conjugal act they had merely assumed that the children were asleep. The children were merely seeking to imitate what they had seen and heard and had no idea of the significance of the matter except that inasmuch as their parents sought the cover of darkness—and darkness was not an absolute rule—the matter was something to be kept secret. These children naturally failed to do anything further than pantomime. I advised the mother not to alarm herself, and not to spy on the children. I further advised that the matter of discretion was advisable between her spouse and herself and that it would be better by far to remove the children from the parental bedroom. I further advised that the sex act and its significance—the matter of procreation—be explained, and that it be explained that this practice was not engaged in between blood relatives, and that it should not be attempted until one was suitably mature. There was to be no implication that anything concerned with the act was wrong, unclean, harmful, sinful, or immoral—but that emphasis might be laid on the matter of manners and the observance of proprieties. Young children easily forget these experiences if mountains are not made of the little molehills which would leave no mark on the minds and memories of the children.

DANGERS ATTENDANT ON SEX

Any discussion of sex should not exclude the fact that sex, regardless of its naturalness, has its dangers. Laymen in general are familiar with the fact that there are two widely recognized venereal diseases—gonorrhea and syphilis. Two of my books (Haldeman-Jullus) are: "The Latest So-Called Miracle Cures for Gonorrhea" and "The Latest So-Called Miracle Cures for Syphilis." Inasmuch as these books are readily obtainable, I shall not go into great detail concerning the serious damage the venereal diseases may do to both body and mind. Each book describes the history of the disease, tells of treatment from ancient times to the present, and gives the latest known methods of prevention. The
vagaries of sex and numerous psychiatric factors together with consider- able psychiatric phenomena are covered in my several Haldeman-Julius titles on matters pertaining to sex. The person interested in matters of mind will find such books excellent collateral reading with relation to the subjects of this book and each book supplants the other in a large measure. Please regard this little discussion of the dangers of sex merely the red flag of warning. If you want the whole cloth rather than the warning flag—then the whole cloth is readily avail- able from the publisher.

THE HAPPY SEX LIFE

If the sex life is happy there will always be more happiness in other matters of life and vice versa. Our space is growing short and we have many more matters to study, especially some of the aspects of the seri- ous mental diseases. For this reason I shall say only: A sane attitude toward life and a desire for happiness and thus normality (not the hap- piness on the far side of the slender thread) will lead a long way toward the exercise of practical wisdom in matters of sex. The sexological field is as broad as numerous other fields—it is as broad as the field of psychiatry or any other component branch of medical science—and all of the knowledge one can gain of sexual subjects will be of untold bene- fit in helping one to lead a sane and happy sex life.

SOME OF THE SERIOUS DISEASES OF THE MIND

In our study of abnormal psychology autism was mentioned. This is a tendency to morbid self-absorption. Autism occurs in a greater or lesser degree in all of the more serious mental diseases. It is mentioned at the beginning of our study of the more serious mental diseases be- cause of this very fact.

Until quite recent times it was the practice in the United States and other countries, notably England, to set up elaborate machinery for committing persons regarded as of “unsound mind” to institutions, ostensibly for care and treatment, but obviously, and in actuality, for their detention. Being found to be of unsound mind was practically equivalent to being convicted of a crime and in numerous cases it was worse because the rule prevailed to a large extent: Once of unsound mind always of unsound mind. What a blot on the fair (?) name of medicine! Today mental illness is being recognized as without stigma any more than is physical disease. It has been a sad state of affairs (it still is because we are improving but slowly) when a mentally ill person must be sent for by the sheriff or other police authority, often hand- cuffed—and even sometimes shackled—and escorted (forced) to a place of detention called an asylum. One definition of an asylum is: A sanctu- ary or place of refuge. Consider our asylums for the insane. What sanctuaries! What places of refuge!

What iron bars, forceful attendants, and straitjackets. What a travesty—reminiscent of the small boy who was gathering and eating persimmons from beneath a tree where cattle and horses were wont to roam. The little boy asked: “Mother, has ‘simmons got legs?” The mother’s sweet reply came: “No, son.” And the little boy’s announce- ment: “I’ve et a tumble-bug then.”

We have at last learned that seriously mentally ill persons may be cured—that many can positively be cured.

The “World Almanac,” for 1947, explains that when Congress passed
the National Mental Health Act, the action marked the first time in history that any nation recognized mental health as a serious problem worthy the attention and money of its government.

Do not those who become mentally ill contribute their share, until they become incapacitated, to the support of the federal government? Even to the extent of billions to be sent to other nations? But we won't go into the federal economy. It is well that we give it thought and to realize that just as we owe every allegiance and every necessary assistance to our government—just so it owes protection and a part of its bounty to its citizenry. A government which refuses this isn't worthy the name.

A few of the remarks on Psychology and Psychiatry in the authoritative “World Almanac” (1947) are interesting and pertinent, as shown by the following quotation:

“The sedative, sodium amytal, psychotherapy and retraining, helped speed the recovery of veterans who, through brain injuries, lost the ability to speak, read, write, or understand language (a condition called aphasia).

“Student’s chances of making good in college were predicted by the Rorschach ink-blot test, also found useful in warning when a person is reaching the state of mind in which he is likely to commit murder or suicide.

“Problem children with abnormal brain waves were made to behave better by a new drug, dilantin.

“Hang-overs were found to be the most effective periods for psychological treatment of alcoholics.

“Lactic acid, adrenalin, and medically induced delirium were successfully used in treating, respectively, depressions, anxiety states and borderline psychiatric disorders.

“Finger-painting was used to diagnose and treat two mental diseases, schizophrenia and paranoia.

“Extreme race haters are on the verge of mental imbalance, blaming a racial group for their own short-comings, questionnaires and psychological tests showed.

“Children suffering from the severe mental sickness schizophrenia, were found to have a better chance in getting well when treated at the doctor’s office than when sent to a mental hospital.

“Prevention of schizophrenia in some cases by removal of frustrations was declared possible on the basis of studies in which removal of frustration brought recovery, while reintroduction of the frustrating situation brought recurrence of the illness.

“Aches, pains, fatigue and lack of energy may come from emotions and attitudes, frequently aroused by marital or work difficulties, studies of patients showed.

“Juvenile delinquents were declared to be neurotics in need of psychiatric treatment.”

The foregoing data and what they represent are of importance to every man, woman and child. It has been demonstrated that civilization is entering upon a new era—an era which, through an understanding of the mind rather than the childish prattlings of an immortal soul, will make all mankind more humane and knit humanity more closely together than all of the asinine pseudo-diplomacy of all time has ever boasted of being able to accomplish.

**NEURASTHENIA**

**A Study of Nervous Exhaustion**

As far back as 30 years ago I was listening to the lectures of stern medical professors who branded any doctor who pronounced a condi-
tion to be neurasthenia, an out-and-out-quack. Neurasthenia, the pro-

fessors of that day said, was merely a label which indicated that the
doctor diagnosing it was ignorant and did not know what was wrong
with the patient. By comparison of what is known today—how little the
doctors of that day knew about anything.

More than 40 years ago (or something like that long) Dr. Freud,
the famous Viennese psycho-analyst (and founder of the science),
stated unequivocally that neurasthenia is a fatigue neurosis and that
its basis was a fixation at an infantile stage in sexual development. As
greater knowledge has come about we know that it is a condition de-
pendent on undue nervous and physical fatigability and that its causes
are legion.

When professors (themselves physicians) were shouting that neu-

rasthenia is a false label and the domain of quacks who cannot diag-
nose, a handful of psychiatrists were wending the way of science to-
ward a happier goal. Psychiatrists, due to the confusion created by their
ignorant colleagues, were puzzled over a question which should be solved
today by a 10-year-old child. The 10-year-old child might not under-
stand the word fatigue, but make your meaning clear to him and he
can tell you the reason a person becomes fatigued is that a person needs
rest. A lack of rest is the first and important factor in neurasthenia,
which is a state of nervous exhaustion or the state of having used up
the nervous energy.

Heredit, of course, may have much to do in the etiology of neuras-
thenia. In the matter of heredity, considering the genes, there is a say-
ing that the ancestors of the neurasthenic used up, or squandered, the
nervous energy of their descendants.

Worry, various abuses, extremes, excesses and physical illnesses are
causative factors.

As a rule, neurasthenics may lose weight, they may become anemic,
and may suffer either from insomnia (lack of sleep) or hypersomnia
(excessive sleep). Invariably they have some form of stomach trouble
and constipation. A variety of heart symptoms may be manifest, or
there may be but one or two well defined cardiac disturbances. Various
points over the body's surface may be extremely sensitive and there
may be tremors with muscular weakness and poor motor control. (A
person may limp because of poor control over the motor nerves of the
legs—or may find various uses of the hands and arms difficult.) There
will often be eye trouble and there may appear to be severe visual im-
pairment. The patient senses various or specific areas of tightness and
has "crawling" sensations not only of the skin but, for instance, even
under the skull. There may be complaints of pain in any part of the
body and irritability, melancholia (depression) may be in evidence.

Observing that there may be a complexity of symptoms, the lay
person may well conclude that either the diagnosis should be easy or
that it should be extremely difficult. Physicians reach a conclusion
through a number of considerations, chiefly through differentiation. As
a rule the layman must depend upon the professional practitioner to
diagnose neurasthenia.

Consideration of the nature of the symptoms should be indicative
of the means necessary to cure. Inasmuch as there is exhaustion, rest is
of first importance—but too much rest without suitable exercise causes
muscles to become more flabby and when motor function has been seri-
ously impaired, muscles must not be permitted to "forget" how to work.
Motor reminders in the form of passive movements in extreme cases
serve well. Such passive movements comprise the Swedish movements
and massage. Wholesome food and leisurely eating must be the order of
each day. Exercises (for all persons capable of actively exercising)
should be carefully chosen and the patient should always stop consider-
ably short of fatigue. The prime factor in psychotherapeutic treatment
must be reassurance. Any other psychotherapeutic measures may be
directed toward relief from worry, and overcoming emotional conflicts. Never get the idea that you are humoring or pampering the neurasthenic (so long as the patient is required to do his or her part), but that you are avoiding conflict for the patient. Just as soon as better mental and physical health is restored, all except the purely infantile type (who are problems regardless) quickly recover from the humoring and pampering. Just as soon as they have suitable power they are anxious to be on their own again. The greater difficulty lies in keeping them pampered so that they will not seek to get on their own before they have recovered satisfactorily.

ANXIETY NEUROSIS

This condition is complicated and is one in which autism is highly evident. Some of the symptoms described in neurasthenia are present, but a prominent symptom is that of respiratory embarrassment. The patient has suffocating spells and these are real. The palms may sweat and the mouth be dry. In time mucous colitis may manifest. There may be urinary disturbances and, in the female, menstrual disturbances which have not been apparent before. Tremors, intolerance of sound and sometimes of light, pain and restlessness complete the principal symptomatic features or factors. The condition is one of the perversion of the fear instinct. Treatment is similar to the treatment of neurasthenia although more detailed attention to psychotherapy is essential. The perversion has often been found to revert back to a repressed emotional conflict or experience—even dating back to earliest childhood.

In psycho-therapy the treatment of choice is psycho-analysis. An effort should be made to bring back the repressed emotion and the patient should be induced to relive it as vividly as possible. (For data on psycho-analysis see my Haldeman-Julius books: "How You Can Become a Practical Psycho-Analyst," and "A Guide for Practical Psycho- Analysts.""

MELANCHOLIA

Melancholia is both a symptom and a disease. In the simplest form of melancholia we usually call the temporary depression a "case of the blues," and wear the condition away or reason it away.

As a disease melancholia is serious, and when suspected, professional aid should be sought without delay. The best of practical treatment can do but little good and the patient may, while undergoing practical treatment, reach such a stage that professional treatment can do little more than keep the patient comfortable.

Under professional guidance the lay person may render valuable practical or technical assistance.

HYSTERIA

Hysteria is a highly complicated disease. Many persons are of the opinion that hysteria amounts to no more than a woman fainting or perhaps screaming, or crying and laughing alternately. In ancient times it was not believed that the male suffered from hysteria and the very name hysteria derives from the Greek, *hystera*, meaning womb. The seat of the disease is, like the seat of other mental disturbances, in the
brain. The name is a misnomer—in fact as much a misnomer as malaria. The condition which is still known as malaria has nothing to do with its original definition. The term is a combination of mal, meaning bad, and aria, meaning air. We definitely need a new name for the complicated mixture of pathology called hysteria.

The Need for Simplification

There is a need for simplification in describing hysteria in its various phases and such a need is felt even by the medically trained. In seeking to simplify I by no means offer such a simplification to medical science. Indeed—as should be thoroughly understood—this book has been written for the sake of better understanding on the part of non-medical persons. Writing for the medically trained is much easier, I assure you, than writing material of this nature for the laity. On the other hand, it is a greater pleasure to write for the laity when I realize that many physicians know next to nothing about mental pathology, many others are not in the least interested, and as to trained mental therapists, some 4,000 psychiatrists must serve the needs of some 140,000,000 people, 10,000,000 of whom are regarded as definitely neurotic, and some 20,000,000 of them being regarded as in need of psychotherapeutic treatment. I have made this explanation in order that you may better realize the importance of learning what you can about mental conditions—and especially because I am treating of hysteria in a manner I can hardly believe anyone has written concerning it before.

Definite Facts About Hysteria

Hysteria is more common in females than in males and rarely occurs in early childhood other than in simple form. There are those who hold that hysteria does not occur until after puberty. Because so many symptoms of hysteria occur in various conditions, the belief that the disease does not occur until after puberty is merely a point of view. Small children show signs of hysteria, as when a child is so frightened as to appear paralyzed momentarily. A condition of panic does not, as a rule, last more than a few moments in a child when the cause of the panic is removed or safety is assured. Yet if you have seen a badly frightened child in a state of panic you have seen the symptoms common to hysteria in such a child.

When an hysterical fit occurs its onset is gradual. The hysterical person cries and screams during a fit which may appear to be purely emotional. In the hysterical fit the tongue is not bitten and the hysterical person avoids injury in falling. The hysterical person often fights any efforts made to calm him.

Hysteria may manifest as laughing, crying, giggling, and these may be, and often are, accompanied by panic. There may be such a “lump in the throat” that the hysterical patient finds it difficult to overcome the paralytic conditions of the throat structures and take breath and for this, as well as other reasons, the face may be severely flushed.

A severe attack of hysteria may be mistaken for epilepsy. There are numerous means of differentiation, as, for example, when the epileptic bites the tongue, sometimes severely. The hysterical fit may be prolonged whereas the epileptic fit is of short duration. The hysterical remains normal or passes into a trance-like state while in the epileptic person the fit is followed by sleep or deep coma.

The foregoing brings into focus the manifestations more often met
with by the layman. Physicians, and especially those psychiatrically trained, often look for hysteria when they encounter certain symptoms, even singly, and especially when certain symptoms are encountered in such a manner as to lend themselves to grouping.

To give you an insight into the symptoms which may not be recognized by the layman, and which must be proved by the physician, certain abdominal manifestations may appear such as to suggest major surgery to the medical examiner. On X-ray, no organic lesion is found and this leads to neurological examination, the testing of the various reflexes and the seeking for various signs, thus leading on to the diagnosis of hysteria.

There are at least two especial schools of thought with relation to hysteria, one being the school of the suggestionist theories and the other the school of the repressionist theories. A broad view among medical men is that either or both may apply depending on a complicity of clinical manifestations and apparent causative factors.

Mild attacks of hysteria pass without danger and rarely require treatment or interference. In fact, interference sometimes causes mischief. Chronic forms of hysteria and hysteria in which there are serious disease manifestations require the most skilled professional treatment obtainable. The serious or major forms of hysteria may eventually involve complete disintegration of the personality.

Knowing when not to interfere is good psychiatry and such knowledge is pure gold in the various manifestations of hysteria.

**OBSESSIONAL OR THE SO-CALLED COMPULSION NEUROSES**

Obsessional neurosis is spoken of singly. It is also called compulsion neurosis. The manifestations are such that the condition frequently takes the plural and is referred to as, for instance, "The Compulsion Neuroses."

The eminent Dr. Freud labeled obsessions as self reproaches for acts, usually of a sexual nature. And Dr. Freud at least proved his theories through psychoanalytic cures. Psychoanalytic treatment is assuredly advisable, and yet a shorter and often as fully effective a route, is to dispel the guilt hoax. In other words those who have an obsession which is a self reproach for sex acts (usually regarded as committed in early life) reproach themselves not actually because of the acts per se, but because of fallacious teaching to the effect that such acts were vile and sinful when, in truth, such acts were entirely natural.

**Fears and Impulses of an Obsessive Nature**

A long list of the obsessive fears has been compiled. The obsessive fears are called phobias and their nature is indicated by using the suffix phobia and as the prefix the identifying term. Because of the more or less general idea of the phobias, I am giving but a few of the more important phobias or obsessive fears.

- Agoraphobia is a fear of open spaces.
- Acrophobia is a fear of heights.
- Aichmophobia is a fear of sharp objects.
- Claustrophobia is a fear of closed spaces.
- Crenophobia is a fear of blushing.
- Coprophobia is known as "church diarrhoea."
- Monophobia is a fear of solitude.
- Mysophobia is a fear of dirt.
Nyctophobia is a fear of the dark.
Pathophobia is a fear of disease infection.

The obsessive impulses are known as manias. The list of manias is a long one. The person with a mania usually realizes that the mania is foolish, useless, and that danger may attend its execution. Instead of enumerating various manias ((everyone must know of a few of the manias), I shall tell you something more explicit concerning them.

Persons regarded as sane are subject at times to impulsive obsessions or obsessive impulses. An example of this is that wherein a woman, not in the least given to so-called horse-play (prankishness) observed that her husband was about to be seated. She removed the chair from under him. This lady knew that her act was needless and pointless, even from the viewpoint of humor. The husband naturally sat on the floor—but in so doing his elbow struck the glass door of a sash cabinet, breaking the glass. No more damage was done than the breaking of the glass and a needless expense of $3 for replacing it—but the breaking glass could have inflicted a serious wound severing important blood vessels and nerves and crippling an arm for life. Other obsessive impulses may be regarded in the light of this one when yielding to the impulse does not involve that which is regarded as criminality.

Kleptomania is the impulse to steal, especially objects and articles for which the kleptomaniac has no use, and which the victim of the mania often throws away—only to go on elsewhere and steal something else likewise. Kleptomaniacs are often wealthy, and are, themselves, aware that they can offer no justification in extenuation for their acts of stealing.

Regarding kleptomaniacs, the obsessive impulse is entirely abandoned by some who can give no reason for abandoning the mania—and who often profess to know nothing of ever having been a kleptomaniac. Some cures have been claimed.

AN IMPORTANT WORD ABOUT MANIAS

In time past (and to an extent today the same is true) manias were regarded separately and as distinct diseases. It is known today that manias derive from personality disorders and that in order that any particular mania be understood and treated, the underlying psycho-pathology must be discovered and corrected. A mania may manifest in any serious mental pathology.

The manias often manifest in the manic-depressive psychoses, or in what is more properly called, manic-depressive psychosis.

Manic-depressive psychosis may manifest as a depression or as an exaltation or the periods may alternate—exaltation, depression, exaltation, depression, and so on. The “manic” often gives the impression of absolute normality. During the stages of exaltation he (or she) may give the impression merely of being genuine live-wire. It is of vast importance to have an understanding of the manic, but regrettably, there is not space for more than the brief reference which has been made. I have given the reference as an example of the fact that in the manias (as explained a while ago) there may be a serious mental pathology. Persons with manias which appear other than simple manias should place themselves under psychiatric treatment. The manic may become involved with the law and the manic under psychiatric care will have a chance to be treated with greater justice than the manic who is regarded in the eyes of the law as a criminal without extenuation. I have said many times, and I repeat, jails are not fit places for sick persons.
OTHER SERIOUS MENTAL DISORDERS

Among other serious mental disorders are the dementias and the perversions—especially the sexual perversions or perversions of the sexual instinct.

In a book on schizophrenia to appear presently, some of the other psychoses and the dementias will be discussed.

Because of the importance of the necessity for some knowledge of the sexual perversions in everyday contacts, I shall cover descriptively the brief aspects of the sexual perversions.

SOME PERVERSIONS OF THE SEXUAL INSTINCTS

The term, sadistic, has come to be applied in general conversation, in news headlines and items, and in various literature, to acts of cruelty, regardless of the fact that such a definition cannot, as yet, be regarded as correct according to common usage.

Sadism is active algolagnia. It involves gratification of the sexual impulse by the infliction of pain or even witnessing the infliction of pain, acts of cruelty, etc., or knowledge of the griefs and misfortunes of other persons.

The passive form of algolagnia is masochism. The masochistic person gains sexual gratification by being "punished" and even by punishing himself (or herself). This is true whether the punishment is physical or mental, or both.

Until recently sadism was regarded as of the nature of a masculine characteristic, and masochism as a feminine characteristic, but the shattering of false traditions and pseudo-chivalry has shown that either characteristic may pertain to both sexes. Both characteristics may manifest in the same person and this is especially true in the case of the serious manics.

Gratification through sexual relations with the lower animals is known as bestiality.

A normal phenomenon in infancy, exhibitionism, is the public exposure of the genitalia. Males are often arrested for acts of exhibitionism but females, if arrested, are treated with regard, and are seldom charged with offenses more serious than intoxication or disorderly conduct. On the other hand males are often charged with contributing to the delinquency of minors, and under various circumstances in different localities, vastly more serious charges are preferred against males—if the law can be made to fit.

Authorities maintain that the natural phenomenon of exhibitionism in infancy remains potential throughout life in both sexes.

The perversion known as fetishism is that diversion of the sexual instinct wherein gratification is obtained through sensations derived through the association of objects with the opposite sex.

Homosexuality is the attraction, sexually, toward members of the same sex. Female homosexuals are called Lesbians.

Masturbation, once regarded as a perversion, no longer comes within this classification. It is now regarded as normal to infants and as being practiced at some time in life by nearly all humans. It is also practiced by many of the lower animals.

Narcissism is sometimes associated with masturbation. Excessive
self-adornment and the lavishing of the libido upon one’s own person are regarded as narcissistic characteristics.

In the perversion known as necrophilia gratification is gained through sexual relations with dead bodies.

There are persons who gain sexual gratification through the adoration and handling of images.

In the matter of jurisprudence, law does not readily recognize the pervert (better called the divert) as a person mentally ill. Regardless of this, practically all (if not all) actual perverts, are ill both mentally and physically. Mental states often result from heredity and from early repressions and prudish precepts taught in early childhood. Among physical causes there are glandular diseases and developmental defects. (Concerning these—which are many—see my “What Is a Hermaphrodite?” Haldeman-Julius.) Perverts are invariably intensely secretive, yet, each pervert, not being responsible for his unfortunate condition, should seek the care and guardianship of a psychiatrist. The psychiatrist will find an underlying mental disease if he examines closely, and although psychiatrists often object to the “guardianship” imposed by having as their patients and in a manner “charges” sexual perverts, physicians, whether general physicians or practitioners or specialists, often follow the call of duty into some of the most unpleasant situations imaginable.

THE NEED FOR RELAXATION

In all mental disorders there is need for relaxation. Many of the professional psychiatrists stress, first, the importance of reassurance, and certainly this must be first in order, for without reassurance, there is little likelihood of relaxation. Even when a powerful drug is the means of producing relaxation, the fact that the drug is being administered is a form of reassurance. Re-education follows reassurance and relaxation.

Progress cannot be well made in the direction of re-education unless relaxation has been accomplished. Reassurance is of great importance, but avails little if relaxation cannot be secured.

Invariably in mental disturbances there is a tenseness. The person disturbed seems to be all drawn into a knot. Now and then the “knot” appears to materialize in a specific location—particularly, the abdomen. When this obtains, spastic constipation follows. Considerable time may be required for stool and the stool is ribbon-shaped. Even after the act has been completed as nearly as seems possible, a sensation that the act of defecation is incomplete remains. Enemas are sometimes essential—yet are only partially effective. Laxatives are likely to produce severe pain and may rarely be effective in the relief of the constipation. Physicians sometimes administer powerful sedatives—even somnifacients (drugs producing sleep), and through the relaxation thus obtained, better movement is brought about.

The tense person may do much to help himself. A long warm bath is relaxing to a great extent. Auto-suggestion helps. If one can just “go limp” in body, and remain limp, the reaction on the mind and the nervous system may bring relaxation.

In tenseness, spastic constipation is never the only manifestation. In fact it may not occur in some individuals. Tenseness causes some persons to have suffocating spells. In many there may be choking sensations. Many persons experience a severe tightness of the chest in tension of the nervous system—this often being relieved by a hearty cry. This latter form of tenseness is often the tenseness accompanying an hysterical state.
One of my patients who suffered from severe nervous tension was co-operative, but did not seem able to relax. "There must be some way," he said, as if, seeking within himself, a means. He was interested in jiu jitsu. One of his friends, a man much smaller than my patient, was accomplished in jiu jitsu. The patient sought to become sufficiently proficient to defeat his friend at jiu jitsu. An idea came to me. I explained that there was but one way to defeat a jiu jitsuist. Jiu jitsu depends upon a certain degree of muscular tenseness in the subject for its success. The average individual makes himself rigid when he seeks to resist jiu jitsu. I asked my patient to seek to execute a jiu jitsu movement on me. I stood close to him. As he sought to execute the movement I simply "flopped," as limp as a dishrag, against him, so that he supported my weight. Even so he did not get the idea of relaxation until he tried the completely passive resistance on his friend. He came to my office quickly to tell me that he had learned to relax.

THREE R's

In the old school days we were said to begin by learning the three R's—readin', riting, and rithmetic. The three R's of psychiatry are: Reassurance, relaxation, and re-education.