

Psychiatry and Libraries¹

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WILLIAM Allen White, at the beginning of a lecture at Williams College in 1939 said: "No subject is more attractive to me than myself; I'm my own favorite hero. There's nothing I like to talk about better than myself." Judging from the interest in recent years in books about emotional problems, the public likes nothing better than to read about itself, too. Possibly the impetus for this interest may be insecurity and anxiety, but whatever its origin it has to be taken into consideration by the librarian who is on the receiving end of requests for books on personality, self-help, mental disorders, and religion. Opinions differ sharply as to whether the use of such reading material should be encouraged or not. To an editorial writer in a recent issue of the *American Journal of Psychiatry* the answer to the argument is clear:

So far as the present writer's observation goes the practice of recommending or prescribing for patients, texts dealing with mental processes, normal or abnormal, is to be condemned. Not only can the reading of such a book not take the place of a planned individual rehabilitation program, but it may be positively harmful, adding to the symptoms the patient already has. I recall one patient who brought in one of these self-cure manuals studded with question marks at scores of passages that had aroused new fears in his mind. The first item of treatment was to deposit the proffered book gently in the wastebasket.

There is no doubt that such an extreme view has something to be said for it but it

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overlooks the fact that the interest in personal problems is so great that it will not be denied. People will read, whether the material is good or bad, and the emphasis should be placed on getting proper material into their hands rather than exercising a sort of censorship. Psychiatry, being the central discipline in the field of human behavior, has been in the spotlight for several years, and probably undesirably so. Publicity about it has tended to oversell it, to infer that it can accomplish miracles, and to arouse undue fears in the minds of those who wonder if they are developing mental disease.

Psychiatry is that part of medicine which concerns itself with the study, diagnosis, treatment and prevention of disorders of the personality. It is a relatively young discipline because only recently has medicine been content to own it as one of its family. The definition I have given is purposely a rather broad one; until the advent of dynamic psychologists into the field, psychiatry was primarily interested in the care of psychotic patients. Fortunately it is now fully as interested, if not more, in preventing mental illness as in treating it. Furthermore, it envisages prevention in terms of studying and treating a sick society in addition to eliminating emotional hazards in the life of individuals. This latter viewpoint is not by any means unanimous among psychiatrists. Some of the old school are much disturbed at such "radical" trends and insist that a physician who departs from the treatment of sick people is not to be trusted, and is probably something of a charlatan. Be that as it may, more and more

persons in and out of the psychiatric field are interesting themselves in attempting to prevent emotional illness, and if that is to be done, the body of principles and knowledge accepted by psychiatry must be made a part of the thinking of all intelligent men. Naturally this dissemination will be a slow and at times dangerous process. A few persons will become disturbed but that constitutes no reason for setting up a censorship, or refusing to impart useful information except under the restricted physician-patient relationship. It is an old story in any college that an occasional student is apparently thrown into an acute personality disorder, at times a psychosis, while studying philosophy or psychology. Instead of assuming that the course content caused the illness it is quite likely more accurate to postulate that the student was aware of personal insecurity and hoped to find relief or a solution by taking the course. The risk of wide dissemination of psychiatric knowledge seems worth taking for the great good it may accomplish, granting at the same time that some persons will be disturbed by what they read.

There are a number of rather loosely used terms that are frequently encountered in the field of emotional disorders and perhaps it would be an aid to clear thinking if these were defined. Psychiatry itself has already been defined. Psychoanalysis is thought by many persons to be synonymous with psychiatry, but this is not true. Psychoanalysis owes its origin to the work of Sigmund Freud, is not over 60 years old, and refers to at least three different concepts. It may denote Freud's psychological theory, an investigative procedure or a method of treatment. For our purposes we may consider psychoanalysis as a special branch of psychiatry—a specialty within a specialty. With the exception of so-called lay analysts, all psychoanalysts are psychiatrists, but only a few psychiatrists are

psychoanalysts. Psychiatric treatment may be of long or short duration while psychoanalysis requires long periods of time, frequently an hour daily for one or two years or more. In the last half century, and particularly in the last 10 years, the basic concepts of psychoanalysis have infiltrated into the general body of psychiatric knowledge at a constantly increasing rate.

Mental hygiene refers to the principles of living that promote good mental health. It is very general in its scope and its promotion is a joint undertaking of ministers, teachers, social workers, judges, and parents as well as physicians, and psychiatrists. It draws heavily on psychiatry, psychoanalysis, and psychology for backing, guidance, and illustrative material, but is basically a community nonprofessional or multiprofessional undertaking.

Personal counseling is an even more general term, and it is hard to tell what it means. It may be psychiatric in nature but more often counseling is done by psychologists, guidance experts, ministers, social workers or by people trained by Carl Rogers of Chicago who do "nondirective" counseling.

Psychology, being the science of normal behavior, ordinarily does not concern itself with the treatment of sick people, but in recent years clinical psychologists have sprung up who are trained to do therapy under the supervision of psychiatrists. Some of them occasionally attempt to treat patients independently; their status is at present clouded by legal uncertainty. As members of medical teams working in conjunction with psychiatrists and social workers they have been of great value in the understanding and treatment of emotional disorders.

The relation of psychiatry to religion is a fascinating one, and interest in the combination is on the increase. At the 1948 meeting of the American Psychiatric As-

sociation in Washington, D.C., a round table discussion on "Psychopathology and Faith" was one of the most popular and best attended of any of the various meetings. The late Rabbi Liebman's success with *Peace of Mind* indicates the extremely great interest of the public in this field. Ordinarily the psychiatrist works with a patient in a rather neutral way letting him form his own value judgments. This is not to say that psychiatry is not interested in morality; rather it is not interested in any one particular standard of morality exclusively but works in the direction of developing strength of character regardless of the religious background of the patient. Frankly inspirational books have probably helped many people and have harmed very few. It should be needless to say that true religion and psychiatry are neither in conflict nor competition.

When confronted with an inquiry about psychiatric reading material by a patron who is obviously anxious and agitated, the librarian could well profit by knowledge of some of the basic concepts of psychiatry. Such a person is disturbed because of real and understandable disturbances in interpersonal relationships, even though all the causes may not be clear either to the patient or to those with whom he comes in contact. When he seeks help to alleviate his anxiety, he is likely to go to the most impersonal sources for it, rather early. If this happens to be the library, then the librarian is in a position to help allay his anxiety by maintaining an attitude of confidence and competence, or he can increase it by mirroring the lack of confidence and insecurity of the patron.

How does a person react to disturbances in interpersonal relations? First of all he becomes anxious, and since anxiety is always painful, he attempts to find a way to get rid of it. Sometimes the sources of his anxiety are not clear or only partly so. If they are

clear, it is quite possible that nothing can be done about them, that is, no change is possible. As the tangled web increases in size and complexity, the individual may unconsciously change the apparent source of his discomfort and develop symptoms which tend to replace the psychological problem as a basis for concern and worry. Thus fear of heart disease, cancer, or infections effectively screens off the person from his real problems. Another person may project his problems out to others and blame them for his plight. Another may become very self-critical and depressed. Then there are some who deny reality altogether and they are said to be psychotic. Whatever method (and there are many) may have been adopted by the individual to solve the problem, it is likely to be accompanied by a feeling that all is not well; in other words the patient himself has a more or less vague realization that a more sound and sensible solution might have been found.

Ideally it might be a good thing if all professional people, librarians included, could have a list of consultants in psychiatry to which any disturbed client could be referred. This is not practicable, however, for two major reasons; first, it would be resented by the person thought to be emotionally ill, and second, there are not enough psychiatrists to treat all persons who might profit by such treatment.

What does the psychiatrist do, anyway? First of all he is a physician and so should be as skilled in knowing what not to do as knowing what to do. Patients develop mental symptoms from physical causes that are often indistinguishable from those due to disturbed interpersonal relations. The psychologist without a medical background, or who does not work with a physician, occasionally is embarrassed by learning that the patient with the emotional illness in reality had a brain tumor or an infection. The first and possibly the most important

thing the psychiatrist does when the patient presents himself, in addition to determining the physical condition, is to obtain a complete and accurate life history. In fact, it may seem to the patient that this is the only thing the psychiatrist does. The reason for this is that many persons are able to work out their own problems once they can be sure what they are. If the psychiatrist is able to help the patient see his own relationship to others, and his inner conflicts, in an objective manner, he has indeed been doing effective treatment even though he has apparently been taking a history all the time. There are many different types or varieties of psychotherapy, but all the sound ones involve various combinations of explanation, reassurance, suggestion, specific instruction or counseling. Psychoanalysis is one of the special forms of psychotherapy reserved for severe neuroses and which is designed to make the patient aware of the unconscious elements in his emotional conflicts. Psychoanalytical principles are used freely in brief forms of psychotherapy, but that does not make such forms of treatment psychoanalysis.

Psychotherapy is frequently supplemented by other forms of treatment such as narcosynthesis, insulin, shock, electric shock, sedation, heat or fever treatment, hydrotherapy, and prefrontal lobotomy. The more serious of these procedures are usually carried out in a hospital or sanatorium, where, in addition, every device known to improve a patient's physical condition is used. One of the reasons that treatment in private psychiatric hospitals is so expensive is that relatives of patients insist on the best of care, much individual attention from nurses and physicians, and complete privacy as well. Theoretically such care is desirable, but administering the proper safeguards on a private basis is very difficult.

But, to get back to our central theme of what to present to the reading public con-

cerning psychiatry, let us look at what the public is reading. According to a statement in the Oct. 1, 1949, *Publishers Weekly* over 1,000,000 copies of Freud's *Dream and Sex Theories* have been sold by one publisher. Alfred Adler's *Understanding Human Nature* has sold over 1,000,000 copies. Joseph Jastrow's *Keeping Mentally Fit* has sold 300,000 copies. I do not know how many copies of Dale Carnegie's books have been sold, but they do run into the millions. If an author takes a few originally sound ideas and wraps them up in the jargon of the advertising fraternity, he can persuade many people to buy his book in the hope of ridding themselves of some handicap. As Ralph Barton Perry says, "Every man is afflicted with something he would like to be free from."

Fortunately there are many books about psychiatry and mental health that are accurate, thoughtful, written in a sober, unspectacular manner, and not likely to be disturbing to potential patients. Opinions differ, even among psychiatrists, as to whether all of them are good or not; each person will find a good book missing from my list or one on it which he deplors. However, I believe that much more good than harm would be brought about if an approximation of the following list could be made easily available in every college and public library.

Psychiatry for the Curious—Preston—Farrar and Rinehart

The Substance of Mental Health—Preston—Farrar and Rinehart

You and Psychiatry—Menninger and Leaf—Scribners

Discovering Ourselves—Strecker and Appel—Macmillan

Mental Health in Modern Society—Rennie and Woodward—Commonwealth Fund

Emotional Maturity—Saul—Lippincott

Psychiatry in a Troubled World—Menninger—Macmillan

Mind and Body; Psychosomatic Medicine—Dunbar—Random House

The Person in the Body—Hensie—Norton
The Doctor's Job—Binger—Norton
The Happy Family—Levy and Monroe—Knopf

Our Age of Unreason—Alexander—Lippincott

Living Wisely and Well—Terhune—Dutton

It's How You Take It—Caner—Coward-McCann

The History of Medical Psychology—Zilboorg—Norton

The Emotional Problems of Living—English and Pearson—Norton

Fundamentals of Psychoanalysis—Alexander—Norton

Facts and Theories of Psychoanalysis—Hendrick—Knopf

Undue publicity for books of this type would probably not be justified. The fact that such books are in the library and available to all can be made known by suitable announcements on the usual bulletin boards or other normal publicity channels. Since psychiatry lends itself so readily to overstatements, and to exploitation by its would-be friends, it would probably be wise to let these books get into circulation slowly and naturally and let them make their own way. If, in the colleges and universities, interested departments stimulate their use, so much the better. In fact, each college librarian might well have a psychiatrist as an unofficial member of his advisory staff, to help him in the selection of new books in this field as they appear.

Librarians have in their hands the power of making or breaking the majority of new books. As recent figures compiled by the *Library Journal* show, United States public libraries buy from 1,000 to 3,000 copies of most of the trade books they decide to purchase. If books such as are on this list could be distributed to libraries in such quantities, true mental health might be a somewhat nearer possibility.

The aims of the librarian and the psychiatrist are really not very different in principle, though quite different in application. The librarian is the custodian of the information from which the student acquires the education which is to aid him in getting along with his fellows and living a full and satisfying life; but he is not satisfied with being merely the custodian. He exerts himself to make the raw materials of an education readily available in the face of very rapid multiplication of resources. Likewise the psychiatrist must come out of his isolation within the hospital and make the knowledge gained from the study of human failure of adjustment available to all the people in the hope of preventing emotional illness. As Iago Galdston has so well phrased it, "I do affirm that there is little hope for improvement in human relations until the body of knowledge available in modern psychiatry has been made common in the knowledge, thinking, and motivation of the common man."

International Understanding

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It may be appropriate to close with one tangible example of what libraries can do in this program. Among the proposals adopted at the Estes Park conference was one which stated unequivocally the need for a good basic reading list to foster international understanding, which led to a for-

mal request to the American Library Association to take the lead in the preparation of such a list. The effectiveness of such a list is very directly and intimately dependent upon the individual library—and the individual librarian—and the responsibility is a very grave one, indeed.