

January 1939

The Citizen's Interest in Personnel in Illinois State Welfare Institutions

Joseph H. Schlarman

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Schlarman, Joseph H. (1939) "The Citizen's Interest in Personnel in Illinois State Welfare Institutions," *The Linacre Quarterly*: Vol. 7 : No. 1 , Article 3.

Available at: <http://epublications.marquette.edu/lnq/vol7/iss1/3>

THE CITIZEN'S INTEREST IN PERSONNEL IN ILLINOIS STATE WELFARE INSTITUTIONS

Address by the
MOST REV. JOSEPH H. SCHLARMAN, D.D.,
Bishop of Peoria*

I do not speak in the role of a scientist or medical man—which I am not. I shall use no technical language (which in my case would be borrowed decoration). I speak the language of a citizen and a taxpayer.

Let us then suppose that Mr. Horner were not the Governor of Illinois and that Mr. Bowen were not the Director of the State Welfare Department, and that none of the personnel now in these institutions were actually in them.

Let us further suppose that all of you were here merely as *citizens* and *taxpayers* and that each one of you had a relative: a brother or sister, father or mother, as patient in one of these state mental institutions. In that supposition—I would not call it fantastic, because it might well be real—each one of you having a near and one-time dear relative in one of these state mental institutions—what sort of personnel should we expect to place in these institutions, or what sort of personnel should we even demand? I understand there are 35,000 mentally ill patients in the ten institutions in Illinois. I understand further that one out of every 22 citizens will develop mental disorder requiring institutional care.

As one who has spent eight years as a patient in various hospitals; who has been in the hands of some of the greatest surgeons in the world; who has been handled kindly, and occasionally less kindly; intelligently, and sometimes not so intelligently, by the personnel of these hospitals, I hold very strongly to the conviction that the hospital, the doctors, and all the personnel (and the same holds true of state hospitals for the mentally ill), exist and are there for the benefit, direct or indirect, and for the welfare of the patient and not for the benefit of any political party.

The mentally ill cannot, like the physically ill, formulate that conclusion. We, who are not thus unfortunately stricken—we who are taxpayers and citizens must see to that for them. I feel that in every instance where our course might be in doubt—if we ask ourselves the question: which course is the better for the *patient*, we can find that answer without much difficulty. The welfare of the patient is the supreme norm. All else and all the personnel from the top to the bottom must conform to that norm—the *Welfare of the Patient*. There is no alternative.

The welfare institutions for the mentally ill are hospitals. And all questions relating to a hospital

* Condensed from an address delivered before the Illinois Conference on Social Welfare, Peoria, November 2, 1938.

must be resolved in accordance with what appear to be the best interests of the patient.

Every member of the personnel dealing with or coming into contact with the patient must have the *psychiatric attitude*. That, I think, is a matter of supreme importance.

What is this *psychiatric attitude*? It is a warm human interest in the problems of the patient, which impels the member of the personnel to make personal sacrifices to help the patient, and prevents the member of the personnel from becoming antagonistic, even though the patient is unreasonable and unamenable to discipline. The personnel with a psychiatric attitude attempts to adjust the patient to the institution and the institution to the patient. Such a personnel member must be patient and kind. He or she suffers all things, believes all things [possible], hopes for all things and endures all things. Stripped of all technical language, the *psychiatric attitude* is intelligent common sense and unbounded patience and charity. A mentally ill person really has not the faculty to be stubborn. I believe the motto in Connecticut is: "What the insane most need is a friend."

EXTREMELY DIFFICULT TASK OF PERSONNEL IN MENTAL HOSPITALS

I would like to make it clear that a member of the personnel of a mental hospital is undertaking no second-rate employment that

others should look down upon and that can be filled in a stop-gap manner.

We would want medical men in charge, specially prepared for the treating of such mental diseases. I do not think you would be satisfied with the appointment of a general practitioner, no matter how good and how capable, if he had no special liking and no special preparation for that sort of work.

I think you would want a sufficient number of trained nurses who like that kind of work, and who were specially trained in the technique of handling these cases. Those who have no liking and no talent for dealing with the mentally ill should not be members of the personnel in any capacity whatsoever.

I believe, if properly handled, there would be no difficulty in getting a sufficient number of doctors, nurses and attendants with these qualifications.

There are those who consider this an impractical dream. It took a long time to develop *Opportunity Schools*, or schools for *Backward Children*. That, too, was for a long time considered an *impractical dream*. Not every teacher, no matter how competent to teach *normal* children, is qualified by natural inclination and training to teach *abnormal* children. But there are those who have the inclination and the talent. Not every physician likes that kind of work, but there are

those who do like it and make it a career.

Two weeks ago I visited the one and only Leper Colony in the United States down in Louisiana. It is known as the *United States Marine Hospital of Carlville, a National Leprosarium*. Nineteen Sisters of Charity, all registered nurses and volunteers, are the nurses. I never in my life saw a more contended and happier group of nurses, nor did I ever see more real interest and love for the poor and most unfortunate patients of all suffering mankind—the lepers.

PSYCHIATRIC PERSONNEL

Since our institutions deal exclusively with mental cases, there must necessarily be an adequate number of well-trained psychologists and psychiatrists.

The psychiatrist tries to penetrate the deep and dark recesses of the diseased human mind. It is his job to analyze and find out what is going on in that mind and uncover the reasons why patient So and So acts thus and thus. The mentally ill patient after all argues very logically but from false or unreal premises.

Now, the more fully the psychiatrist understands the *normal* ideas and the *normal* mentality, and the *normal* motivations of that mind—intellectual, moral, and/or religious—the better he is qualified to analyze and treat his patient.

In 1931 I travelled through Poland for the principal purpose

of studying the Slav mentality in its homeland. I can now understand many things which were not understandable to me before.

I think you will agree that it would be extremely difficult for an American psychiatrist to analyze, say, a Chinaman, for the simple reason that even the Chinaman's *normal* mentality is so far removed from his own.

You would find it strange if the majority of the psychologists and psychiatrists in our state institutions were Mongolian or of Mongolian descent. The danger would be that such psychiatrists of Mongolian mentality would read their own minds into that of their American patients.

The closer a psychiatrist is to the normal mentality of his patient the more thoroughly he understands his patient's moral and religious convictions that motivate his *normal life*, the better he will be able to understand and treat that diseased mind.

Let me speak very frankly. I am a Catholic and can naturally better understand the *normal* or *diseased* functioning of a Catholic mind than that of a, say, Southern Methodist or Baptist from below the Mason-and-Dixon Line or a Hebrew mind.

By the same token, it must be difficult for any of those mentalities mentioned to understand, say, a Catholic mind. It would seem reasonable, therefore, that a man who made a special study of the Chinese mentality should make a personality study of the China-

man patient; a Gentile, of the Gentile patient; a Hebrew, of the Hebrew patient; and of the Christian denominations, the one who understands the normal functioning of that religious denomination.

I think this is a point of paramount importance and one that we should want followed in the study of that near relative of ours who happens to be a patient in that particular hospital for the mentally ill.

After all, from all I have read and experienced about it, in a limited way, I think psychiatry is still quite vague. I have heard it said on good authority that surgery and medicine have made far greater scientific advances during the past (decades and) century than psychiatry. There is a reason for that. A surgeon can open up the stomach or liver and look at it to see what is wrong. The psychiatrist deals with intangibles—thoughts and ideas. I have a weakness for referring to the Mayo Clinic, because as a patient I was in Dr. W. J. Mayo's skillful hands for six years. It is unthinkable that the Mayo Clinic would squeeze any case into a preconceived notion or vague theory. They do not attempt to read a vague theory into their cases. They may hold a theory, but when the surgical findings are otherwise, they modify their theory. Their theories are extracted from the scientific study of their cases. In psychiatry, I am inclined to believe, that things are somewhat

different. There are still too many men who read their theories into their patients, and sometimes with disastrous results. I repeat, I speak as a citizen and not as a medical man.

RECRUITING AND TRAINING PERSONNEL

Of course, a mental hospital needs many attendants who are neither physicians nor specially trained nurses. The responsibility of these attendants is tremendous. Would you want your son or daughter or mother turned over to an attendant who is a mere stop-gap, who takes the job merely to come in out of the rain—because no other job is available, but has not the slightest understanding, neither heart nor human feeling for your unfortunate mother or daughter?

I believe the medical staff should be encouraged and given an opportunity to live outside the hospital—to live independently. If the staff member lives in the hospital he is subject to the tendency which emphasizes the difference between the institutional doctor and the doctor in private practice, to the disadvantage of the former. If the staff members meet so frequently as eating together three times a day the gossip of the institution is rehashed in its various distorted forms, to the detriment of all concerned.

Measures should be taken to raise the standard and prestige of the attendant and to encourage efficient young adults to make such

work a permanent profession. In some states, I believe, living quarters are provided on the hospital grounds for married couples and the maintenance allowance is increased for each child. The work takes its heavy toll in nervous strain, and the attendant should be entirely away from it when off duty.

In selecting attendants, I should think *Character* should be the most important qualification of the applicant. And character is not confined to the *Diploma Miss* nor to certain positions or salary grades. A man or woman with an understanding and level head, sympathetic heart and honesty of soul should make a good attendant, as well as a good social worker. Experience of the past years has shown that the mere *Diploma Miss* who has not even read the first lines of the tragic story of life is not well received by the Smiths and Browns and Kornalewskis and the Joneses who happen to be in need or on relief. High school graduates are so plentiful in our day in all walks of life that you literally trip over them. There should be an army of applicants from this group.

Dr. William Alanson White, formerly superintendent of St. Elizabeth's U. S. Government Hospital for the Mentally Ill, in his *Autobiography of a Purpose* states that his experience of more than forty years in mental institutions was that information received from the *attendant* was vastly more illuminating than the

information of the *physician*, because it was obtained by that very practical method of having lived with the patient for years. He says he can remember many attendants who were persons of the highest character and who gave most devoted service to the hospital during the larger part of their lives. Good attendants should be rewarded and given security. If that is done, I believe, self-respecting men and women will engage in the work of attendant and remain in it. The cost? The taxpayers build palatial schools. At the same time the New York *Survey* tells us that one out of 22 pupils will become mentally disordered requiring institutional treatment some time in adult life. That would mean that more than 1,000,000 boys and girls now in school would become mental casualties. Why not taper off that first item a bit and pay our good attendants in the State Hospitals for the mentally ill a living wage?

The selection of the attendant personnel is admittedly not an easy task. But as citizens and taxpayers we want the best and the most humane care and kindly treatment for that friend or relative of ours who is a mental patient. We do not want the *Golden Rule* or the *Sermon on the Mount* suspended in the State Welfare Institutions. In *Why Prisons?*, page 8, I have told in detail how *Prison Officers* are selected in England. Each applicant must undergo three tests: a personality or character test; a stiff physical

examination; and an education and intelligence test. This latter test in our case should be shaped specifically to the needs of a mental institution. I have already explained what is meant by the psychiatric attitude. Those who have neither talent nor inclination for this peculiarly strenuous work must not be accepted. We want no mere stop-gap attendants for that mother or sister patient.

Those who are accepted on probation should receive theoretical and practical instruction in the institution, let us say, for one year. On the theoretical side they should know the various types of mental diseases and how each type is to be handled. That means they should work under the direction of a senior for the practical training. Even after such attendant has been definitely appointed he or she should continue attending certain lectures or conferences. That will give the attendant a sense of sureness in his or her work and an intellectual interest and pride. Physicians, nurses, teachers and others must do it to keep from dry rot. Why should not the mental hospital attendant continue gathering theoretical and practical knowledge?

The nurse or even the attendant of the mentally diseased is no more necessarily inferior in intellectual endowment and equipment because she takes care of the mentally ill than are those who take care of the physically ill.

PRESENT CIVIL SERVICE WILL NOT SOLVE PERSONNEL RECRUITING AND TRAINING

I am very much afraid that a mere Civil Service examination, as it is conducted today, would be of little value in getting the right kind of attendant personnel for our state hospitals for the mentally ill. Some time ago a witness in a notorious graft case in New York was asked whether he had passed the Civil Service examination—in New York. He said he had—but it consisted in lifting weights! The prosecuting attorney suggested dumb-bells! Whereupon further investigation into the nature of that Civil Service examination was discontinued.

Mental disease entails far more suffering than a physical disease. William James once remarked that nowhere is there massed together as much suffering as in the asylum. In addition to that, it is a social tragedy. It is not only what the disease really is, but also how it is regarded. Doctor White remarks that "these patients are very much like the rest of us, in fact, very much more *like* the rest of us than they are *different* from us."

Perhaps I can explain by an illustration. Take a dozen sheets of glass and place one on top of the other. All seem to be perfectly straight—not a warp that the keenest eye could detect. Put a certain amount of pressure on that pile of twelve glass plates, and all hold up. Add more pressure—up to a reasonable amount

—and they still hold up. Add a little more pressure—above the normal—and one or the other sheet will crack. It had a flaw. You could not detect it before, but it was there. And similarly it is with the human mind. Many a mind stands up under normal pressure but breaks under abnormal strain. The flaw may have been caused by heredity, by abuse of faculties, or by abnormal strain, or by other causes we can only guess at. We have 35,000 of them in the state institutions of Illinois. They tell us the number is rapidly increasing. Among that large number you may well have a friend or a near relative.

The normal condition of any individual is to be loved by some, esteemed by more, and to be universally accepted as a member of the human race. The cold fact is that when a man or woman becomes a mental case the *social*

prestige is lost; *esteem* is gone, and in many cases even the *love* and *affection* that were his or hers suffer.

Let us hope that conferences such as this will help to stimulate that all-embracing charity that will finally give due attention and proper care to that father or brother, or mother or sister who is a mental patient.

I should like to repeat to all the personnel of our mental institutions the words of Sister Beatrice, who was the first volunteer and the first superior at the U. S. Leper Colony at Carlville, Louisiana: "Say to all who inquire for me that the older I grow the more I love this work that has been confided to me; my affection and my interest for our poor, afflicted patients increases daily. The truth is, that I am perfectly convinced that I am here by the will of God."

Another Step in the Better Control of Diabetes

Announcement is made by The Denver Chemical Mfg. Co., of New York City, that they have succeeded in developing in their laboratories a new, dry, micro-reagent, called Galatest, for making an instantaneous test for sugar in urine and which appears to be entirely practical for adoption as a means of making bedside and routine office tests for glycosuria.

It consists of a compound in

powder form. Its use is simple and easy: A small quantity of the powder is deposited on some dry surface and, with a medicine dropper, one drop of urine is allowed to fall onto the powder. The reaction is instantaneous. If sugar is present it will reveal itself in degrees varying from 0.1% to 2% and over. It is quick, accurate and inexpensive. This simple test may well prove to be another step forward in the better control of diabetes.