

## Technology of Mental Hygiene in School

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The teacher considers the term "mental hygiene" in a broader sense than the psychiatrist. The latter is mainly concerned with prophylactic measures in connection with psychic anomalies; the teacher considers it his goal to prevent maladjustment which makes community life complicated through negative attitudes such as vanity, jealousy, excessive thrift, and fear.

Psychiatrist and teacher attack problems from different angles: the general approach is based on *statistical* investigations, the individual approach on *planned* methods. If a Minister of Education manages to raise school standards by changing teaching methods, it means little to a student who fails. It is essential to recognize the child's uniqueness (individual approach) in addition to changing teaching methods (general approach).

The teacher is concerned with the child, not with an abstract conception. To him children are living beings with a definite group relationship. It is the task of the teacher to prevent maladjustment of children under his care or to re-educate those who show unacceptable social behavior.

Public or voluntary bodies organizing child guidance clinics concentrate on mental hygiene, of a general character. The educational psychologist at such a clinic, who through therapeutic effort cures a child thief, is also engaged in mental hygiene, but of an individual character. The raising of funds and the organization of such services aim at promoting mental health. The educational psychologist whose domain is diagnosis and therapy prevents maladjustment and mental waywardness.

Investigation into the etiology of the problem child must precede individual treatment. Mental attitudes are not dependent on heredity and environment. It would be educational pessimism if we adhered to

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such a theory. Adler's theory, educationally optimistic, is open to those who contend that every ego in itself is an original beginning, that each ego in experiencing himself and his environment, constructs an apparatus of reactions, a life style of his own which shapes his attitudes. As Adler phrased it, "It is less important to consider what a person brings into this world by inheritance than what a person makes of these gifts." This is the concept of Adler's theory, which makes educational psychology and mental hygiene possible: free will and individual responsibility—a concept non-existent in natural science.

The etiology of faulty mental development, according to individual psychology shows regularly typical, though individually different, behavior patterns, in five decisive issues: organic inferiority, socio-economic situation, position in family, sex, and education. Investigation into the personality reveals tendencies of flight from a life of positive action into the realm of fiction; negativistic attitudes are adopted; maladaptation is the result. Discouragement follows, with blocking of affection and action. Teachers who understand the child's reactions become diagnosticians and will adapt appropriate methods of treatment.

Change in circumstances is insufficient, since the child has formed his own particular perspective and relates all of his experiences to this concept of himself. To change a child fundamentally, an approach to the child's ego is needed, to provoke changes in the ego perceptions and with it his attitude. Education must strive at stimulating the ego to take part in self-development.

These are the basic rules of mental hygiene used at the experimental school in Vienna, in order to prevent or correct maladjustment. They are co-ordinated with a system of understanding and the therapy originally developed by the Vienna Individual Psychologist, Ferdinand Birnbaum.

The educational psychologist, first as observer, studies child behavior and reactions, considering mental and chronological age, naturally with regard to the norms given by developmental psychology. Then he adopts the role of investigator, using childhood memories, dreams, set essays, etc. In complicated cases he makes use of the school medical officer, psychiatrist, neurologist, clinical psychologist, and social worker. Team work is commendable. If the combination of physical, social, and psychological factors is sufficiently clear, the educational psychologist acts as interpreter of the child's behavior with

regard to the aforementioned decisive issues. The educator who is oriented towards Individual Psychology tries to examine behavior patterns, later arrives at a differential diagnostic interpretation, visualizes, of the many possible explanations, the single one which permits a grasp of the whole personality, out of the many seemingly contradictory manifestations. The aim, as always in Individual Psychology, is to penetrate into the inner psychic structure, to discern the "styles of life" (*Leitlinie*) not directly observable yet accessible to the trained mind. Only by understanding the whole personality can we learn how the child happened to adopt his particular attitude toward these issues. We learn the extent and manner in which he has created distance between himself and the tasks of life.

It is essential to understand the psycho-dynamics of a case, the sequence of faulty development, possibly consistent in itself in relation to the individual, but wrong in relation to the culture pattern. Individual Psychology, as the theory of relationships, is perhaps more fruitful in this respect than general psychology.

Efforts are also made to investigate the family history of each problem child. The social relationship of each child must be investigated, for the deeper one penetrates these relationships, the smaller the possibility of error in interpretation. The school class is seen as a group, is interpreted in similar terms, i.e., relationship of class-members on the level of social psychology (Sociogram) or group psychology, and is fitted into the theory.

This is the point at which the teacher begins to function as therapist. The teacher is closest to the problem child, nearer than other team members. A child presents more problems to those who live with him. Teacher and children live with the problem child. The crucial point, therefore, is to change a child rather than to interpret him.

The teacher as therapist first must establish contact through benevolent, encouraging attitudes, omitting criticism, giving encouragement by tolerant friendly behavior in spite of provocation. This he achieves by showing himself as friendly, calm, kind, by giving active help, and by acknowledging even small positive actions. This is the first phase of a process of re-education, and is by no means of a sexual-erotic nature. It is the *sine qua non* of all further attempts at re-education.

There follows a phase of release. The educator shows the child during individual sessions that he understands bad behavior without

attaching blame. A way back to good social relations is opened by means of a "golden bridge" without moral judgment. This results in a still closer contact leading to the third, central phase of revelation.

If we concur with Individual Psychology that the difficult child has tendencies to safeguard himself in various ways and acts unaware of the meaning of his actions, then it devolves upon the therapist to disclose to the child the meaning of his behavior. The main *motif* is training the problem child to "know thyself," essentially the therapist's most complex task. By making the unconscious conscious, the child is helped to see life in a new aspect, to abandon wrong attitudes, to embark on self-education with the help of the training process. The term "analysis" represents the nucleus of the process of self-development. Efforts often remain unsuccessful when they omit the reforming of the problem child's former negativistic life philosophy, when they fail to unmask it and to redirect the child into a positive attitude toward the community.

The next phase of re-education is the phase of training for, or awakening of, responsibility. The therapist tries in the fourth phase to attempt "thought" training, to analyze and disentangle situational variations of behavior, to confront negative with positive attitudes, leading to socially acceptable action. Praise for small efforts stimulates exertion and success. The child, following his newly acquired knowledge, has successful experiences, for it is not the word that encourages but the experience of success that anchors the child safely on the utilitarian side of life.

The fifth phase consists of the resolving of the transference, continually prepared for in passing through preceding phases. Emphasis on therapy as merely being assistance promotes self-reliance and the assumption of responsibility. Our aim in this and the preceding stages is to stimulate the child to decide for himself and to assume responsibility for himself.

Teachers of the Individual Psychological Experimental School are evolving a technique to embrace the class in a treatment situation, in addition to individual therapy. Keeping in mind the five main issues previously classified, work and study groups, self-government, discussions under the leadership of trained people, are means of forming a "mutual assistance group." Play, sport, festivities, and leisure-time activities establish close contact between children and educators, including the parents, as well.

Children take part in administration and organization following the principle of interpretation analogous to individual treatment. Disturbing behavior, offences against individual or community, are discussed, not judged. Emphasis is on understanding causes, not on holding courts. In higher grades discussions are used for psychologically, ethically oriented teaching of effects of social environment, not as a school subject but as live experience. This develops into a practical mutual assistance group, helping those few problem children found in every class. It is rather surprising how deeply children feel empathy, how they understand the attitudes and aims that lie behind the actions of their fellow pupils. There is no accusing, no harsh judging, only an examination of the meaning of behavior which advances or hinders the group. That *milieu mentale* makes it possible for the educator to use the stable members of a class as a stabilizing influence; by carefully arranging educationally useful situations, he acts as an instructive, discreet, "producer."

Whenever possible, the parents' co-operation is sought by guiding them to better educational attitudes. Parents' reform should be attempted first, but as this is frequently impractical, the re-education of children must often be started without parents' psychotherapy. The activities of fellow pupils, as well as extra efforts of teachers, are more beneficial to problem children than endeavors to re-educate irresponsible parents.

The practical teacher plays a central role in such a system, which is still in its early stages. Diagnosis, guidance of parents, and consultation with problem children alone are insufficient. Daily, hourly efforts are needed, and are only practical in a school where mentally sound children act as "assistants." The teacher-therapist arranges situations which can be employed for educational purposes. He stimulates empathy, understanding, and cooperation. Schools must change from being teaching establishments into educational centers, based on principles of mental hygiene. It can be said with joy and pride that such a development is in the making!