Editorial

Mental Health and Public Leadership

When we were quite young, there was a class of people who were usually described as queer, nutty, odd, touched, lunatic, or even crazy. If they were sufficiently well provided for financially, they usually lived at home and were cared for by other members of the family. Some strange living styles grew out of this method of caring for the mentally ill. We recall one family group of three unmarried elderly ladies. One remained at home and never went out of the house. Only rarely and after careful preparation and with extreme precaution did she venture out of her room. All her dishes and clothes had to be specially washed. Never in any circumstances did she see or touch anybody from the outside world. We saw her one day by chance when the door to her room had been mistakenly left open. It was quickly closed by the second sister, who was, as it were, the provider for the family. She ran a little shop in the village, where the necessary income for the family was earned. She also did the shopping and took care of outdoor and indoor chores like cooking, housecleaning, window washing, porch sweeping, etc. She supervised the man who did the heavy work. The third sister was the social, political, and religious person. She represented her two sisters at social events like parties, weddings, and funerals. She was frequently seen at the library, the community center, the bank, and the stores. She did the family banking and kept the accounts. Taken all together, the three sisters made up one whole, healthy, and reasonably well-adjusted person. People did admit that “Miss Grace” was a little odd. Aside from that, no comment was ever made, and certainly no doctor was ever consulted. We lost touch with this family group years ago and do not know how it finally turned out.

Others who belonged to the ranks of the “odd” were not so fortunate. They lived alone as recluses or wandered about and became the objects of the cruel jokes of little boys or the ridicule of the people, mostly men, who hung around the drug store or the fire station. If the queer and the odd became destitute or so eccentric as to attract public notice and complaint, they were sent to the poor farm or in extreme cases, such as habitual drunkenness or annoying little girls or ladies, they landed in the jail and eventually either in the prison or the state hospital or insane asylum, as it was called. If that happened, one seldom saw them again, and they were
soon forgotten. A few remained around town indefinitely and became village characters. Everybody knew them by name. Their eccentricities were well known and harmless. They added variety and a certain amount of amusement and interest to small community life.

That is the way it used to be—not much more than half a century ago in thousands of small American towns. Nobody had heard of Sigmund Freud or the unconscious except a rare few. Most physicians had heard of psychiatrists, but regarded them as a peculiar kind of species not to be trusted if anybody was really sick. Anyway, they cost a lot of money, and what did they do for you but listen to you and talk to you? Anybody with any common sense could do that, could he not? Even in 50 years, with the rapid growth in the number of psychiatrists, psychologists, and counselors, it is astonishing and depressing how little these widespread attitudes have changed. A person can have any kind of physical illness, be treated by a doctor, hospitalized, operated on, and restored to health without any question, but if he confesses that he has gone through a period of deep depression or emotional instability during which he has been hospitalized and treated by a psychiatrist, this very fact carries with it a serious stigma that saps public confidence in him and may even make it impossible for him to hold a responsible position in the business hierarchy or even more so in political life. The Vice-President, Gerald Ford, recently had to establish the fact that he did not consult a well-known New York psychiatrist as a patient, and another vice-presidential hopeful, already nominated by his party, had to withdraw his candidacy because he admitted that he had been hospitalized and received psychiatric treatment some years before for depression and severe anxiety. It is, as we have said, astonishing how these ancient superstitions continue. Within the past year it has been revealed that the prosecution, in this case the United States government, arranged for the burglarization of the office of a psychiatrist who had been treating at one time Dr. Ellsberg, a man it was trying to convict of conspiracy. Luckily the burglary itself was so much more insane than anything Dr. Ellsberg could possibly have done that the judge quite properly dismissed the case. But it was another example of the fear and suspicion that so many people hold for the idea that there are times when people need doctors of the mind and spirit as much as or more than they need doctors of the flesh, blood, and bones. Even more, the episode reflects the little-recognized fact that body and mind are so inextricably connected that one is constantly acting on the other and that nobody can treat one without treating the other.

The truth is that the person who seeks help from a responsible professional source in a time of mental confusion or emotional instability is revealing his essential sanity rather than insanity, his fundamental strength rather than his weakness. It takes a considerable amount of courage and honesty to go to a professional person and say, in effect, “Doctor, I am perplexed and mixed up by the situation in which I find myself. I do not know what I ought to do or what decisions I have to make. Talking with you will perhaps help me see