# A RESEARCH EVALUATION OF AN ACTION APPROACH TO SCHOOL MENTAL HEALTH

## WORKSHOP, 1960

## 2. THE MENTAL HYGIENE DILEMMA IN PUBLIC EDUCATION

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WHILE it is true that each public school embodies a unique set of mental hygiene frustrations and assets, there are some general conditions which appear to pervade the whole. It is also evident that, to a large extent, classroom mental hygiene remains almost moribund. After a series of attempts to find a functional and effective approach through utilizing academic courses, seminars, one-meeting stands at institutes and occasional consultations, those who worked on the School Project of the Michigan Society for Mental Health resolved that a totally new format had to be evolved if school psychology was to have any significant bearing on classroom mental health.

Of course, this constituted no unique discovery. Biber (2), Ojemann (2), Prescott (2), Jersild (6), and Berman (3), to mention but a few, have sought ways to energize the field and restore adequate status to the teacher. It appears that the single thing that these approaches have in common is an acute dissatisfaction with the present state of affairs. They differ in basic theoretical orientation and in operational methodology. Frequently, they are the product of an exceptionally effective leader; consequently, the techniques are not always easily transferred to other situations.

There is an urgency related to the problem of how to train teachers to share the mental hygiene responsibility. While mental health is the nation's number one health problem, the number of trained experts to do the work continues to fall far behind the need, and sometimes even behind the personnel replacement to maintain present understaffed status. Available services are being clogged with cases, some of which might have been handled in their early or moderate phases without such specialized procedures. Add to this the fact that teachers are already expending considerable effort to help children adjust. Is there not some method by which this energy could offer a higher mental health dividend?

The fundamental point of departure we arrived at in the present work is a very simple one, and one which can be duplicated by any member of a mental hygiene team. Essentially, it requires a study of the teaching condition as that condition is perceived by the teachers themselves. A good deal of this has been done heretofore, but the usual purpose has been to use the

information to organize material to present in "teaching" teachers.[1] In the present instance, examining such data suggested a more radical departure. In fact, it caused us to abandon most of the practices we had been using in mental hygiene work with classroom teachers.

We began by making exploratory studies through conducting extensive individual interviews in the field, and collecting more general information by questionnaires. We obtained most of the specific evidence from the classroom teachers themselves though some came from the administrators, specialists, and lay people. If, as we presume, the teacher is the real touchstone to school mental health, presuppositions about teachers might best be discarded and replaced by material on how teachers actually see their role. The other element we found necessary was the psychological appreciation of the school culture which produces the teacher's frustrations and gratifications. It should be emphasized that in no sense does this imply another of the popular indictments of education. If anything, the more one examines the situation, the more one becomes sympathetic with the classroom teacher and the more one appreciates the bind of the specialist and administrator. Finally, the more one becomes apologetic with regard to the contribution of psychology to education.

The conditions faced by the school in this decade have their roots in educational changes which took place in the recent past. Schools, sometimes knowingly but often unwittingly, expanded their concern to include what is somewhat amorphously termed "the whole child." Sociologically, this was first interpreted to mean the whole of the child in school. Then it became his whole world, his family, and sometimes his community. Psychologically, the whole child meant a concern for his social and personal development as well as the intellectual aspects. In place of trading upon values acquired elsewhere—say, the home—the school was given the responsibility of instilling values. This expansion took place at the same time that a broader range of pupils came to school and, whenever possible, were kept in school. This expansion also took place without any essential retooling in the school assembly line. The workers, classroom teachers, found their task vastly more complex as they faced the endless supply of children. They were expected to teach skills and content, foster adequate adjustment and confer with parents, all in a culture showing symptoms of intense strain. The wonder to us is how well schools operate when this is recognized.

In view of all this, it is appropriate to question whether or not the mental hygiene movement as it developed when applied to education was really

[1] F. M. Hurst and A. E. Kuenzli made an interesting survey, "What Shall We Teach To In-Service Teachers?" as a Division 15 committee report of the American Psychological Association. They state that there is "the possibility that psychologists and administrators misunderstand equally the kinds of problems which are important to teachers . . . in the day to day situation."

hygienic. As we traced the teacher's exposure to mental health, several things became apparent.

Much energy has been, and continues to be, spent on verbalizing mental hygiene concepts for teachers. The lore of our discipline has been passed along to them. This accomplished several things. It introduced teachers to the age of the unconscious, defenses, and transferences. Aggression was no longer simply aggression; it was the pupil's defense because he was afraid. The child was not lazy; he was unmotivated because of certain self-concepts. A good deal of time was spent on how the teachers should accept the child. Acceptance was presented as the *sine qua non* for the teacher. The differential ways of "accepting" a child, as indicated by his dynamics rather than symptomatic behavior, seldom were explained. Consequently, the concept of acceptance taught to teachers unleashed unwanted impulses as often as it released the overinhibited.

The new vistas pointed up by dynamic psychology were exciting and awe-inspiring to the teacher. Nevertheless, the teacher's major question was still how to manage the child's behavior. We see this not as a lack of exposure to the proper factual knowledge about dynamics, but rather as a defense against difficult reality conditions which teachers face. To be told how one should feel did not solve this problem. As teachers demonstrated to us again and again, the actual result of such preachment was less teacher security and less certainty. Many teachers felt helpless and immobilized. Mental health teaching had reduced their potency. Specialists often imply that teachers are hostile, rejecting, and vindictive. It is our conviction that teachers do not have to be told that they should love children; most of them already do, and if they do not, admonitions will not make them over. What they need are not polemics or more sophisticated words for basic notions they already have. What they do need is direct help to respond in terms suited to the child's dynamics. Five hundred times a day they must decide what is best to do in most complicated individual and group situations. This demand could unnerve the most sophisticated mental hygienist. The teachers become anxious for fear they do wrong. They ask for concrete suggestions and are frequently given platitudes.

It makes a huge difference in the mental health program if one really accepts the essential quality of the teaching profession and believes that the cutting edge of school mental health is in the classroom rather than in the specialist's office. We start with the belief that it is in the classroom that school mental health succeeds or fails. Teachers feel the pressure of expectations for higher performance. When one analyzes the role foisted upon them in contemporary education, it is obvious that it is next to impossible to meet. The reactions of teachers must be interpreted in this light, rather than used to further deflate the teaching profession. Of course, we found

some teachers who gave up the first year, became discouraged, and actually (or psychologically) left the field. Others continued as teachers but were sapped of the necessary enthusiasm, "worn out after a few years," as one superintendent put it. There were still others who began reacting against children, parents, or the community. Some became Sputnik riders and concentrated on the pupils who showed intellectual promise. Many were particularly sensitive to the wave of criticism of American schools, and felt that following the psychologists' emphasis on adjustment had left them vulnerable.

But we found that the majority of teachers take a positive tack. They simply go on trying, and seek help. The master career teachers applied themselves with equal zeal whether it was in the cause of adjustment or mathematics. They indicated the need for assistance, and in many schools, they turned for help to the specialists with more intensive psychological training.

What of the school functioning of these specialists? When the schools began keeping more children longer, and when they became concerned about their adjustment as well as intellectual learning, new specialists were added to help with the task. These mental hygiene specialists came from the disciplines of psychology and social work. These specialists have jealous parental disciplines. In general, these specialists practiced with diligence the techniques in which they had been trained, transplanting them intact to the school setting. The struggle which ensued and which is still going on is whether or not these school specialists have the flexibility to adapt the parent disciplines to meet the school needs.

The school, as an institution, is a specific milieu. The training of the specialists is an invaluable addition, though value is not always sustained in the way they function. Their unique contribution is intensive psychological training and clinical sensitivity which the school needs desperately. Some members of these disciplines have reworked their methodology to suit school needs even at the risk of being disowned for devaluating some of the high status tools of their professional identification—for example, less reliance on the projective test or analytic interview and more on material from the classroom.[2] Most "help" is still given in the form of psychological reports couched in jargon a teacher cannot use. The work done in the individual interview is often considered so private that the teacher is excluded from even general knowledge. Such help is no help at all.

One effect of the specialists on the teachers has been to produce an uncertainty about the school's role as an institution. Frequently, the school found it had incorporated what were essentially child guidance functions.

[2] There are some indications of reorientation in the disciplines themselves—for example, Cronbach (4), Gray (5), Piers (7).

The fact that these took place in a school gave no assurance that the teacher was made a part of the team or that the school's unique milieu was recognized as such. There is no question but that these services were needed; how much of the current emphasis produces the most effective mental hygiene program for schools is the moot question. It is noteworthy that the specialists, being oriented to individuals, have developed very little in group work or group therapy though the school is essentially a group-oriented institution. Also, though the teacher was recognized as the key, not many procedures emphasized training teachers in psychological techniques.

Schools are, as we have said, built around the group learning situation, with the teacher as the primary agent. When the specialist became the significant, high-prestige person, teachers were led to expect miracles through diagnosis and therapy. Much of the therapy was necessarily superficial because of the restricted number of trained workers. Sometimes, the teachers reported that they felt their role was devaluated in both direct and subtle ways. Frequently, the specialists did not use the teacher's knowledge of cases or even collect material on the child's classroom behavior. As was mentioned, oftentimes the teacher received no report, or a report which made good sense to the given discipline, but being written in the language of the cult, said little to the teacher. Sometimes the information repeated in psychological language that the child was aggressive—which the teacher already knew.

Another very critical issue, as we saw it, was the attention given to diagnosis. Diagnosis became overemphasized. There were examples of a child's having been diagnosed several times, but no effective planning for the teacher resulted. Therapy was a frequent recommendation, though facilities were, in a practical sense, usually nonexistent. Treatment was possible for only the very few. Even for these few, the teacher still had the child to manage in the classroom for most of the time. Since the specialists were hired to handle the problems, needed classes for emotional and social deviates lagged behind other forms of special education, and remained the stepchild of special education. Special classes were considered undemocratic as well as evidence that the classroom teacher and special services had failed. All of this wears on the classroom teacher, and reduces the morale and sense of adequacy.

While diagnosis rode high, hygienic management problems were ignored. Frequently suggestions were made in terms appropriate for therapeutic handling, but not in terms applicable to the group classroom settings. Teachers learned about therapy, nondirective and analytical. Incorporating these approaches in teaching roles produced many a classroom fiasco. This served to further confuse teachers on the basic question: What is therapy and what is teaching? Of late, the psychological experts have shown a

tendency to reverse their field, with admonitions now given to teachers to "structure" the field and control the child. But *how* has been left out. Concrete solutions were needed; generalized statements were forthcoming. In our studies we found that, perhaps as a result of these things, many teachers were overtly or covertly skeptical of the practical value of psychological knowledge.

In all, joint planning with the teacher, the core of real school mental hygiene, received attention from some specialists while most saw fit to ignore this. It was even said at times that the teacher was not professional enough to be given critical information, no distinction being made between the private, specific content and essential dynamics. Occasionally, teachers felt (on a real or imagined basis) that they had best keep their hands off, since the child was in treatment.

In brief, no institutional style of treatment such as is demanded by an appreciation of milieu concept evolved in the school. With the concepts now available from recent work of Redl (8) and others in child treatment institutions, we should be ready for a true school mental hygiene program based upon a concept of the educational milieu.

From our studies, it appeared that two other factors held back the growth of mental health in schools. In general, the experts, being skilled in individual work, seemed at times to forget that teachers are group workers. Consequently, the field of forces operating on the teacher with many children was seldom fully appreciated by the specialist. Fundamental group processes such as contagion, shock, role development, and leadership phenomena, which face every teacher, were largely left out. No wonder even the wise advice of the psychologist seldom came into true focus. Johnny may need a friend but the classroom may not produce one. He may need more teacher relationship, but so do thirty-odd other pupils.

A final observation regarding school mental health is the recognition that the teacher still feels the role of "teacher." She is concerned with *learning* more or less in the traditional sense. There are skills to be mastered, facts to be learned and concepts to be understood. The mental hygiene experts, by and large, have ignored this area of the teacher's dilemma. Many are ill-trained to help the teacher with these conditions. In fact, teachers came to accept the myth that learning and adjustment were separate processes rather than two phases of the same process. They frequently saw adjustment and achievement as in conflict.

Children who do not learn in the typical fashion are a teacher's number one concern. Understanding the nature of motivation for learning equals management skill as a requirement for successful classroom teaching. Sometimes the experts focused only on emotional difficulties of a youngster even when he had a severe primary reading block. School mental health is acti-

vated through the way learning is conducted, through grading, promotions, testing, and especially communication of evaluation to the child so that he can incorporate achievement performance into useful self-knowledge. Particularly, elementary teachers need help on how to talk with parents, a type of interviewing taxing even the experts. Outside of the IQ, little attention was given to diagnostic information as it pertains to learning problems.

Thus it became obvious to us that this project had to give central attention to the teachers' perception of the school situation. What were the problems they sensed? It goes almost without saying that most of them felt that the traditional college courses did not answer their needs. When we asked them what factors they felt reduced their effectiveness, the elementary teachers often mentioned the size of their classes and the high school teachers, the number of different pupils seen every day. They saw pupils who did not seem to fit. They felt teachers had too many routines to follow, ranging from collecting milk money to signing passes. Help was not available on crisis situations when it was needed. Some stated that the need for strong administrative support was not recognized. Many felt they had aspirations for more effective work with children that required changes in methods and school design, but that other teachers resisted reorganizing and that no teacher could change alone. A few said they were held back by personal inadequacies. These proved to be close to the surface, and practice demonstrated how ready many teachers were to face their own difficulties and their own contribution to problems. Many of them had no easily accessible professional to whom they could go with even a simple personal problem.

We found that a range of from 3 per cent to 12 per cent of pupils are seen as extreme problems to various teachers. The percentage of boys who are perceived as problems increases from 2 per cent to 15 per cent as one goes up the grades. Of their problem pupils, teachers felt that about 7 per cent should be removed from the classrooms. This represented about 1.5 per cent of the total school population. In addition, they felt in need of expert help in classroom handling for about 2 per cent of their pupils.

We found, as have some others, that teachers no longer see only the aggressive child as a problem, though it is true that until they manage those, there is little else to which they can attend. Our group was about equally sensitive to withdrawing behavior and hyperactive behavior. In fact, the unhappy, depressed and fearful child was often mentioned before the defiant one. Most of the teachers asked for help in relation to understanding children and sometimes themselves. They were particularly desirous of help, not in diagnosis (the classroom behavior already provided clues), but in management. How could they handle these children hygienically?

In conclusion, our position in developing this service-research program in school mental health was premised on the following: 1) There will never be enough specialists to handle all of the school mental health problems. The teachers will have to be trained to do more of the work (1). 2) Some of the impact of mental health on schools has been negative, and a re-evaluation is in order. 3) Present training designs are inadequate to give teachers diagnostic and management skills. 4) The specialists' present functioning frequently does not seem in keeping with the over-all educational milieu. A new orientation must be developed. 5) The perceptions of the teacher concerning the teacher role and its complications offer a useful point of beginning.

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