THE PSYCHIATRIC SOCIAL WORKER*

BY ABRAHAM MYERSON, M. D.

CHIEF MEDICAL OFFICER, OUT PATIENT DEPARTMENT OF PSYCHOPATHIC HOSPITAL, AND ASSISTANT
PROFESSOR OF NEUROLOGY, TUFTS MEDICAL SCHOOL, BOSTON, MASS.

IN no department of medicine is social work of such direct and logical importance as in psychiatry. Diagnosis, the first step of the psychiatrist, is dependent on knowledge of the conduct of the individual in the community, and very frequently such knowledge can only be obtained by a trained, unbiased person, *i. e.*, the psychiatric social worker. Treatment of such individuals is a dual process and consists of an adjustment of the patient to society while at the same time, society must make (or be forced to make) an effort to adjust itself to the patient. The social worker acts, then, as the sensory and motor apparatus of the physician, while at the same time she builds up an independent social science which, in the long run, helps govern the knowledge and conduct of the physician.

It has been stated that treatment in many of the psychiatric diseases is a process of adjustment, a series of manoeuvres which result in the location of the patient in his proper place in society. Before going on to consider the mechanism of adjustment, it is necessary to outline briefly the field of psychiatry. For the most striking thing in the development of the field of mental disease has been the extension of the subject *socially*. Independent of its closer union with neurology, has been its affiliation with criminology, social hygiene, the employment phase of economics, the distribution of charity and social relief, and lastly, its recognition as a great branch of medicine by the military authorities, so that the neuro-psychiatrist has a great role both in the selection of army and navy personelle, and in the care of the disabled. It is these social affiliations that have made the psychiatric social worker a necessity. Dependence upon social workers, untrained in psychiatry, however well trained otherwise, necessitates personal training by the psychiatrist, and this is both wasteful of time and necessarily incomplete.

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We may divide the field of psychiatry, in so far as social work goes with the following branches:

1. The psychoses proper—the frank insanities. Here the role of the social worker is first in securing good data which serve in the making of the diagnosis, and in the addition of authentic data concerning inheritance, and general life development of the insane. I emphatically state that no case of mental disease can be *thoroughly* “worked up” and that many cases are hopelessly handled, without data so obtained. A thorough follow-up system throws light on cases of mental disease such as could not be brought to bear otherwise, and the statement may safely be ventured that many of the opinions now current in psychiatry will need radical alteration when such follow-up systems have been used for a few years.

The young social worker, and even the older, as well as many physicians become discouraged with their results in the handling of the insane. “What,” they ask, “can you do for the patient? Nothing but commitment to an insane hospital, and what is that but a form of imprisonment?” They have missed the fundamental point in commitment—the safeguarding of society. For it is not the actual physical damage an insane person may do that is of greatest importance—it is the generalized *social damage*. This damage occurs because he disorganizes homes, lowers the mood and the efficiency of the normal people in daily contact with him, is a focus of social difficulty of all kinds which becomes diminished to its lowest possible figure on commitment. Here the social adjustment, in which the worker plays a preliminary part, is in sequestering the individual but the social adjustment thus carried out is of high importance.

Feeble-mindedness has great social significance as has been pointed in almost innumerable writings of late. Though it is my belief that there has been marked exaggeration as to its role in criminality, prostitution, and the like yet it remains true that the social difficulties of the feeble-minded bring them into contact with the courts, the relief agencies, and make them the despair of the employer. Since many of them are non-committable, and others need not be committed, the difficulty of finding a place in the social structure for these is a problem for the social worker. To keep the lawlessly inclined out of trouble by constant supervision, to find a place of employment for the low grade employee, are not easy tasks. Yet that the first task has been to some extent accomplished is based on the authority

of Dr. William Healey, who states that juvenile crime in Boston is neither so frequent nor so serious in nature as in Chicago, and this he attributes to the excellent social service organizations of Boston. The second task is part of the great general program of efficiency, and it may be summed up "Low grade work for low grade people." To have high grade people doing such work is economic waste.

The extension of Psychiatry to criminology is merely the recognition of the fact that the point of departure in crime is the *criminal himself*—his mentality, his personality—matters which call for psychiatric investigation. With the entrance of medicine and psychology into this field the scope of the activities of the psychiatric social worker has broadened, potentially at least, to an almost unlimited degree. For the collection of the life data relating to any one who has become a breaker of the laws is one of the two fundamental inquiries necessary before establishing responsibility, and before initiating treatment. For the conception of treatment must supplant that of punishment, and treatment is social adjustment, which at present is partly undertaken by probation departments, and in larger part not undertaken at all. Here is a social work of difficulty but of great promise for the trained person.

Now it is not only the insane, the feeble-minded, the criminal who are the "material" of the psychiatrist, and the psychiatric social worker. The difficulties of adaptation to the "Great Society," the balking of desires and instincts, the crushing power of failure and disillusionment, the injury done by poverty and all that goes with it, *psychically and physically* make up the background of neurasthenia, psychasthenia, hysteria—diseases of emotional and intellectual mal-adaptation. Here especially the social situations are of great importance and often the remedy is entirely social. Removal to a better neighborhood, a start on another social road, the smoothing out of domestic difficulty, adjustment to the mate, better care for the sick child, relief in part from monotonous drudgery—I believe that here is where social service helps *essentially normal people* out of abnormal social situations into relative health.

One cannot omit the War from any discussion, and here the psychiatric social worker may confidently look forward to a field of work. For the war will break down many a man, not only in the way indicated by the term "Shell Shock" but by producing a protracted mental attitude which may be classed with

neurasthenia. Men will come out weary, restless, full of physical and mental pains and aches, ridden by obsessions, and harassed by inaptitude. And these men will have to be helped, and *solicitously* helped, with the attitude that they are claimants to the best efforts of society. Their claim will be supported by those who love them, by those who will find their chief interest in the problem: "How can *He* get well?" Anything short of the best will produce mutterings and a sullen discontent that may well shake the foundations of the state. This aspect of the work of the psychiatric social worker cannot be over emphasized. Aside from the ordinary value of such social-adjustment work, it gains additional importance because, in direct ratio to its success it will make for social stability.

Consequently there is a double need for such a school as Smith College is fostering this summer—the peace-need and War-need. Civilian and soldier, in so far as they become neuro-psychiatric problems are problems of society, and must be helped by trained workers. Good intentions alone will be worse than useless, and the cooperation of psychologist, sociologists, social workers, and psychiatrists to educate young women for the work, is a step toward social efficiency.

What type of woman is needed? It is perhaps easier to state the objectionable qualities. For this kind of work brings one into contact with such disturbing qualities of human personality as to make frankness necessary in the consideration of the character of the worker.

First, the Prude must keep away. For in psychiatry one meets sex not only naked but often perverted as well. One must be able to face the objectionable without qualm and prejudice in order to adjust to it. The essence of Prudery is a squeamishness to *Fact*, and this is the crime of crimes in a social record.

Second, one must not be "over strong." By this I mean that person who believes the race is to the swift, and the battle to the strong, and that they who fall are unfit and ought to be eliminated without further ado. It takes only a glimmering of sanity to know that this is not true, that it is pure, unadulterated egoism, the gospel of the young and successful. The social worker needs above all things the idea that insanity, crime, failure, all have their seed in her, that normal and abnormal are distinctions applied to extremes of quantitative difference. Such an idea links together social worker and patient with the

bond of fellowship, and insures sympathy and tact on the part of the former, and a willingness-to-be-helped attitude on the part of the latter.

Hyperaestheticism, that is, attention to form, rather than matter, the cult of beauty, is out of place in a psychiatric social worker, but there is little danger that a person tainted with this quality will seek the work. The over-emotional rarely stay in long, for gushes of feeling, ecstasies of sympathy bring too violent reaction in the face of unbudging reality. For society has so few real adjustments, and so much creaking and groaning of paraphernalia is needed to utilize these, that sturdy, clear-sighted energy is necessary and the over-emotional rarely is capable of sustained effort.

It is understood, then, that the qualities of good, solid, young womanhood are present in the candidate for training for psychiatric social work. Such a person will be fitted for activities that are as well paid as the better grade of teaching, and for her services the demand will raise the reward to steadily higher levels. Unquestionably, the war will raise all social work in dignity and remuneration, for the war is bringing a unifying feeling of social responsibility to the heart of every American. *And social responsibility is the energizing feeling behind social activities.* Like other problems of society the day when we considered the field of psychiatry the province of medicine alone is passing, has almost passed. As ally and servant, social science has stepped in to help the older profession.