

MHP-CPSOUR OWN MOTE, FIRST!!

It is disconcerting to some of us now working in mental hospitals and training schools to hear the heart-gushed, cock-eyed notions that sympathizers assume regarding the value of our efforts.

"You boys," a sweet old woman smiles, "You boys are front line soldiers. You are doing such wonderful work." A group of students visits the unit and concludes the visitation with, "The world of mental hygiene and society too will never forget your efforts." The praise of groups and individuals who hear about our work floats over the boards like a mass of hot, sticky, stinking lava that moves in on its objects and covers them all without discrimination.

For the sake of the records and our own bleating consciences, let's get this straight. We are not God's Chosen Gift to the field of mental hygiene. We are not concocting from the depths of our widely heralded resources new views of scientific or humane treatment whereby distracted patients are suddenly being cured and sent back well to society. The humanitarian technique is not being introduced for the first time to our institutions, and we are not little units of stalwart, loving attendants grinding out pure lovingkindness all day long.

Let's pull the fuzzy cloth off the picture and gaze at a bit of reality. We in Civilian Public Service have no monopoly on humane treatment. Many years before our time, good people were on this earth who believed in treating men as brothers and mental cases as unfortunate fellow humans who needed love and understanding. It is true, of course, that even yet there are workers in mental institutions who are prompt to quell their patients with methods of abusive force. But let's not blow too lustily on our own over-worked peace pipes. Some of us abuse patients in the same manner and to the same degree. Far greater the shame for us of the angel-sect to stoop to methods which our whole raison d'etre opposes so vehemently!

But this is not all. Most of us loudly condemn the conditions we find in mental institutions. Listen to any locker-room dissertation on the evils of the administration. "How can they neglect these poor suffering devils?" a new assignee shouts. "Why don't they get enough equipment in this hell-hole?" a veteran of the unit fortifies. "Why don't they do something to get these cracked-brains patched up instead of letting them waste their lives in a place like this?" The fire rages and to the non-CPS sympathizer it is a wondrous sight to behold, a testimony to be surely witnessed. Yea, verily.

But while the wind is beaten to a stormy rage against the forms of evil-doers, what happens at home by the hearth? Let this be an example: one unit has solicited various groups for games, tobacco, records, magazines -- anything that will help the patients. A large amount of material has been collected and is ready to go to the patients. But it does not go. For months it has been available to men working on the wards. But it is not used. More money comes in and the administration promises more equipment. The money lies unexpended and the material piles up to gather dust. The patients, pleading each day for cigarettes and cigars, are left to roll their own from old newspapers and scraps of dirt picked from filthy floors, while we talk of the "neglectful" men in administrative positions on the institutional staff, and beat our hearts in loving rhythms to the tune of "What can we do for our poor disturbed brothers."

Not long ago, the sharp spear of a group of "front-line heroes" was levelled at an administration with the charge that patients who had been left funds by friends or relatives had no opportunity to order refreshments from the institution's commissary. Investigations were in order to discover why the hospital was so lax. Horribly enough they disclosed that regular employed attendants were ordering refreshments for their patients almost every day of the week, whereas the one building manned entirely by CPS men had submitted not more than two orders in over six months.

Neglect, non-recognition of patients needs, no action to help the patients -- these are the criticisms we hold against the administration. We talk in dismal terms about "institutional inertia." Yet if we would follow the tenets of our faith and be truly understanding, we must recognize that the administrators whom we criticize so severely are no more responsible for their weaknesses than we are for ours. We who have some supplies available, we who are supposedly socially-conscious persons and who recognize social needs -- yet fail to act -- we are the worst offenders.

We reverent sinners who use our words so righteously are much more deeply at fault for we are not hamstrung and wedged to pattern by the politics of our position, or the intricacies of institutional procedures and red tape. We need not share the unconcerned detachment which comes so easily to persons in positions which tend to withdraw them from the sharp drama of personal needs.

Most important, we lovable crusaders -- we heroes on white horses making love to our fellow men -- we have the driving force of our convictions and the high calling of our purpose. How can we condemn others on the larger issues when we fail in our simpler tasks?

How can we sit back on our haunches and cry "Ugly," or strike out at the world's evils from our arm chairs, if we demonstrate within ourselves the same weaknesses of neglect and apathy which lie at the very source of society's cesspool? How too can we answer in our hollow philosophical bickerings the challenge of the mob, "well, how would you do it, you fair-haired preachers, you dreamers in ivory towers?"

Many attendants in hospital and training school units are working long hours, some 12 hours daily. In all such cases, but particularly where the usual mental strain is accompanied by the necessity for a heavy physical output, the consumption of nervous and physical energy becomes so great that the individual's usual chances to enjoy diversion or recreation seem closed. Most of us are working in institutions which are inadequately staffed and poorly equipped and supplied. This means that some of the elements of care and treatment will have to be left undone. Requests come to do tasks which seem to be of secondary importance.

We invite readers of this release (general circulation has been limited to CFS Units) to write us their PERSPECTIVES, those attitudes and approaches which help to make the daily routines more constructive and pleasureable. Two general approaches seem to immediately suggest themselves: (1) Accepting the situation as found, realizing that one can harbor a deep concern without permitting the destructive element of worry creep in; work in a spirit of helpfulness remembering that, after all, is what we are here for. (2) Study the ways of improving and enlarging the service of the institution. This involves gaining an awareness of conditions which will tax every resource that can be mustered.