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New Life for Neurotics

There still lingers a social stigma about going to a mental home. The Ministry of Health and the Ministry of Labour have launched a campaign to disperse it. They have prepared an exhibition, which will be shown throughout the country in the next few months. It explains the treatment of mental sickness. These pictures are of a genuine case of neurosis, taken at the Horton Mental Hospital, Epsom. Psychiatrists and nursing staff co-operated, to give true accuracy.

by HILDE MARCHANT

Photographed by JOHN JOCHIMSEN (Crown copyright)

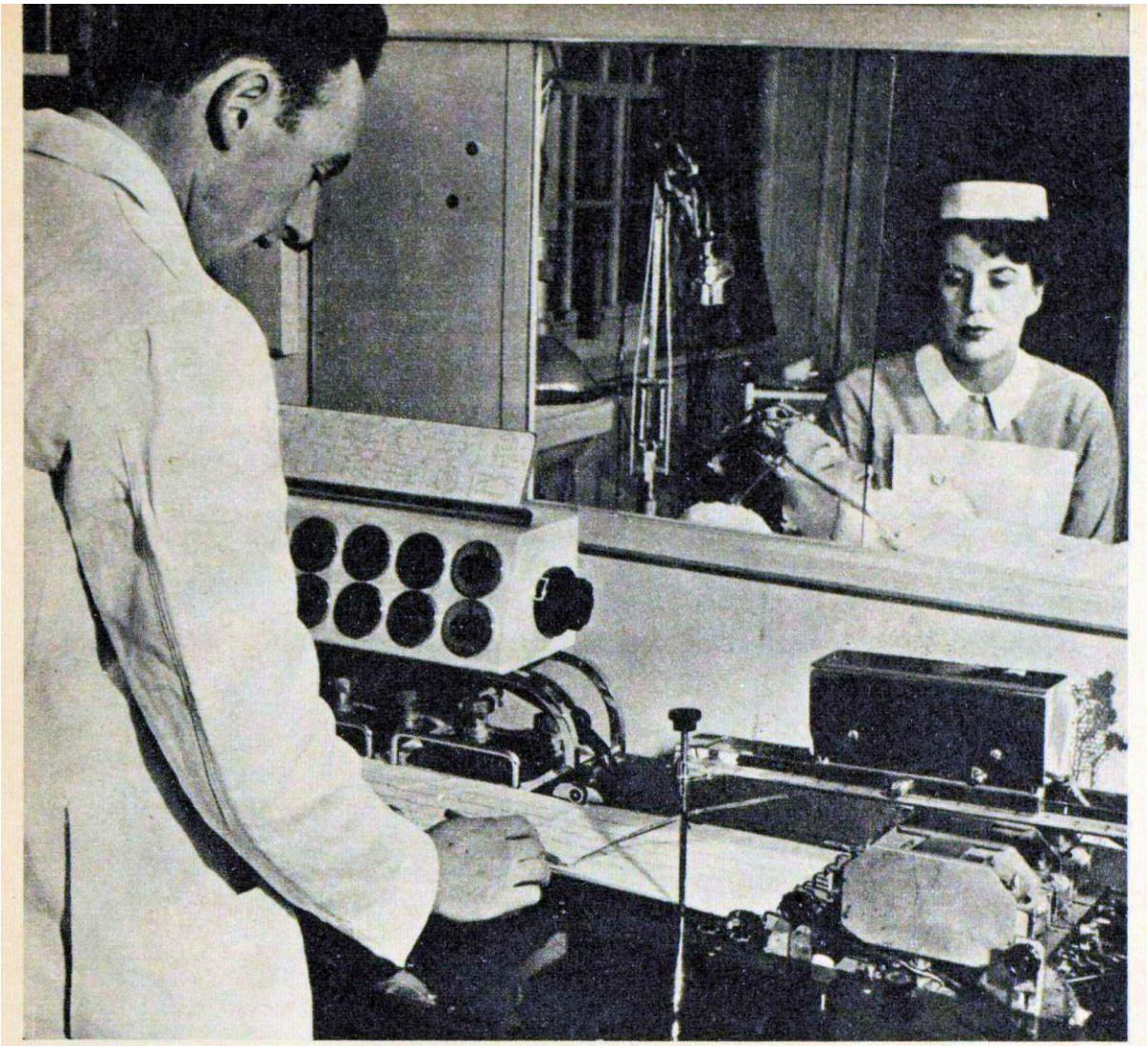
I AM A NEUROTIC. *I have splitting headaches, I cannot sleep and my heart beats wildly at times. There is really nothing for me to worry about. I am a happily married woman, and I share a home with my parents.*

But I am rapidly becoming an invalid and it is upsetting my home life. The doctor sent me to an out-patient clinic to see a psychiatrist. He suggested I became a voluntary patient at a mental hospital.

New Life for Neurotics

As a psychiatrist put it to me: "If you have a stomach pain, you go to a doctor, who might send you to hospital for treatment. The same is true of a mental break-down or illness. There is nothing to be ashamed of." That is the *new* attitude. Today, as more and more is becoming known of the working of the mind, and as modern treatment develops, there is a rapidly increasing record of success in this branch of medicine. Nearly three-quarters of all those entering mental hospitals each year, leave within a year, most of them after only a few months. It is a considerable record.

Broadly speaking, there are two main forms of mental illness - neurosis and psychosis. Neurosis is a disturbance of the emotions. It is usually called 'a nervous break- down'. It arises from mental conflict, due to strain; and the speed, and stresses of modem life tend to aggravate it. Sufferers try to live normally, but are racked with indecision. They are deeply unhappy. Medical aid can frequently ease the tensions, and trace the origin of the trouble.



1 **MY EXAMINATION** *included E E G (electro-encephalography), which, they told me, measured the electrical activity of my brain. These tests are not painful, and are carefully controlled by the specialist. The Sister said I would have a thorough examination, mentally and physically. Otherwise, I would lead a normal life.*

It is possible, nowadays, to treat neurosis. *The case photographed here is a typical one, with frustration, a conflict of loyalties, indecision and bewilderment, which produced a very real case of mental sickness. It is a genuine case, but the woman shown is not the patient. The breakdown could just as well, have happened to a man.* For neurosis is mental sickness. It can have serious accumulative effects, and can no longer be shrugged off as a temporary outbreak of temper, or with "her nerves are upset today". Psychosis, too, can be treated. It is the whole, or partial, loss of contact with everyday life. The patient may swing between extremes of excitement and depression, or withdraw into a distorted, private world, which is difficult, and, sometimes, impossible to penetrate.

of these forms of mental ill-health often produce physical symptoms, such as gastric ulcers, migraine, asthma, backache, a pounding heart. Or it may be the other way round, for it is very much like the analogy of the hen and the egg. Which comes first, the neurosis or the symptoms? There are many forms of treatment, prescribed and controlled by the psychiatrist, a fully qualified, medical man. He has specialised in this type of medicine, in the same way as an orthopaedic surgeon has specialised in the treatment of bone structures. The psychologist, who works in partnership with

him, is trained to try to understand the working of the patients' minds, and to draw out motives and associations. He does not necessarily have a medical degree. Treatment is social, psychological and physical.

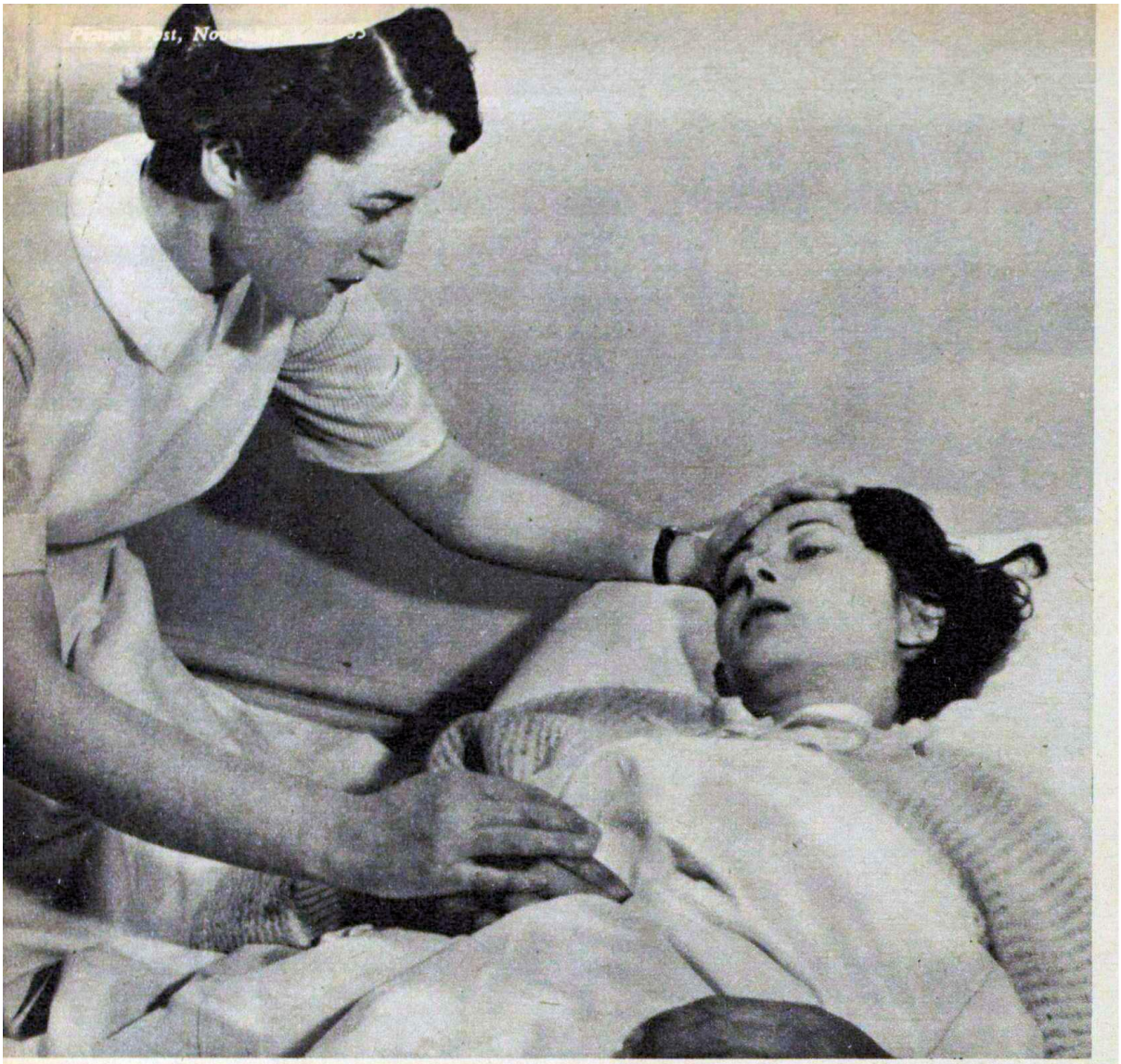
3 **PSYCHOLOGICAL TESTS** *followed. They told me, later, these helped them to pinpoint a number of important facts in my case. For example, I had my problems as an only child. I did not realise the significance of this until some time had gone by.*

Segregation can make a patient worse

There are three main types of physical treatment, not necessarily applied to all patients. There is the shock treatment, whereby a measured charge of electricity passes through the brain. It is especially helpful in cases of severe depression, and though it sounds rather fearful, it is painless. There is narcosis, which is a long, induced sleep, and is generally used for neurosis. The sleep may only be necessary for a matter of days, but can be given to last as long as six weeks. In this treatment, the nurse is of vital importance, for the sleeping patient needs constant observation.

4 **IN THE WARD,** *I chose to help an older patient with bed making. I quarrelled with her, and felt ill again, as I did at home. (The nurse reported this incident to the psychiatrist, who realised that it was caused by a situation like that in the patient's home.)*

There is also the insulin treatment. Insulin injections induce a coma in the patient, after which the patient may be more responsive. The number of comas given varies considerably, and is prescribed by the psychiatrist according to the patient's response.



5 **NARCOSIS** *is a deep, induced sleep, and it was part of my treatment. I had no fears. They told me the nurse would be constantly at my side. I felt deep gratitude for her comforting reassurance.*

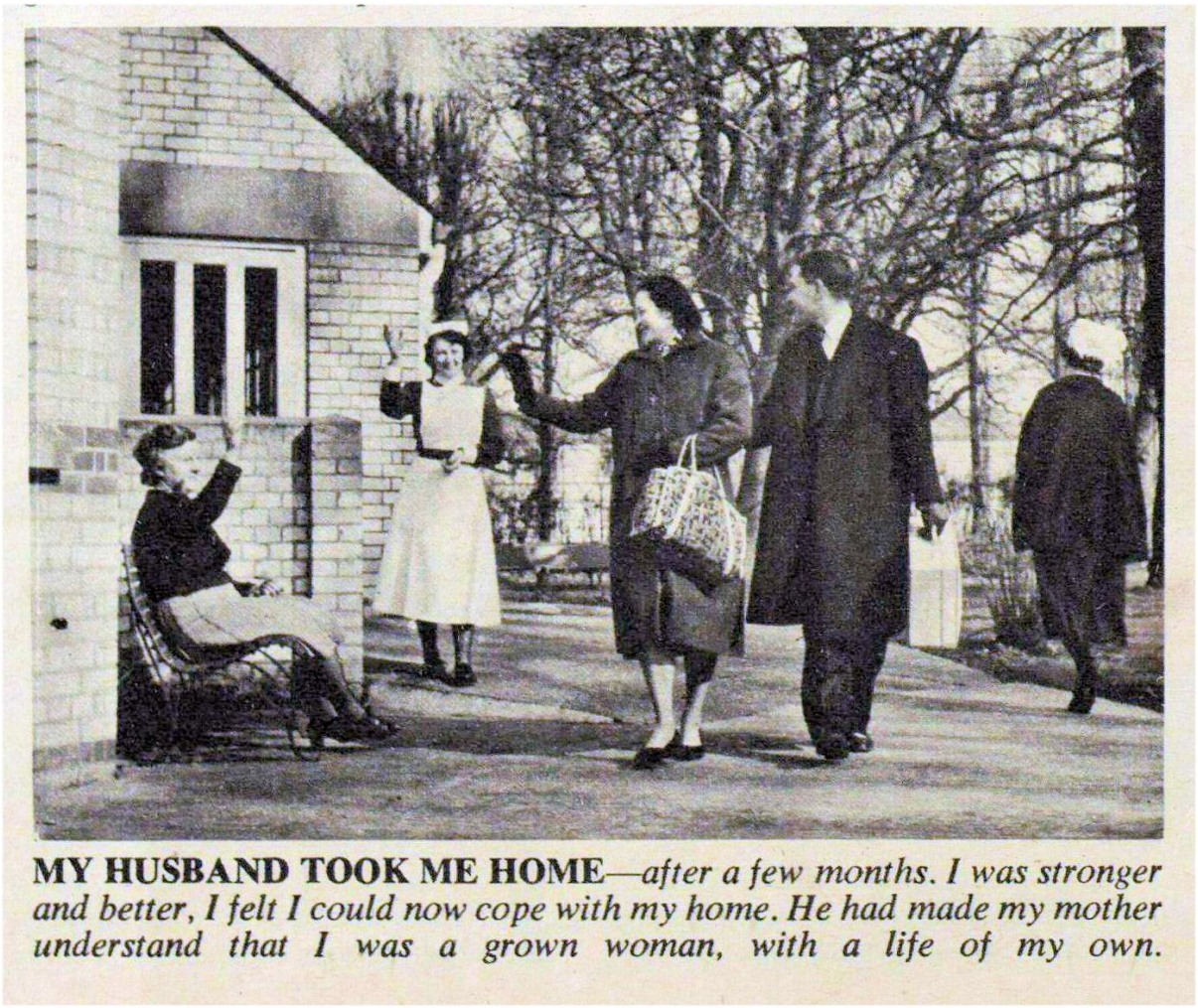
It is obvious that all this treatment, calls for great skill from the specialists. But it also requires constant observation and nursing. This is the second main purpose of the exhibition - and the reason why the Ministry of Labour, as well as the Ministry of Health, are backing it. There is a shortage of nurses training in the psychiatric branch of nursing. It calls for a special type of girl, for the success of her nursing will depend on how much she gives to her patient, and how much genuine interest she puts into her daily work. She must have personality and devotion. Her reward is work of intense human and medical interest, and, materially, slightly higher pay than the general hospital nurse.

Why, then, do not more girls join this branch of nursing? In all probability, if a girl tells her parents that she has chosen mental nursing, there is a shudder. *"What, with a lot of lunatics?"* And in the minds of an older generation, there is a picture of bars and confinement, of violence, from patients and close restriction. *That is not true today*. It is now an accepted medical fact that, with the increase of freedom, the amount of violence amongst patients decreases - and decreases considerably.

6 **FURTHER TALKS** *with the psychiatrist made me realise that my illness had its origins in my reactions to my mother's possessiveness. I had to be more independent of her.*

There are mental hospitals in Britain which have open gates, and are without a single lock. It has been found that to enclose, and severely restrict, a mentally sick person, not only hinders treatment, but can make the disease worse- can increase the distress and torment. Most cases in our mental hospitals now have weekend leave to go home and seek familiar surroundings. It is part of the treatment. It is an attempt to relate the patient to normality.

Most patients may even not have to live at a hospital. And most gen- eral hospitals have an out-patients department for psychiatric treatment. It works within the framework of daily life, of home and normal social life. 'Segregation' and 'putting away' are out of date. terms in mental medicine - except, perhaps for the very advanced cases. But even the exceptions are not treated like caged animals, but like sick human beings.



MY HUSBAND TOOK ME HOME—*after a few months. I was stronger and better, I felt I could now cope with my home. He had made my mother understand that I was a grown woman, with a life of my own.*

General hospitals are beginning to apply mental medicine to patients who may have, in the first place, been directed to their care by physical symptoms. At least one large London group-the Royal Free Hospital - apply the full cycle of physical and mental medicine, when the specialist feels that both are partners in sickness. They take a patient as a whole person, body and mind impinging on the sickness, and producing physical symptoms. I know of a woman, sent to the Royal Free Hospital, with all the symptoms of diabetes. The blood tests responded to the blood sugar tests of diabetes, but it was a confusing case.

The woman went to hospital for observation, and further extensive tests. They were thorough, in the physical sense of medicine, and there was no diabetes. The woman was also being observed,

constantly, in the daily life of the ward - her actions, her responses to the sister's seemingly casual conversation, her reading and eating habits. All these were recorded and passed on to the specialist, who, in turn, passed them on to the consulting psychiatrist.

This was physical and mental medicine in double harness, and in complete harmony, in the interests of the patient. It was not an unusual case, but it illustrates the new medical approach - the mind and body being taken as one, in sickness and treatment. As yet, not many hospitals practise it. But more and more will, eventually, do so.

Certain mental illness is obvious at an early stage. And early diagnosis and treatment can, of course, cut the length of time needed for a cure. Unfortunately, patients still resist acknowledging their illness: there are still the hesitations, still the stigma of going to a mental hospital - although it entails no more courage and patience than, say, a broken leg. Many people *do* face it. Seven patients in ten, entering mental hospitals, do so voluntarily. And many more are seeking the help and aid of the out-patients' psychiatric departments at general hospitals.

This exhibition, simply presented, should do much to tear away the grey veil of secrecy and habit-worn ideas on the subject of mental sickness. Go and see it when it arrives in; or near, your town. It is important.

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