

## IS INSANITY UNSOCIAL?

BY GEORGE YEISLEY RUSK

IN a recent number of *The Sociological Review* Dr. Alice Raven enumerated the chief characteristics of various sorts of insanity. These, she held, can easily be detected, and the persons afflicted, by immediate detention and treatment in hospitals, can be saved from crime. With the article in general I am in complete agreement. I wish to raise a question about only one statement made in it although it is substantially repeated several times. The statement is this: "In all his thinking he (the insane man) has himself and his own advantage as the centre." (p.287) But is insanity always and in all respects unsocial in the thought of the person afflicted? My observation would suggest that it is not—as we shall now proceed to show.

(1) In some cases the insane man blames *himself*—possibly for deeds which he has done, and is grateful to society for searching him out and trying to redeem him—possibly in larger ways than society has done. One patient, on arriving home in a deluded condition, cried out to his family: "O love that wilt not let me go." He thought that his family had been seeking to redeem him from imagined sins all his life. It is true that even in this case the patient was thinking of his own advantage—but not in opposition to the advantage of society. Yet it is in the sense of in-opposition-to-the-advantage-of-society that Dr. Raven used the term "his own advantage." For earlier she had referred to the "anti-social tendencies which mark all persons of abnormal psychology."

(2) In some cases the chief comfort that the insane man has in his terrors is that no other human being has ever been called upon to go through worse tortures than he is experiencing. He identifies himself with all the most unfortunate of his fellow men—

“even these least.” Life in a hospital is helpful to him because here he can most easily make such an identification.

(3) In some cases the insane man is interested in himself to an unusual degree only as a servant of a real truth which society needs but will not accept. Even when his truth is an obvious delusion, his attitude is not anti-social. Jesus thought of himself as a martyr for truth. Would the author say that therefore he was anti-social? Dr. J. H. Jowett once declared that Jesus was either God-man or mad-man. Would Dr. Raven insist upon the latter alternative?

(4) And in some cases a man remains amid circumstances of great stress for those who will not compromise, with the purpose of serving society, and so goes insane, with the more or less conscious realization that thus he will reveal to society that it is not giving a square deal even to its devoted members. And any society which allows some members—perhaps through the mere fact of having inherited a fortune—to live in wanton luxury while it refuses work to many eager to work at anything at all equal to their intelligence and training is essentially unjust. The ten percent of the people who control ninety percent of the wealth of the country, do not possess ninety percent of the ability. Even when perfectly adventitious causes do not determine the financial status of a man, and when no unfair control of the means of wealth has been resorted to, men are rewarded for their special commercial ability, not absolutely, but geometrically. A slight initial superiority, because of the way modern society is organized, receives a constantly increasing reward. There is no essential justice in such a society. It is true that a man in need can generally get some help from charity, but he may be too *socially* sensitive to seek it—till after he has gone insane and so cannot help himself.

Or perhaps the work offered a man would prevent his carrying out a purpose which *he*, at least, thinks of as valuable for society. Or prospective employers may encourage a man to wait, and still wait, for the position in which he can serve society as he desires—but never actually offer him the position. In any of these cases a man may let his mind fall to pieces to get the help of society to get a proper position and to reveal to society its essential injustice and so aid it to reform. If the gentleness of the little child of Biblical

vision cannot lead society to the place of redemption, perhaps the expense and terror of the growing multitude of the insane will.

But perhaps it may be replied that a man can live *utterly* true to his ideals in the service of society without having to pay the price of insanity—simply by remaining level-headed. But he cannot. Perhaps the modern Calvinist, to take one extreme, thinks that he does so, strong in his faith in the final triumph of his God. But with all his consistency, no Calvinist has ever dared to think through the question of God's decrees, and all of them after assigning an untold section of mankind to eternal torment, are quite ready to go home and eat tenderloin beefsteak smothered in onions. Or, to take the other extreme, the modern socialist. The socialist candidate for president, Norman Thomas, said in a public speech on a hot summer day that increasingly he realized the compromises that he made, and so increasingly was tolerant of those that others made. It is the insane alone who have been utterly sincere in devotion to some truth which, in some aspect at least, they believe might be of service to society. The rest of us either compromise unwittingly with our holiest visions, and struggle blindly on under their waning light, and still hope; or, in the full glare of consciousness we reconstruct for our guidance philosophies which contain no absolute values unmediated by their opposites.

Even when personal complexes must share with society the responsibility for the wrecking of a man's life, these can be read as the result of the insupportable burdens which society has placed upon him. At last, as the result of his life in society, a man by a multitude of at least partly conscious mental acts may give in and gives up. He may let society have its way—but not while he is sane. Thus he is enabled to declare emphatically what society is by the very going insane and permits her to begin her own redemption by saving him.

By carrying out such a program, a man can have a profound influence upon society. All of the modern study of the mind, and the consequent construction of the true laws of happy thought (as opposed to the dogmas of religion through which formerly men hoped to find peace) may be said to have been forced upon society by those who went insane rather than give up purposes which they rightly held as worthy and wholesome. Of course it would have

been better if all men had always been happy and good, and so if it had never been necessary to study the psychology of the abnormal. But at any given time, with most men miserable, the man who goes insane, and so forces society to study the nature of the human mind and discover the laws of happiness for the benefit of all men, and to correct its irrational industrial awards and moral standards, may be conceived of as a social benefactor and in his own character as profoundly social—partly unconsciously, but partly consciously, in so far as he has remained true to his ideals and would not adjust himself to life as it now is. The longest way around is sometimes the shortest way home.

An excellent illustration of how effective such laying down of one's life may be is supplied by those whose lives were ruined by the old methods of education. The observation of the ruin thus wrought has caused the introduction of the project method of instruction into many schools. Even this method will be greatly improved as *its* failures are noted. The lives ruined by the old method were, indeed, ruined. Those ruined, in turn, were cruel or unwise to others. They would not make pleasant companions. Yet in a profound sense they have served the progress of education. By the sacrifice of such lives society has been progressively redeemed. In this knowledge, when even vaguely grasped, is their peace. In this service is their atonement—the only atonement which is morally defensible.

Insanity may, we must then conclude, in very important respects be social. Therefore it is not necessary to tell a patient—as the whole truth—that his failures have been due to his own deficiencies, that his whole past life has been so mistaken that society has been justified in rejecting him, that his labors have had no value, his bitter sacrifices have been useless, his feeble protests against society have had no objective justification, that at best he is a victim of his infantile history, and not at all the martyr of his true ideals. Yet psychiatrists, perhaps inadvertently, sometimes condemn by implication the entire past life of the patient, when trying to tear down the patient's idea of himself and of society so that they can be rebuilt in such wise that the patient will be willing to accept life as it is.

Now, I do not believe that society has as yet so fully become the

"beloved community" that such a view of the past life of a patient can be held in any case to be absolutely true. Insistence upon its truth naturally retards the reviving confidence of a patient in his doctor, and so in society, whose representative the doctor is to the patient. A patient may rightly believe that as a result of his tragic experiences, and his deep ponderings, he has come upon profound, revolutionary truths, which society is not ready to accept, and that it rejects him because he is "a voice crying in the wilderness." The possibility of all this being the case I believe that the psychiatrist can safely acknowledge, and so win the patient to reconciliation to society far more quickly than by the present denials, confusions or evasions in the matter. (For a single illustration of the uncertainty which now prevails in psychiatry about this matter, consult: *Understanding Human Nature* by Alfred Adler.) Imply that an insane person is anti-social until converted by the particular evangelist in charge, that at present there is nothing of sacrificial worth in his life ("Nothing in my hand I bring, simply to thy *word* I cling"), and he will remain unconverted for some time. But make clear that psychic health does not demand a denial of the value of devotion to individually formulated truth, and a patient will be reconciled quickly to his doctor and to society—in any respect in which he is not so already.

Freudianism, which views insanity from the standpoint of its origin in the initial experiences of those afflicted by it, and Adlerism, which views insanity from the standpoint of the efforts of the individual to master his environment, should be supplemented by a theory of insanity, and by a technique for its analysis and cure, based on its social implications—both the failures of society to meet the normal needs of the natural human being and the social ideals in the service of which the patient has assumed burdens which have crushed him. Until this has been done, our treatment of insanity will be unstable, ever defeating its own efforts, inadequate.

Any tendency on the part of a patient toward vindictive bitterness against society because of what he has endured, may be overcome by revealing all the members of society as the victims of complexes and unfavorable conditions as well as the patient, and so as worthy of the same respect (altho perhaps in varying degree) that he asks for himself. At length he will see society as a drama of conflicting forces out of which is slowly being evolved "the beloved

community," which is the Kingdom of God. In this evolution his struggles have an essential place. This is the teaching of religion, for "the things that are despised did God choose." And it is the teaching of science, for in science nothing that is can be denied its place in the final ordering of experience. In the physical sciences, we must in all formulas take account (implicitly) of every quantum of matter and force. And if we are to develop a social science, we cannot permit ourselves to regard any state of consciousness of any soul as of no ultimate significance, which the totally invalid cannot have.

All detention of a patient in a hospital as too unsocial to be at large for his own good or that of society, till he renounces faith in himself and accepts the conditions prevailing in the hospital—for instance, continuous immoralities, as willingly as he would the truly necessary injustices out in the world; or until he becomes as docile to superiors as is a hundred percent American, is unjustified. No lover of mankind has ever been so. Anna Freud in the January number of *The International Journal of Psychoanalysis* (p. 37) supports the former of the two points which I have just made, and so by implication the social theory of insanity which I am advocating. She seems to disapprove of insistence by authorities upon prolonged hospital life for a patient whose super-ego under the conditions of hospital life increases its demands as it would not in normal life. Therefore she seems to believe that the actual good of the patient should guide his treatment, that he is not to be a pawn in the hands of his doctors, to be made over into a creature who simply accepts his environment. She regards the patient's ideals as the factor which should determine his environment, not vice versa. Therefore she seems not to regard insanity as unsocial, as something to be rebuked, stamped out. Rather, she seems to be laying the grounds for its recognition—at least in one aspect—as social because a constituent part of a personality not essentially at war with society, and for its treatment as such. She writes:

"By the kindness of Dr. Ferenczi I have had an opportunity of seeing the notes of a mistress at one of the modern American schools, the Walden School. This mistress, who has had a psychoanalytical training, describes how neurotic children whose home-standards are strict, and who comes to her school while still in the kindergarten age, after a longer or shorter period of holding back

in amazement, grow accustomed to the extraordinarily free atmosphere and gradually lose their neurotic symptoms, most of which are reactions to breaking the habit of onanism. We know that with an adult neurotic it would be impossible to produce a similar effect. The freer the environment into which he finds himself transplanted the greater is his dread of the instinct in question and, therewith, the more marked the accentuation of his neurotic defence—reactions, i.e., his symptoms. The demands made on him by his super-ego are no longer susceptible to influence from his environment. A child, on the contrary, once he begins to modify his standards, is inclined rather to go a long way in this direction and allow himself more latitude than even the freest surroundings could permit him."

But of course the outstanding author and advocate of a social interpretation of insanity is Trigant Burrow in his *The Social Basis of Consciousness*. And perhaps we shall not do justice to this aspect until we employ "group analyses"—such as he suggests. But even if we never go so far as that, we ought to give much thought to this aspect of the matter and recognize it in our treatment of patients—as some private psychiatrists are already doing largely empirically.

Yet even Freudianism approaches close to the social interpretation of insanity when it traces the origins of psychoses past the experience of the individual to that of the race. Adlerism does so likewise when it views insanity from the standpoint of the *purposes* of the individual. Perhaps these—at present inimical theories—will find their conscious reconciliation in a social theory of insanity—as thesis and antithesis in their synthesis. And perhaps thru a social theory of insanity, psychiatry will be brought into a fruitful relation to social reform—to the unlimited benefit of mankind. Perhaps in psychiatry we shall secure an exact knowledge of the places where society presses with too great a pressure upon the individual and how to reward the dreamer of dreams with reasonable means of self-expression before he turns his back upon reality in discouragement, thus at once making unnecessary the stern sacrifice of the insane for society and causing its mental health to become sound to the core.

Until we come to acknowledge that the insane are not necessarily anti-social beings, (1) we shall not deal with them wisely; (2) we shall not deal wisely with reformers who are not adjusted to society

as it is, yet who have not yet broken down (for instance, John Ruskin before his break-down); and so (3) we shall not be able to induce them to turn to psychiatrists for help before a crisis has overtaken them. To induce people to turn to mental doctors for aid in carrying their purposes into effect as readily as people now turn to physical doctors for the re-establishment of their bodily health—without any sense of shame or inferiority—is the great need of our contemporary life. It should be the final aim of all psychiatrists. But, let me insist, this they cannot do until they have divorced in the public mind mental sickness and fundamentally un-social attitudes.