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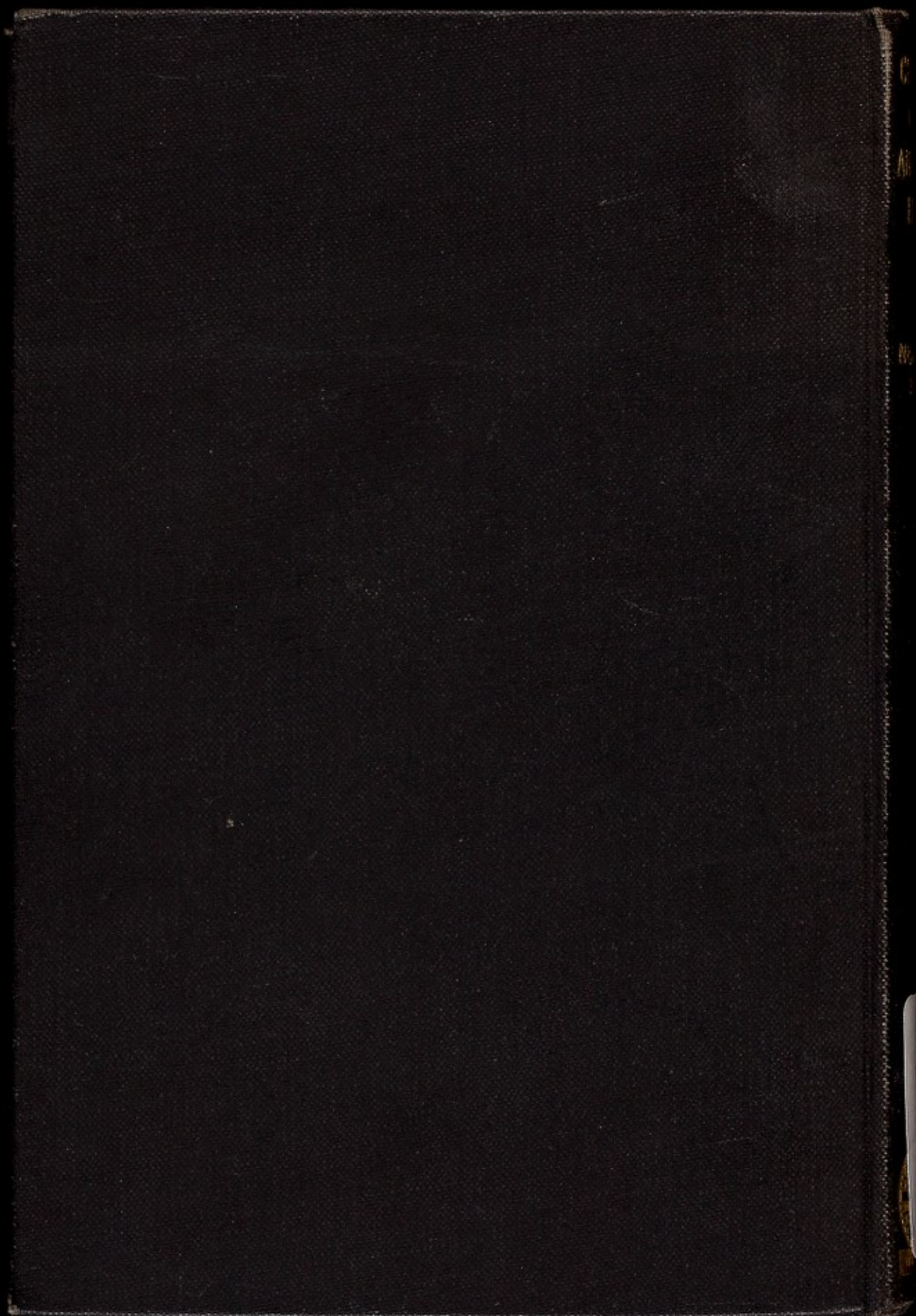
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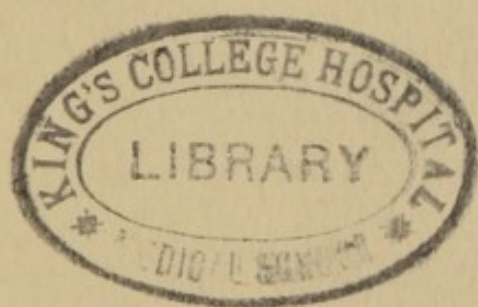
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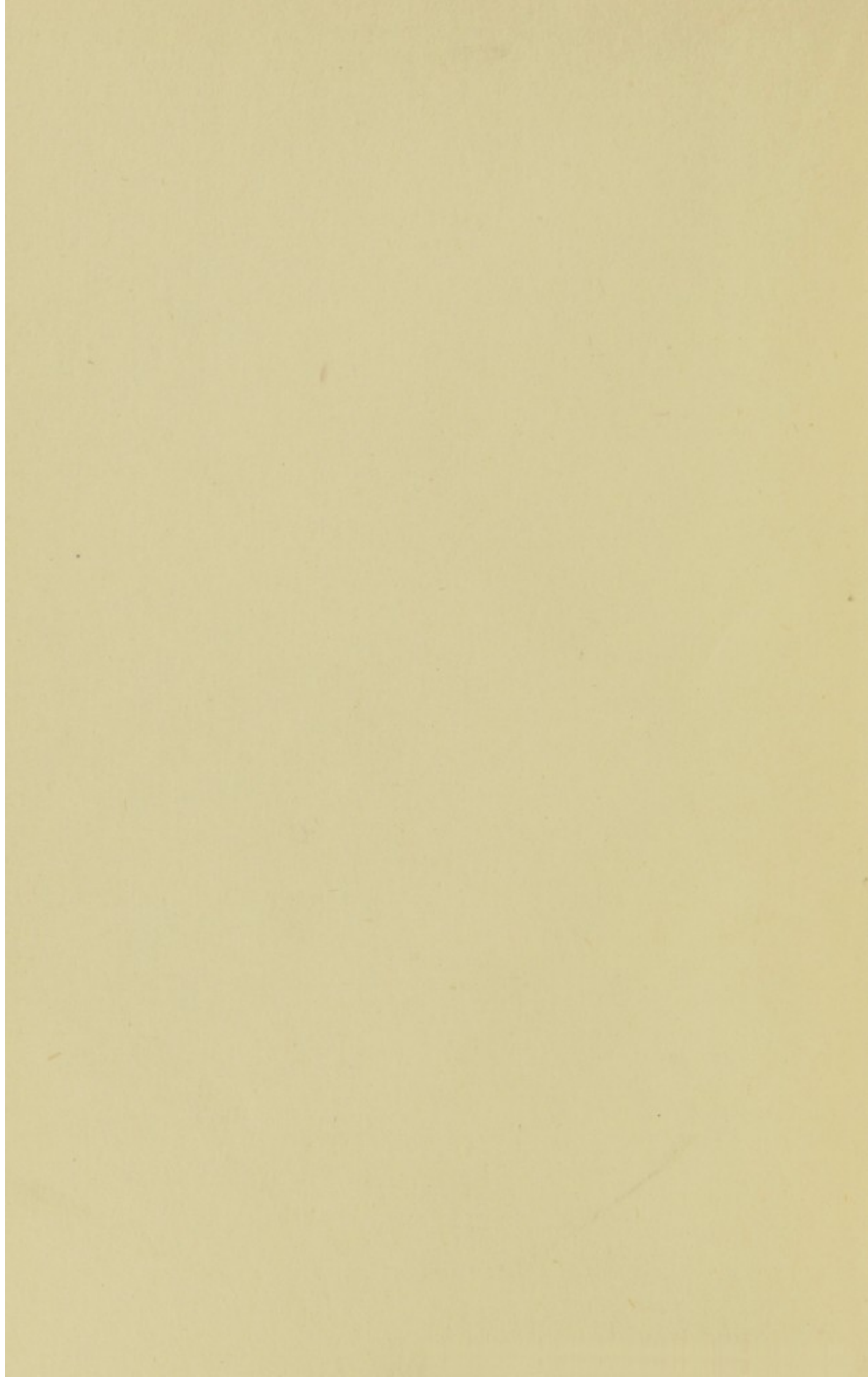
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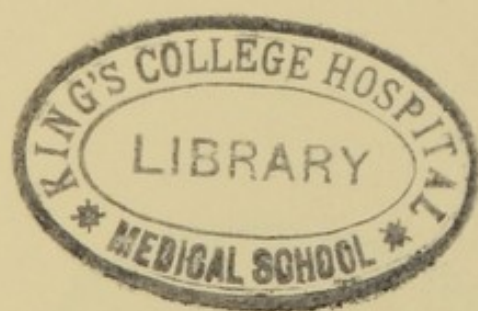








CHRISTIAN ETHICS AND SOCIAL HEALTH



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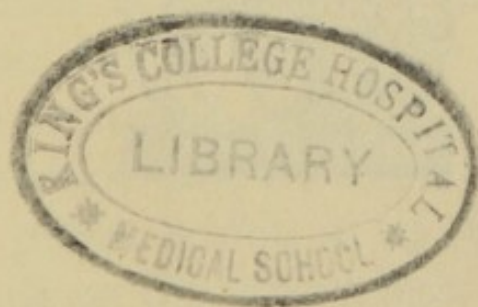
CHRISTIAN ETHICS AND SOCIAL HEALTH

By

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PREFACE

A STUDENT, offered a title for the essay which he is to submit, must first consider the scope of his subject, lest he mistake the field intended to be surveyed.

When a practitioner of public health is honoured with an invitation to contribute a volume which, under the title of *Christian Ethics and Social Health*, is to take its place in a Christian Challenge Series, he also needs for the same reason to scrutinize both the general and the particular title.

Christian Challenge—Christian Ethics—Social Health: let us begin with the third of these phrases. What is here to be understood by social health, when a medical officer of health is asked to take it as his subject? Social health is evidently so named here in contrast with individual or personal health; and it will be safe to conclude that we are to be concerned with problems of public health, in so far as they have an obvious bearing on Christian ethics.

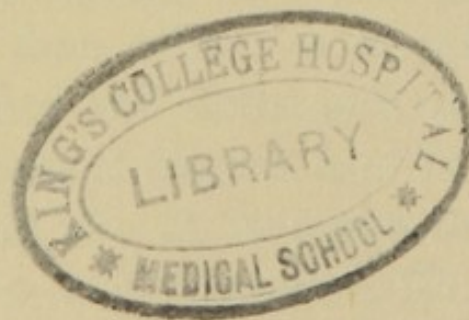
The social health, then, is to be calibrated against Christian ethics. But how are these to be defined, and are writer and reader likely to agree on that definition? The ethics are to be Christian: but on what interpretation of Christianity are they to be built? For the world is full of versions of Christianity. According to the texture of the individual's Christian beliefs, so will his

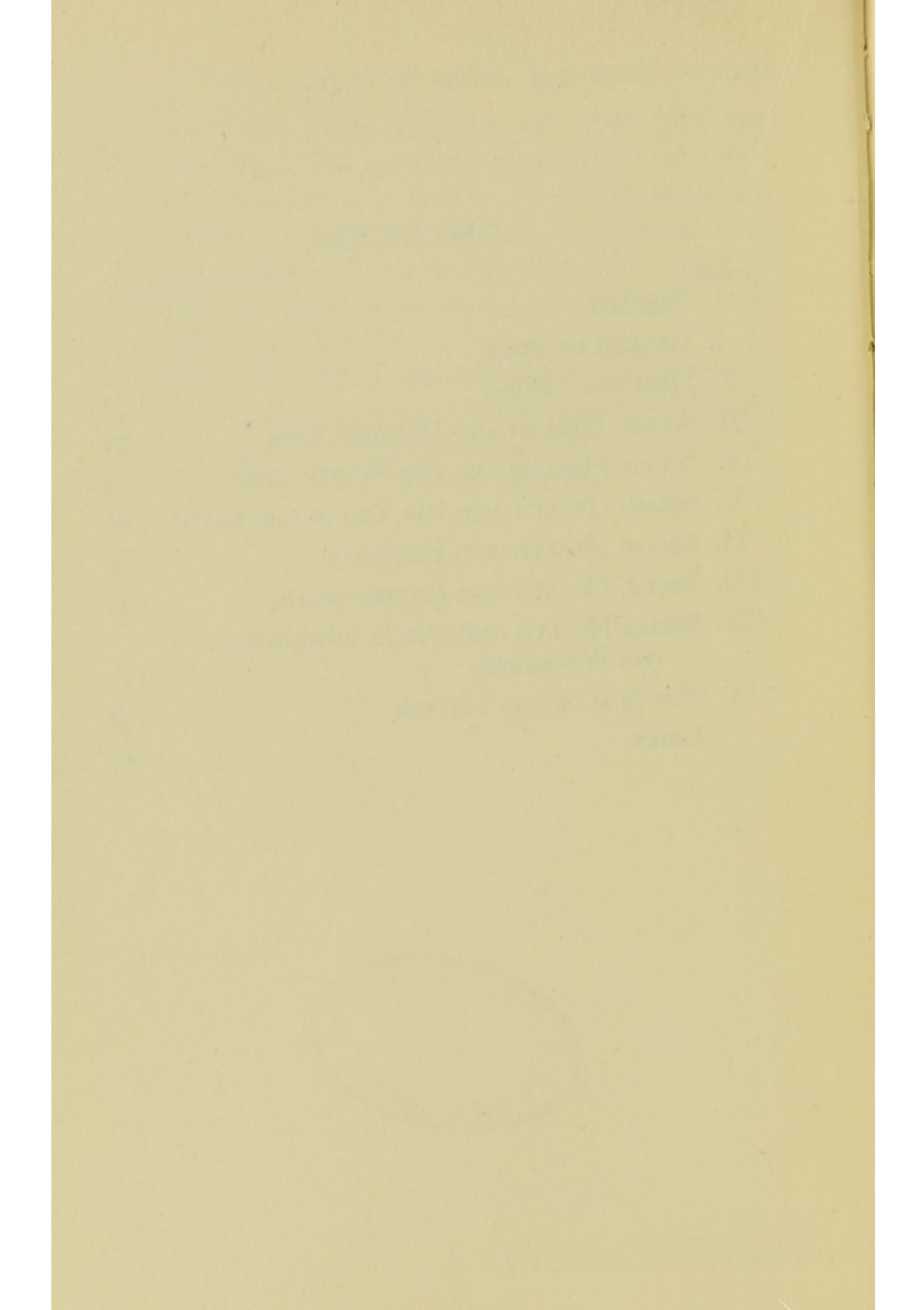
Christian ethics be; and out of these differing Christian ethics will grow the demand for as varied measures towards social health. As the preponderant elements of a people have formed or deformed their Christian beliefs and thence their Christian ethics, so will they be found in the end to have shaped their principles of social health.

Instead of justifying that assertion in the abstract, it will be well to see whether it finds concrete illustration as we proceed with the necessarily restricted review of social health on which we may now enter.

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CHAPTER I

HEALTH OF BODY

IT is not our purpose here to attempt any detailed account either of the agencies, official and voluntary, concerned with the health of the body, or of the activities in which they are engaged. It will suffice to make brief mention of a number of directions in which society is applying measures for bodily health; and thence, as starting-point, to attack the problem with which we are faced, as to how far these measures march with Christian ethics or involve a Christian challenge.

Personal Measures

The Child. From the moment of—and even before—birth, up to the time when he leaves school and passes into adolescence, the child is subject at every turn to the attention of agencies, private or official, inspecting his bodily state, seeking to prevent ill-health or to restore and maintain health. First comes midwife or doctor; then the services of health visitor and infant welfare centre, from whom or at which his mother learns how to feed and clothe and care for him, how to protect him against disease, how to establish him in stability of bodily life. So he passes on to the toddlers' clinic for the two- to five-year-old, till, reaching school age, he comes under the care of school doctor and school

nurse, takes part in physical training and organized games, gets entry to playing fields, gymnasiums, swimming-baths and parks, is able to join Boy Scout or Girl Guide or similar groups; has, in fact, in all directions encouragement to be numbered in the ranks of the physically healthy.

If the child is unfortunate in falling out of the ranks of the sound in body, then medical, nursing, and other remedial agencies are offered in ever-expanding range—in the home, in hospital or clinic, in convalescent home or country holiday, to bring back health to his body.

The Mother. As for the child, so for the mother, measures are ever being multiplied for the creation and maintenance of bodily health. During pregnancy that help comes through family doctor, municipal medical officer, health visitor and district nurse, through ante-natal clinic and ante-natal hospital bed for one difficulty or another of the child-bearing stage. Then comes the labour itself, with doctor and maternity nurse or midwife serving her in the home, or with the corresponding succour in the maternity hospital or nursing-home; with the obstetric consultant in the background, and all the elaborate machinery of operative care, of anæsthesia, of blood donors, and so forth, to help in the surmounting of those emergencies which happily are the lot of but a small minority of mothers. Then in the following weeks comes the examination at municipal post-natal clinics or by the family doctor to see that all is well or to set right any damage left by

the confinement. Thereafter, if she will, the mother can have expert aid from doctor, from health visitor, through the health talks and cookery classes and sewing classes of the infant welfare centre, enabling her to gain a sound knowledge of practical mothercraft.

The Adult. Through the panel system of medical practitioners established under the National Health Insurance Act, 1911, large sections of the working-class population, and its equivalent in the "black-coated" class, are entitled to systematic medical care, from the preventive as well as from the curative standpoint. Where ill-health supervenes, treatment at home, the result of medical benefit from health insurance, may be fortified by the funds which sick benefit under the same Act allows him during the enforced absence from work; while the doors of general and special hospitals, of sanatoria and of out-patient departments are open to him for further observation and treatment; and he has at his call all the aids of radiography, of biochemical and bacteriological and physical examination elaborated by modern science, as well as the help of gymnast and masseuse, of dental surgeon, of hydrotherapy and electricity, of radiant heat and radium.

It is unnecessary to labour the question by following him through to his contact in factory and workshop with factory surgeon and industrial welfare worker, or to emphasize the growing interest which industry is taking in the provision of healthy surroundings for him, or the attention which an ever more paternal government gives to the conditions of his industrial

life. Nor need we do more than refer to the means for his organized recreation through private or public channels.

The Aged. When, with old age, there comes feebleness and sickness of body, again the public services as well as private charity offer harbourage for the needy frail; while there is a constant expansion in the medical and nursing care provided for the infirm and sick, in infirmaries increasingly specialized and technically equipped for a unique type of assistance.

Impersonal Measures

The measures which may be termed impersonal are applied on the whole, though not entirely, at the more elementary levels of living. Among such measures may be reckoned the provision of communal water supply, schemes for sewage and refuse disposal or for sanitary supervision, housing provision, the supervision of cleanliness and purity in food supplies, the provision of public lighting, public baths, libraries, sewers, and so forth.

This imperfect summary must suffice as a reminder of some of the directions in which society is seeking social health for the body. To the gaps, still many, in these organized services reference need not here be made. For the present purpose, we are concerned only with one issue: where and how can these activities involve a challenge to the Christian conscience?

The Challenge

In this, as in the other aspects of social health to be reviewed, the challenge is one of incompleteness, an assertion that what is done should in fact be done but something else should not be left undone. It is an accusation of a failure to tackle the problem of bodily health at all its levels, and of a result insufficiently radical because too fixed attention to some of the circumstances of physical welfare has meant too great blindness to others.

The challenge, then, is not a denial of the worth of measures already applied in the service of bodily health, but rather of the too-prevalent assumption that the problem is primarily and mainly one of physical ills. It is a claim that, both in results and often in origin, the maladjustment of the body is linked with a malady of mind and spirit which needs equally loving help, in the absence of which the bodily healing may be insecure.

To test that challenge we shall need to start from a point seemingly remote from this or any practical issue, by considering the part which habit plays in health and disease.

Health and Habit

If we take any habit established in conscious life by the individual—the habit of talking, walking, using a knife and fork and cup, pen, violin, typewriter, lancet—we can name several ingredients necessary for acquiring

that habit. Prominent among these would come *interest*, *effort of will*, and *concentration*; all of which are influenced by the degree in which there is *freedom from distraction* by other interests or preoccupations. It is familiar experience to find circumstances helping or hindering one or another of these necessary elements in habit-formation. Thus a lack of that robust, bodily vigour which makes for interest in living, a division of will between too many interests, a failure in concentration from sloth or from absorption elsewhere, or a distraction of mind from irregular, unhappy, or tempestuous family or social contacts can each hinder, as their opposites can help, the firm establishment of a given habit in conscious life. Again, certain of the habits thus more or less consciously acquired—the universal human habits, such as that of talking—can be helped in varying degree by unconscious influences coming to the individual from the corresponding experiences in his ancestors. Because they climbed painfully, he climbs more easily. No one who has watched a healthy young child win the faculty of speech can doubt, on the one hand, the part played by the child's own interest, effort, concentration and freedom from distraction: nor, on the other hand, can fail to recognize the pressure of an unconscious drive, giving an underlying sense of power, direction and confidence of success, representing the measure in which the child is being helped onward by the kindred qualities bequeathed to him by his ancestry. Moreover, where one is helped more, another may be helped less, and still

another hindered, in this climb into a new habit, by the excellent or mediocre or poor standard of the kindred qualities which he has inherited.

The habit, once acquired at the conscious levels of life, is handed on largely to the automatic, unconscious levels to maintain, with that minimum of high-level control which becomes evident chiefly when it is withdrawn: when, for example, to return to our previous illustrations, the presence of strangers elicits the stammer or the otherwise latent provincialism of speech: when intense preoccupation of mind with some all-important matter causes stumbling gait, cramped writing, a spilt cup, a violin-bow too tensely held, a wrongly typed line, a clumsy stroke of the lancet. Here again, in these habits now managed mainly under low-level control, we can find certain qualities necessary for their maintenance at neither too intense nor too feeble a pitch: first, *right interest* on the part of the higher governing levels of the mind in directions aiding effective application of the habit: and secondly, *freedom from prolonged or too severe distraction* in that governing mind.

Physical Function and Non-Physical Cause

Thus we find that habits concerned with physical action depend on non-physical factors for their creation: on effort, will, concentration, and the presence or absence of distraction. Mind, then, is intimately related to the production of bodily habit.

That brings us to a step to be taken, from fact of experience to deduction from that fact. These conscious habits, once established, are deposited in the lower level of unconsciousness. In that region, however, are to be found innumerable other habits shaping cell- and tissue- and organ-function, habits formed more or less remotely by our ancestors, and handed on to their successive descendants and at last to us. By the pressure which they exert, the habits formed by those ancestors can make it easier and quicker to bring the equivalent habits into full action in us. Those ancestors, traced far enough back, were simpler than us, their habits more elementary, established by minds less developed as we pass backwards, minds more and more at the levels which to us are unconscious and automatic. Yet their habits help us, for they are like in essence, though unlike in degree. If like in essence, then they may well have been developed as are our highest conscious habits, by the equivalent of what in us is interest, effort of will, concentration, and freedom from distraction. Needing effort and concentration, those habits may also have been influenced by the presence or absence of distraction in that past in which they were formed. So essentially alike are these inherited unconscious tissue-habits in us to those conscious habits which, once acquired, are rendered unconscious and delegated to the tissues to maintain, that it is a justifiable hypothesis that they are alike also in manner of development.

Some of these ancestral habits reinforce us in the establishment of a higher level of the same habits, of

which they supply the outline and groundwork. Other ancestral habits are not handed on to us to be reinforced and raised in degree, but merely to be maintained and utilized. To that extent our automatic levels are receiving from our ancestors habits through which in this way or that we find expression; and those habits also will presumably have been built up in them, and are to be renewed and maintained in us, by the same qualities of interest, effort of will, concentration and freedom from distraction.

The latter group of habits thus bequeathed to us are the organ-habits, the tissue-habits and cell-habits which constitute the physiological mechanism of our bodies. We are bundles of habits, of high, of middle and of low degree. That which applies to habits of our conscious life may not unreasonably be expected to apply to the more lowly habits of our organs and tissues and cells; and the more that assumption is tested, the more it proves justified.

We may say, then, that bodily life is a complex interplay of habits, and that bodily health is present only where the habits of each unit of the body have been effectively built up and steadily maintained. Therefore, bodily health is dependent on those factors which make for sound habit-formation. It is to be found where interest and effort of will and concentration have been present and distractions absent. We might put it more shortly: *bodily health in any essential sense comes and stays only with single-mindedness, in the individual and in his ancestors*, as each and every habit constituting

bodily function is laid down and subsequently exercised. The single-mindedness is towards that particular activity which by exercise will become habitual in due course. The activity may be good or bad in its relation to the ultimate welfare of the individual: the habit may be directed towards an end morally satisfactory or unsatisfactory: but, good or bad in result, it will be a stable or an unstable habit, according as the will in laying it down is single-minded towards that end.

Apply this backwards through the racial stock, to those ancestors too humble to have had wills in our human sense. The desire for unity of conception, shown in the unity of principle which we have presumed between the conscious habit of human mind and the unconscious habit of living matter, leads us to assume a precursor and equivalent of mind in those ancestors, laying down the functions, their highest and now our lowliest, of the elementary cell mechanisms of our body. We can look back through the ages and visualize at each stage an organism at first blindly, then ever more clearly, using its embryonic and its emerging "mind" in its immediate response to environmental needs, subject to more or less distraction of outward circumstance, consequently more or less single-minded in a particular quest. In such process, that "mind" has created, stamped on its substance, and handed on to posterity habits of cell- and tissue- and organ-function, which, according as they are well or clumsily or feebly established, end in bodily health sound or unbalanced or delicate.

The path thus followed leads therefore to the conclusion that normal tissue-action, representing physical health, is the product of non-physical causes, and can be radically disturbed by non-physical factors. Mind, our mind or the ancestral "mind", has been engaged in building up all this tissue-function. The faulty action of that mind, at any link in the ancestral chain, may have engraved a faulty habit of action on some cell or tissue, just as severe outward stress may disturb an otherwise stable human mind in its duty of carving a sound habit. Thus mind, or its equivalent far back in our racial history, may be responsible for the constitutional delicacy, or deformity, or disease which emerges in us under outward stress potent in inverse proportion to the extent of constitutional weakness in the particular structure exposed to the stress.

The Question of Implanted Disease

The fact that much disease is frankly the product of infections implanted in the individual from sources beyond his control does not invalidate this deduction as to the close relation between health of mind—with behind it, health of spirit—and physical health. There must always be a balance between the individual's mind on the one hand, as expressed through his will acting on the physical machine of his body to establish sound habits of function: and on the other the outward circumstances, physical and non-physical, to which that mind-body unit is exposed. The result, in terms of

health and disease, will depend on the reaction between these factors. The more effective the mind in altering into soundness faulty habits of function within the individual, the more stable, we may assume, will the body be in its reaction to adverse outward circumstance, whether this be in the form of infection, of climatic, nutritional, environmental or social stress or otherwise.

Habits—Production and Transmission

Underlying the view here attained there is an implication of the inheritance of acquired characters, which is by no means acceptable to the dominant school of biology. We have been concerned with certain characters exhibited as habits by cells, tissues and organs of the body in the performance of their normal functions in that society which constitutes the body. Looking on life as a unity and interpreting habit at its lower levels in terms of habit familiar to us at our higher levels of life, we deduce that the cell forms its habits as does the individual: by effort in the individual, by something equivalent to effort in the cell: by the exercise of will in the individual, by the exercise of some embryonic equivalent of the will in the cell. As undoubtedly those cell-habits which represent cell-function are inherited from one generation to another: and as we interpret them as having been acquired originally by an active and not merely imposed upon a passive unit, we end in the deduction of the inheritance of acquired characters. That does not, of course, imply the inheri-

tance of *all* acquired characters. It may well be that the effort of mind and will required may have to be truly radical, permeating the whole system of mind and body, before it can so imprint itself on the germ-cells as to be transmitted to the next generation. Nevertheless, even within such restrictions we find justification for accepting, until disproved, the inheritance of acquired characters as a sound working hypothesis. To the biologist of the selectionist as contrasted with the Lamarckian school, these cell-functions will presumably be equally acceptable as habits; but to him they are habits which have arisen fortuitously, mere accidents, fortuitously also in some cases affecting the germ-plasm, and surviving because, equipped with them, the unit is better fitted to face the environment. In such case these fortuitously created habits are transmitted to subsequent generations.

Of these opposed views, the first is surely the more convincing until it is disproved; and all claims of selectionist biologists that it is disproved and that their mechanical interpretation is confirmed by a process of exclusion can be discredited. For it would appear that so far almost without exception the often complicated experiments conducted to test the transmission of acquired characters have not been deliberately arranged in such a way as to demand strong effort on the part of the subject of the experiment. Indeed, we should be bold in asserting that we can define for ourselves what is the manifestation in lowlier creation of that which we call effort in ourselves; and if we cannot be certain

of defining and detecting it, we can be the less certain of testing its action. Claims that particular tests disprove the inheritance of acquired characters can be regarded uniformly as more dogmatic than the circumstances justify; though claims that supposed demonstrations of such inheritance are not substantiated by the facts may as clearly be true. If we find the common sense of common experience point to such a manner of inheritance as fulfilling our view of the unity of Nature, we are entitled, in the present state of knowledge, to hold it as a helpful and a feasible provisional interpretation of the facts.

The Motive Power for Habit

This tendency on the part of science to set aside the imponderable factor of will applied in effort, in favour of the more readily assumed factor of a capricious chance, can be seen also in the sphere of the cure of disease. It permeated the teaching in which those of the medical profession now in the middle years of life were trained, and appears substantially unchanged now, apart from the change of ideas brought about by the young science of psychiatry, which, however, even yet has scarcely passed from its immediate province of health of mind into the outskirts of that of health of body. Indeed, it might almost be said that the vast growth in methods of physical and biological treatment tends to strengthen the view of the body as primarily a chemico-physical mechanism, rather than as a living

unit with a will whose intentions and actions at its central throne, and at each of its subordinate levels throughout the whole bodily substance, are a vital factor in the ultimate result.

This attitude has been emphasized by the more recent work on vitamins and on internal glandular secretions. It has been customary to speak of the individual as governed and altered by chemical "organisers", and by "hormones" or "messengers". He tends thereupon to be regarded as a robot. The more fundamental fact is too often forgotten that the individual, at the level of intimate tissue activity as elsewhere, is no less an individual because he is subject to the stress of environment, in which such "organisers" may be included. It may further be true that by the manner of his reaction, good or bad, to that harsh environment, he may give rise to a reduction or an increase of the stress through the flow of helping or hampering enzymes or other chemical substances which his reaction has produced. This is seen clearly in his production of adrenalin, bracing his system in right reaction to sudden physical stress of fear; it may be seen more obscurely elsewhere, and may be conceived as present undetected in still other circumstances.

Modern methods of medical treatment, then, are imperfect—but not from failure to enlist the help of the will. They do, in truth, do so, but without considered aim at that all-important purpose. The result comes as an unconsidered by-product, instead of being, as it should be, the one essential deliberately to be attained.

Medicine and Non-Material Considerations

Medicine, then, is ever tempted to ignore the metaphysical aspects of the physical phenomena appearing in disease. But we need to distinguish between the science and the art of medicine. Of the science of medicine this assertion would be broadly true; though even here we have to recognize that in its elaboration of physical, mechanical and biological methods of treatment scientific medicine is in fact applying a great variety of methods of cure, all of which in essence aim at one and the same non-physical goal. For the principle underlying all this diversity of therapy is that of turning the preoccupation of the diseased unit away from itself and its own abnormal working, of restoring its interest in its fellow-units, whereby it renews its duty towards them, and returns into the comity of a society of cells and tissues mutually considerate. That in effect is what happens as the fomentation is applied to the local skin infection, or as the inward heat coming from the application of diathermy reacts on internal congestion. It is the means also by which massage, electrical treatment and remedial exercises relax or tone up tissues which have settled into faulty habits of function involving unbalanced inward effort within the circle of those errant tissues, with too little relation to the needs of other tissues which are part of their society. Here physical and mechanical ways of treatment are effective in so far as they succeed in fulfilling the metaphysical

and non-material purpose of removing inward preoccupation of the cell or tissue with itself, *and of restoring single-mindedness of function.*

When we turn from the science to the art of medicine, we find that motive much more clearly recognized. The physician looks at the patient, at his mental outlook, history and undercurrents of emotional life as closely as at his outwardly expressed disease. Here again the skill and insight of the physician at this non-physical level is often more instinctive than conscious, based on wealth of past experience of success or failure in others, or, more fundamentally, in himself. But the confidence in himself as physician, which for success he must arouse in the patient, is only another name for the *single-mindedness coming to the patient from trust in trustworthy authority.* That single-mindedness dissolves the preoccupation with self which is a synonym for the self-concern and failing response to outward duty, which is crystallized into the state of disease. In that single-mindedness lies the motive power of the habit towards health.

The Way to Single-Mindedness of Health

In the preceding few sentences we find the clue to the secret of that state of health in which each and every unit fulfils its habitual functions without that hindrance which, at the level of consciousness, we should call self-consciousness. To attain that state, there is needed the confident trust in a trustworthy authority outside

the self. The separation of medicine from religion, however much it may have led medicine to explore and establish fresh levels of treatment in the physical sphere, has led to the gravest blindness in the spiritual sphere. The loss of any vivid sense of religion, of the trustworthy authority of a universal, all-protecting, all-guiding God, is the fatal flaw in modern medicine, causing cure often to be a cure only of symptoms, leaving unchanged the underlying faithlessness which turns again, perhaps in some other direction, to despairing self-concern or complacent self-satisfaction. Thereby that preoccupation with self is re-established which manifests itself again as disease, seemingly perhaps different, yet in ultimate source the same. Such disease is the outward sign of preoccupation of the central mind, reflected in preoccupation in the more and eventually in the less preoccupied tissues which, because they are such, we call delicate or relatively healthy portions of the body.

The Cult of Physical Health

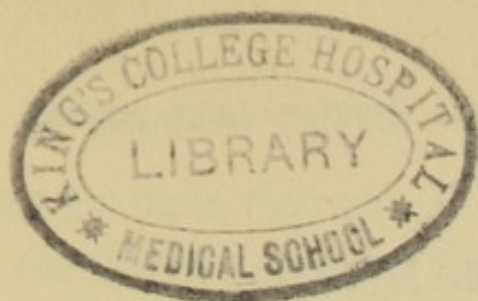
Medicine thus goes astray in so far as she fails to take religion as a partner in considering problems of disease, since disease has to be recognized as a reaction, not merely of the physical substance, but of the whole personality.

That reaction is as much a fact in the realm of health as in that of disease. Health, equally with disease, is ever subject to too purely physical an interpretation.

Over-concentration on the physical aspects of health and forgetfulness of its spiritual aspects lead inevitably to developments in which man, the healthy animal, becomes man's real preoccupation. That in turn means that movements, in themselves sound and praiseworthy, tend to be directed into lower tracks than they were meant to follow. The aim at full expression of health of body, beginning with wide extension of outdoor sport, passing into cults of skin exposure in sun bathing and so forth, some relatively healthy, others morbid in varying degree, moves on to nudism in physical fact or its equivalent in the illustrated periodicals, in newspaper advertisements and wall-posters and elsewhere; at these extremes bringing with them a downward drag even where the original impulse of the movement may have been well-intended. Similarly the search for beauty, divorced from the parallel search for truth and goodness, shows itself in the relatively trivial and yet significant cult of lip-stick and powder-box and plucked eyebrows, stained skin and tinted finger-nail. But that same narrowed drive towards self-expression in physical as apart from spiritual beauty leads by imperceptible steps into its more dubious expression in the growing boldness and suggestiveness of advertisements, whether in the Press or in the shop-window, in the frank appeal of the flesh as such which ends in the demand for purely physical satisfaction at all costs. The logical issue of that attitude is to be found in the widespread use of contraceptives; in the more easy conscience towards sexual experience before marriage, whether in those

anticipating the sacramental bond or in others; in the cult of experimental marriage; in the new paganism which has invaded more than one nation; or in the ugly materialism of much modern "art". "By their fruits ye shall know them": in these products society illustrates the challenge which Christianity raises to the ideals and motives underlying that society's interpretation of health of the body.

That challenge is towards the removal of the compartmental view of health, wherein the spiritual and the physical life are treated separately, and wherein, further, human nature being what it is, the mind tends increasingly to turn away from spiritual issues and towards physical manifestations. The Christian challenge is towards the recognition again of man as a body-soul in which soul governs, uses and influences body even more fundamentally than body affects soul.



CHAPTER II

HEALTH OF MIND

HEA^LTH of mind will depend, on the one hand, on the desire for mental food and on the way of receiving the provender given for the growth of the mind. On the other hand, it will depend on the attitude adopted by, on the guidance given to, the individual in three several provinces of his life, which may broadly be labelled as the home, the school and the street. The home represents the domestic influences of his earliest years; the school, those scholastic influences in one establishment or another, in one activity or another, which mould his later childhood and his adolescence; while the street is a synonym for society in its relation to him, beyond or after these earlier educational contacts. It is worth while to look generally at the actions and reactions between these three influences, in which the home yields up the child to the school, the school to the street. The home trembles at the possible loss of something and prays for the addition of something to the child, through the admission to school. The school receives a child with certain qualities, remoulds some, adds others, and eventually hands him on, now an adolescent, to the street of society at large, a street friendly or impassive or hostile according to his acceptability to the particular section which he enters.

The Home

In the home the child receives individual care and understanding of his intellectual and emotional nature in a degree and from an angle impossible in the school. But certain risks are associated with this advantage. On the one hand lies the risk of too much care, giving rise to the over-sheltered, under-disciplined child. On the other comes the danger that the parents responsible for the supervision may themselves be ill-balanced, seeing and over-correcting faults, to which they are unduly sensitive through their own aberrations, now reproduced in their children. This may lead in the child to an accentuation of these very defects either in the same direction or, with a child who reacts vigorously, in the opposite direction. The product is a child insufficiently shielded from the harsh wind of a parent's idiosyncrasy; and, as a result, either too tensely over-disciplined in compliance with, or in reaction against, those particular flaws present in his parent as in himself, or too flabby in personality from a failure either to comply or to react.

By a similar mechanism, contact with brothers and sisters, capable by its intimacy and persistence of bringing vast profit to the child, may yet have unexpected effects where the sensitiveness of one is ever rubbed sore by the kindred sensitiveness of another containing the same morbid quality, instead of being allayed by sedative contact with companions lacking this particular

sore point in their characters. In such a case the contacts of the domestic circle, theoretically so ideal, may yield the effect almost of inbreeding, accentuating and bringing to light weaknesses of character which under a less selective environment might have remained latent.

The School

In contrast with this, the child who enters school joins a company with at first no particular interest in him, and with never that vital interest which the home affords. The attention which the school gives him may be insufficient and superficial, as judged by the standards of the home. But there is this to be said for its relative carelessness towards him: it may allow personal weaknesses to fade into insignificance now that the child is away from the fierce searchlight of a family, some of whose members react too strongly to those weaknesses precisely through sharing them.

A relatively new feature in the child's environment when he passes from home to school is the extent to which he has to learn to submit to herd-law or convention; and the standards of that herd-law may vary considerably from the less stringent convention met with so far within the family circle.

The Street

When we pass to the street we find the herd-law still wider in scope and more tyrannical in its rule. Into it

is interwoven all the social outlook of the public at large, their standards and ideals, their view of the purpose of life and of the nature of its prizes, and their interpretation of its failures. That law of the street is coloured by society's view of the progress of the race: as to whether it is one of evolution based on struggle and the elimination of the unfit, with the production, more or less fortuitously, of better stocks of those more competent to survive: or whether some element of unseen direction, guidance and care from a personal Creator is also involved. It is tinged by the outlook imposed on society by industrialism, by the greed for material gain, by an ill-balanced perspective between the material and the spiritual in life. Both the school, which pours its finished products into the street, and the home, which provides the raw material, are all too readily influenced by the atmosphere prevalent in the street.

The school, which represents the more formal and conscious training of the mind, has to look both towards the home and towards the street. So far as the raw material reaching it from the home is concerned, it has to erase crude and ugly irregularities, or to stiffen material too lax in fibre. Along with this bracing activity the school has to avoid fraying into an open and persisting wound areas of character sensitized by contact with similar patches of irritability within the home circle. It must toughen the child to a firmer mould to face the trials to which he will be subjected in the street. It must at the same time protect him from

bodily persecution and from the finger of scorn. Its all-embracing function might be summarized as that of *instilling the child with social courage*; and, once expressed, that phrase is an obvious summary of the prime function both of a healthy home and of a healthy society towards the child or adolescent or adult who seeks to express his mind healthily in these several spheres. The phrase, so apt, is derived from Philippe Mairet's introduction to Alfred Adler's *The Science of Living*, in which Mairet is epitomizing Adler's philosophy:

By their feeling towards society as a whole—to any other and to all others—man and woman may know how much social courage they possess. The feeling of inferiority is always manifested in a sense of fear or uncertainty in the presence of society. . . . The ideal, or rather normal, attitude to society is an unstrained and an unconsidered assumption of human equality unchanged by any inequalities in position. Social courage depends upon this feeling of secure membership of the human family. . . .¹

In so far as they are fostering social courage, home and school and street are performing a duty of vast value. In effect they are preventing or freeing the child from preoccupation either with his deeply sensed faults or with the more superficial bulwarks of abnormal habits erected to mask those faults. They are teaching him to feel fully through every fibre of his body and mind, unimpaired by the shutters which self-absorption

¹ Alfred Adler, *The Science of Living* (George Allen and Unwin), 1930, p. 15 of Introduction by Philippe Mairet.

draws down in some directions between him and a world of sense, even while leaving him morbidly over-sensitive to stimulation in other directions. In so far as they succeed in teaching the child to feel fully, they are showing him the way to think clearly, to will vigorously, and to act with a single purpose; they are making the child come mentally alive, are enabling him to cast off the inertia of a life only half-lived.

It is impossible to over-stress the importance of this aspect of the activities in these several domains of mental education. The exciting causes of our present social and economic distresses, traced back to their origins in the attitude of the individual and of society to life, are seen to depend on a false relation to others, an insecurity in membership of the human family, and a determination to achieve security, whether by seizing the material prizes or by crushing our fellow. Such an attitude implies a social cowardice, an underlying sense of personal inferiority, and a struggle against that inferiority with the weapons of natural man. It lacks the social courage which approaches its problems with unruffled equanimity.

If the home, in its imperfection, produces children already too often troubled or tortured, however unconsciously, by a sense of their own inadequacy, how real is the blessing offered by the school which succeeds in being a training-ground in a social courage based on "an unstrained and unconsidered assumption of human equality"! And how great is the boon then conveyed in turn to the street, which is to receive these

adolescents of balanced mind to apply the salt of their wholesomeness to its sores!

Theory and Practice

So much for the theory: what of the practice?

If any generation of our race ought to exhibit health of mind throughout its society, that generation, it might be argued, should be our own. For it alone has been favoured with a concentrated attack on the young child's problems of mind and heart within the family circle. It alone has received an elementary, a secondary, and to a considerable extent a technical education on a nation-wide scale, to fit its members to take their place in Western and world civilization. It alone has been subjected to education, however unorganized, by a cheap Press, by a flood of books to be bought at popular prices or drawn from public libraries; or to education by the wireless and the cinema, or, on the other hand, by movements, such as those of Boy Scouts and Girl Guides, which encourage knowledge of, and pride in, that skill in making which is art. Surely here, in the generation thus endowed, we may expect a closer approximation than ever before to social health of mind!

Does our generation justify such a deduction? Is it not true to say, as one of the commonplaces of daily experience, that it shows instead a widespread prevalence of mental stress and strain, of anxiety too frequently leading to nervous breakdown, or passing

into that extreme of ill-health of mind which finds expression in suicide? Surely this national education, however imperfect, exercised in the home, in school, and throughout society, should have equipped its subjects more effectively to fill their places in modern life than this record suggests? Why has there been this alarming degree of failure in that social courage which implies health of mind?

We may perhaps reach some conclusion if, following the example of the preceding chapter, we take off again from somewhat remote ground, and form some impression of the stresses and strains capable of occurring within the mind, as elucidated in large part by medical psychologists from the sad experiences and intense terrors of the Great War.

Conscious and Unconscious Mind

Study of the strained minds of such persons has given steadily growing evidence that the mind tends to sort its activities into two main compartments: (*a*) the conscious level, which conducts the ordinary reasoned business of life; and (*b*) the unconscious level, where, below the threshold of consciousness, activities of the most varied character are carried on.

To that unconscious level is handed on the duty of maintaining the habits of bodily function acquired in the conscious region of the mind. In it lie the habits, instincts, and urges which come to the individual from his ancestors. Further, that basement of the mind is

the dungeon to which are banished ideas so deeply unwelcome to the conscious mind that it refuses to look at them. On it falls the impact of crises shirked in the conscious life, from fear or hate or some other evil passion. The circumstances of those shirked crises are thrust down and registered in the unconscious depths, there to exert their malign subterranean influence, colouring the groundwork of conscious thought, creating strain, anxiety, depression, or a restless itch for mental distraction as they swerve from time to time nearer to the barriers of consciousness. No one who has had personal observation of the resolution of strain in individual cases of mental sickness can have any doubt as to the fact of buried elements of refused thought playing their vital part in ill-health and stress of mind.

This has become matter of general knowledge: almost too general, for the light-hearted excuse of being a victim of a complex is for some almost the routine explanation of their particular vagaries of action. The genius of Freud, which did so much to establish the recognition of this region of the mind, has as gravely disturbed the view of its scope and contents by his insistence on sex repression as the universal element thus buried in the unconsciousness. There can be no doubt that, even with the widest interpretation of repression of the urge to creation, that view is far too exclusive; and that such passions as fear or hate, in directions unrelated to a hindrance of creative power, can be the essential agents in unconscious suppression.

What bearing has this on our problem of the failure of modern education, in the widest sense, to establish a sound degree of health of mind throughout society?

The Unconscious Mind and Fatalism

The answer lies in part in the frame of mind which has been engendered in scientific circles by this knowledge. It is assumed—though not with complete accuracy—that these buried ideas date back to the earliest years of life, when the child is unable to protect himself; and it is assumed further that, once buried in the unconsciousness, this deep-seated impress is irretrievable, except for the favoured few who can receive the attentions of a psychiatrist. As to the rest, they are regarded as evermore subject to the unseen and uncontrolled influence of that hidden hand, warping the mould of conscious thought, framing conclusions which are always relative to that inward bias, and never wholly open to the truth. In other words, this view of the intimate mechanism of the mind tends to bring with it a sense of fatalism. Man's mind, so it suggests, is the plaything of outward circumstance when he is too young to defend himself; and it continues therefrom to be the plaything of inward circumstance beyond his control. That view is the more potent because it chimes with the popular outlook on life as a process of evolution based on natural selection acting on purely fortuitous variations: in other words, of an evolution which is the sport of chance.

Fatalism and Human and Divine Initiative

Where is the flaw in this view, so widespread even if usually not so definitely expressed? The flaw lies in the failure to remember two factors in mental life: man's will and God's pressure.

On the man's side lies certain cowardice, or passion, or other warping element within his conscious mind; and as a consequence he has accumulated not only a conglomerate of refused experience in its unconscious levels, but also a network of false, depressed thought in his conscious mind, with its product of evil word or action coming from a line of thought frankly known to him. The strength of those evil elements, known to him but hidden within the recesses of his conscious thought, is the need for keeping them secret from others, for very shame; just as the strength of the evil elements, unknown to him and buried in his unconsciousness, lies in the need for keeping these secret from his own conscious nature, for a like shame. Suppose, however, that driven into a corner, perhaps in the last ditch of his personal self-respect, he allows his highest will to break through fear and passion and weakness, and by an act of confession to doctor or priest or friend makes public these shameful facts in his conscious life: what may be the result? He has been relieved of the strain of closing these facts within his own consciousness, and in the act has won an unwonted capacity to face his own fears and passions with courage. But that means that he has become correspondingly able to look

without shrinking at those circumstances jettisoned previously into his unconsciousness. His resistance to their emergence will be lessened and, as the psychiatrist finds, those buried ideas can now, rapidly or gradually, easily or with pain, emerge where previously they were held down by a mind in terror of the consequences of looking at them. That process will naturally be both easier and safer where it is helped by the skilled midwifery of trained physician or priest.

But why should they emerge? Why not stay as evil influences darkening the current of the conscious mind? The explanation may well be that which comes sometimes to those who, passing through such a process, reach the blessed peace of inward clearance; and, so arriving, reach at the same time a more fundamental truth, in a knowledge of the presence, now felt in their innermost depths, of a God who hitherto had been barred out of their nature by these very obstructions erected by sin in the conscious and the unconscious levels of the mind. Does that not suggest that throughout there has been a presence of God at the innermost citadel of the man's mind, playing a part in that sense of strain, unhappiness, restlessness, and futility? Does it not suggest that as the man's will has at last responded and used violence to break away the barricades in his conscious mind, so the Divine pressure within his mind has been enabled, without infringing the gift of free will, more and more to loosen the struts which have been pinning his buried failures down below the threshold of consciousness?

Childhood and the Unconsciousness

These considerations may fairly be said to destroy the fatalistic outlook on the mind already warped by disturbing influences buried in the unconsciousness; for they assert the power of human will in co-operation with the loving presence of God to retrieve the evil situation and to restore a capacity for full life, with however much difficulty and even danger to mental stability in the process. Moreover, the fact of danger to mental stability on occasion accompanying the process of cure is no argument against the soundness of the process. To live dangerously is the secret of the richest life, and if the choice is between remaining at a level of mental safety conditioned by anxiety and a half-life, and climbing dangerously to mental health and a full life, then at whatever risk surely the latter is the right choice. In assessing that risk, the vital point is that God is a partner with man in the process, for what with merely human direction may be a way of extremity of risk may in fact be one of safety, even along a knife-edge between sanity and insanity, if the inward Director be, not man, but God.

But this does not remove the fatalism engendered by the view that helpless childhood is exposed to the irresistible forces of an adverse environment. On that view the more sensitive members of society, at the most sensitive period of life, are the playthings of fate which, through chance or under some inscrutable law un-

known to us, may introduce the canker of buried evil into the unconscious mind of the young child. The child, and therefore the adult, seems to be the sport of circumstance.

We should, however, not look on the form of stress in isolation. Seen alone, it may loom larger than when seen in perspective with other stresses affecting childhood. For the child is subjected to inward or outward circumstances from more than one direction. He receives qualities from his parents and ancestors; and those qualities may either help or hinder him in facing facts as they are presented to him in his own life. He develops qualities by his own initiative and effort; and they may be helped or hampered by the environment, pre-natal, domestic, and social, to which he is exposed.

Whether he can alter his inherited qualities is a question at which we shall glance later; and that has its close relation to the prevention and the remedy of the stresses within the unconscious nature on which we have touched. Later we shall refer to the control of his pre-natal, domestic, and social environment. But it must even now be clear that he is not in the latter connection a sport of impersonal circumstance so much as subject to environment created by persons, all of whom have the capacity of rendering that environment healthy for him; while the child in turn has his inward capacity of will to fight adversity and to overcome it within the limits of that capacity. Further, in the region of his inherited qualities, those inherited habits are formed at some stage by persons who might have

formed them differently; and those same defective inherited habits may play a substantial part in the flaws of character which expose his unconscious nature to the blows which above have been attributed to an impersonal fate. Thus after all a personal element, an element of individual or racial responsibility is, however dimly, to be perceived. The child is no longer the sport of fate, but a victim of human error and sin; and human error and sin are capable of cancellation, their products capable in some degree of deletion.

How are such factors as the child's will, the reactions within the family circle, the influence of society—we omit heredity for the present—so to be altered that the child, and later the adult, will face life with courage, will refuse to turn away from, to succumb to the fear of, difficult elements arising in his circumstances? How, in other words, is the child and then the adult to attain the social courage which will keep him single-minded, reacting single-mindedly to all life as it impinges on him?

The Attainment of Social Courage

We have returned, then, to the point of departure. We need social courage, such that it will combat the sense of personal inferiority, the stress of unfaced thoughts, and the conviction that we are mere playthings of fate. How are the home, the school, and the street to provide this philosophy of life, enabling their respective pupils to look each other and the world at large fully and frankly in the face? Ultimately they

do so only in one way. The only way by which each can feel that sense of unfettered equality with his fellows, and of his fellows with him, is by a recognition, constantly renewed, that all are equally members of one family, children of one Father. If education in the truest and deepest sense is to be attained, that knowledge must somehow be conveyed to the pupil of life, must be made part of his habitual outlook, by the educating staff, whether that of the home, of the school in the narrow sense, or of society at large. That staff may itself have won the knowledge along very various channels, and may give expression to it in widely differing ways; but unless this sense of the universal family and the one Parent permeates its atmosphere, the school of life will fail to give the foundation on which lasting social courage, strong against all the shocks of life, can be erected.

This takes us into deep waters of social education; and it is necessary to traverse two further reaches if we are really to reach firm bottom on this all-important matter of social courage.

(i) To teach the pupil that he is a member of one world-wide family of which each member is equally loved is to give him one vastly important lesson for his social career. Without that lesson, all else that he learns is of little value. But this alone will not equip him with a lasting social courage, for this will be shaken and perhaps shattered some day, when he meets the vile actual rather than the radiant ideal in some other members of this great family of mankind. Something further is

needed; and that something is a right recognition of the gravity of meaning involved in the sense of inferiority which everywhere stains and strains the sense of kinship throughout humanity. It becomes essential to realize that this modern paraphrase, inferiority, is merely a shallow euphemism for a sense of sin. Only in a recognition first of the universality of this sense of inferiority, then of its meaning as sin, and finally of something analogous in Nature itself, something which might be called Nature's inferiority sense, her disappointing failure to be her best self, something which we label more strongly as evil at the physical level—only in recognition of these additional factors can the pupil get into proper perspective both the ideal family relations of the race and of the universe and the actual blemishes of sad failure on the part of each in that family relationship.

(ii) First, then, the pupil has to realize the divine spirit common to all; and therewith to recognize the sense of sin which causes separation. A recognition of both these elements is an essential in the creation of the social courage which we are seeking to establish. But unless there is something further these are not enough. They would give the courage of the one with head bloody but unbowed, the steadiness of the stoic; but in the extremity that does not suffice. Some redeeming element is needed, and the phrase itself gives the clue: the element of personal redemption, and with it a recovery from the state of separation and a restoration into the family. The fact of redemption is the key-

stone to this arch of social courage. If the school of life is to bring that quality in any fundamental sense into the lives of its scholars, its staff, whether in the home, the school, or the larger world of men, must have built up each stone of that arch into their own experience, that thereafter their every word and action may convey some part of the message to those in their charge. Only if all these elements in character construction, destruction, and reconstruction are clear in the hearts and minds of those who teach children and men, can they convey in any balanced and basic sense the lesson of social courage.

Social Courage and the Home

It may be said that the power to reconstruct social courage by the removal of the sense of inferiority does not lie with the school or with the street; rather, if popular psychology be right, the formation of character and its main warping occurs during the early years of life within the home. Surely, then—so the argument runs—the school and the street cannot be expected to straighten the sapling bent within an unwise or unfriendly home?

Here again we have an illustration of that too ready surrender to the spirit of fatalism which is characteristic of our civilization. That fatalistic outlook appears in direct proportion to, and is a direct consequence of, the loss throughout society of a living belief in the omnipotence of a God who, as such

and as a loving Father, is also a God of those miracles which express His power over the natural. It is difficult for society to persuade itself that the young sapling, once bent, can unbend even to the extent of turning again towards the vertical under the kindly influence of the sun. The possibility of an even more radical obliteration of its defect, such for example as in the Gospel story once befell a certain man afflicted with palsy or another with blindness, is becoming for that society only a chimera. It would seem that in their several spheres the psychologist and the ultra-modernist theologian are failing to direct society aright, because they are failing to give sufficient weight to the fact and power of redemption in a re-creation of life and in the removal of the mark of inferiority, or of sin, from that now new creature.

Nevertheless, even that first stage of faith which accepts the partial straightening of the bent sapling would make an incalculable difference to the outlook for the warped individual within society, for it would allow the sunlight of a realization of the meaning of life so to reach him as to make him direct his course upwards in its true direction.

The Christian Challenge in Health of the Mind

There can be no doubt as to the challenge which has emerged. Our education, in the home and in the school, offends Christian ethics in so far as it is divorced from Christian thought and fails to be permeated with a

Christian atmosphere containing such fundamentals of belief as those of an omnipotent Deity, the Father of an equally loved human family; of sin; of redemption and of a Redeemer. In the absence of this, home, school and society in general are possessed by a materialism into which all have descended from starvation of the spiritual side of life. Their inferiority, their sense of sin, finds relief in the acquisition and the contemplation of the material as a means of averting the gaze from the spiritual. Therein lies the Christian Challenge to the educationalist within the domestic, the scholastic and the social circle in our day.

CHAPTER III

SOCIAL HEALTH AND MARRIED LIFE

HAVING looked in general terms at the issues of health of body and mind, we may turn to the question of health in marriage, as the basis from which must come healthy parenthood, healthy children, and a sane and balanced outlook throughout society.

It will be convenient to begin such a survey by getting a glimpse first of some aspects of Christian marriage in the ideal, then of the sub-Christian marriage of actual life.

*Husband and Wife in Christian Marriage*¹

In what terms can we describe the general relation between husband and wife united in the bonds of a married life lived as ideally consistent followers of Christ? In each the love of the other will rest upon a more deep-seated love of God, interpreted in Christ, dominating and directing the lives of both; so that their mutual human love will be experienced in the light of, and coloured by the example of, that supernatural love.

What does that mean in detail? Can any clear-cut products of such a way of life be indicated? From our present standpoint some half-dozen characteristics of the ideal Christian marriage emerge, in sharp contrast

¹ This is in large part derived from an address prepared for the League of National Life, and published in *National Life*, Oct. 1934, p. 167.

with their parallels in sub-Christian marriage. If some of them seem at first sight prosaic, perhaps not even specifically Christian, it will be well to suspend judgment on them till we see their equivalents at the sub-Christian level:

- (1) Neither is afraid of the other.
- (2) In the strength of that mutual confidence both are delivered from fear of or undue dependence on the outside world.
- (3) Neither desires to dominate the other contrary to the other's best interests—there is no selfish domination.
- (4) Neither shows a willingness towards subjection to the other contrary to that other's best interests—there is no ignoble surrender.
- (5) Each is deeply interested in every activity of the other: and each feels a constant urge towards fuller knowledge of the other.
- (6) Each recognizes that the relation to the other is subject always to a purpose for which both are intended beyond that mutual relation: a purpose of which both are instruments, deriving their strength and capacity for it largely through the maintenance of an ideal relation in marriage. Such recognition of an underlying deeper purpose can bring with it a sense of the need for personal sacrifice by both for that deeper purpose.
- (7) Each is ready for self-sacrifice on the other's behalf; and both recognize, as the fundamental principle of Christian living, that failure on the

part of either may sometimes best be retrieved, and the stumbling partner restored to true balance, by willing sacrifice on the part of the other.

Few are the marriages wholly fulfilling these high standards; yet very many happily married Christian couples show a way of life recognizable as essentially of this gracious pattern. How does this compare with the definitely sub-Christian marriage?

Husband and Wife in Sub-Christian Marriage

Looking at the same series of characteristics, we are met with a succession of contrasts.

(1) *The question of lack of fear between the couple.* While frank fear between husband and wife may not be common, qualities derived from fear are by no means rare in one or other partner in one relation or another of domestic life, giving a feeling of inferiority, concealed sometimes by the defensive mechanism of a false superiority. Such inferiority, or its mirror-image of superiority, is apt to betray itself in ways trivial or grave, during the daily contact between the average husband and the average wife, whether in matters of dress, of speech, of manners, of intellectual capacity, of initiative, of craftsmanship, or in other directions. This hidden sense of inferiority can readily emerge in the physical relation in marriage, no matter whether it be husband or wife involved:

(a) In the husband, the sense of inferiority too

readily finds relief in the false superiority of assumed "husband's rights". Under such assumption he makes demands on the physical relation on occasions when he would have felt no need for such urgent demand, were not that sense of inferiority seeking to drown itself in this or some other form of personal satisfaction. His sense of inferiority has over-emphasized his physical urge.

(b) If it be the wife who is the subject of that sense of inferiority, then she may conceal and yet express it by the too ready offering of the one physical gift, that of her own body, in which she can exhibit subjection with least sense of strain in her inward nature.

(2) *Fear of the outside World.* A haunting sense of being thought too little of in some particular aspect of life at home can produce or accentuate fear of the outside world, or undue dependence on it, and can reveal itself in slavery to convention and fashion. It can appear in a sense of inferiority and of incapacity in work.

That conventional standpoint ever thrust on the individual by the Press, the cinema, the luxury trades, the tone of society at large, is the standpoint of a demand for self-satisfaction, of over-emphasis of physical urge. Similarly that sense of inferiority in work interprets home as a shelter, and physical satisfaction in the married relation within the home as a means of renewing self-confidence.

(3) *Selfish domination.* We have already referred to the husband with too demanding a sense of his

rights, a determination to have his way whatever the effect on the wife. That character shows itself in the physical relation of marriage as at other levels, leading there to those acute problems the Gordian knot of which is so simply cut to all outward appearance, but which may be so gravely tangled in the inward life, by the use of artificial methods of birth-control.

(4) *Ignoble surrender*. This has been sufficiently indicated above [I (b)].

(5) *Whole-hearted mutual interest*. While interest in each other is acute at some planes in sub-Christian marriage, it is lukewarm or lacking in others. In the face of this imperfect mutual sympathy happiness in marriage may depend for its maintenance on an unhealthy over-emphasis of the limited number of aspects, including the physical, at which interested and intimate contact can be established. That in itself renders the problem of physical relations a disproportionately and artificially acute one in the sub-Christian marriage.

(6) *Purpose in life*. In the sub-Christian marriage the absence of any strong sense of a deeper purpose in life embracing both individuals leads to a fundamental dissatisfaction, kept at bay by self-satisfaction in a number of directions.

(7) *Mutual sacrifice*. The principle of sacrifice as a part of the succour of the other in the discipline of life is essentially a Christian characteristic, only felt faintly in the sub-Christian marriage. The absence of recognition of the need for mutual sacrifice, and of the part which one may play in retrieving the other through

sacrifice, means the loss of a great stabilizing power and the loss also of a means of mutual redemption in marriage. The lack of this stabilizing principle allows of the thoughtlessly ready resort to practices which can satisfy each party to the marriage without obvious harm to the other. Among these ways of easy and so-called safe satisfaction may be included the artificial methods of birth-control.

The Question of Birth-Control

It will be obvious that in this sketch of some main characteristics of Christian and of sub-Christian marriage, we have obtained some degree of light on the relation of artificial birth-control to married life. But that light has come so far from too narrow an angle; and it is necessary to look more closely at this question of artificial contraception, the attitude towards which has such immensely important repercussions in the attitude which it engenders or encourages in many other regions of social health.

I. *The Case for Artificial Birth-Control.* Such a couple may be moved to adopt measures of artificial birth-control by the appeal of one or more of six main arguments:

(a) *Difficulties of social circumstance.* First may be mentioned economic difficulties, combined with social standards to be attained and maintained. The income will suffice, so the argument runs, only to feed and clothe and support a certain number of children, to

keep a car or a motor-cycle, to allow the usual recreations with the usual frequency, to supply a modicum of tobacco and beer and outings. It is a *sine qua non* that the family shall be as tidy, as well dressed, with as good standards of comfort and well-being as others in the same road.

(b) *The difficulties of the mother.* The mother's health has to be considered. The strain of too frequent pregnancies may cost her and the family very heavily in general wear and tear as well as in injuries during labour giving rise to chronic invalidity. Even that may not be the limit; for, so gossip goes, confinements are dangerous, and there is much talk nowadays about the failure to reduce the proportion of deaths occurring in child-birth; and a husband has to think twice before he lets his wife enter on such a risky course!

(c) *The difficulties of the child.* A third argument is in relation to the child, and to the need for seeing that each child as he comes shall have the fullest chance of enjoying all the advantages and joys which modern social life offers, the giving of which means a drain on an already too meagre income. This factor becomes of increasing weight where the family earnings are such that an increase in the number of children will not allow these standards to be maintained without risk of under-nourishment of the children already born.

(d) *The physical needs of married life.* While all these factors tend in the one direction of limitation of the family, that limitation is made difficult by the right conviction on the part of the couple as to the immense

importance of periodic physical union as an essential part of marriage. They feel, and popular psychology seems to assert, that it is necessary, not merely for procreation, but also for the physical health and the spiritual comfort and happiness of both.

They are influenced perhaps by the opinion, wholly erroneous yet too often expressed, that lack of physical union may be an actual danger to the health of the husband. They allow themselves to believe, as they gather also from the attitude of their fellows, that it is both wrong and impossible to exercise any material degree of self-restraint in physical union: wrong, because psychology appears to be teaching the need for full self-expression and for avoidance of repression: and impossible, human nature being what it is.

(e) *Questions of physical disability.* Among the well-intentioned couples faced with this problem are a number who find themselves faced with an absolute veto against the conception of more children, on such grounds as grave bony deformity in the mother, involving risks in child-birth which medical advice regards as unjustifiable; or organic disease of one parent or the other, involving risk to child or to mother; or some inherited abnormality in mental or bodily function which should not be conveyed to the next generation. To all such the solution offered by artificial birth-control seems an unutterable relief.

(f) *The undisciplined partner.* There is, finally, the case of the couple of whom one, usually the husband, is irresponsible, with too physical a view of the

sex relation, too little sense of its dignity, too strong a sense of marital rights; and where consequently there is no true partnership in marriage, but a subjection of one to the will of the other. Or again, there is the case of the drunken partner, or the partner suffering from mental instability. In all such cases artificial birth-control is an obvious short-cut, appearing to offer a solution agreeable to both: safeguarding the wife, allowing the husband freedom, yet preventing the birth of a child, perhaps to a drunken or a mentally unbalanced parent. This in particular is the group, rather than that of the responsible couple, to which the attention of the eager social worker is more particularly turned, and for whom the remedy of artificial birth-control is most earnestly pressed.

II. *The Case against Artificial Birth-Control.* The arguments outlined above may be regarded as the natural reaction of the average married couple when faced with the problems of a growing family, a stationary income, social responsibilities and prestige, and the physical disabilities and anxieties which come with the passing years. These arguments show the familiar path trodden in thought by many married couples nowadays.

These considerations, we have said, form the natural reaction. They are the way in which the natural man looks at these questions, and yet even from that limited aspect they are too restricted in their outlook, even though they contain a considerable element of truth. They characterize the sub-Christian marriage of our

earlier review. Marriage is not solely a relation of the natural man; yet even the natural man ought to see another side of these arguments which tend towards artificial birth-control. It will be convenient to group the arguments in the same sequence as before, though in the opposite sense:

(*a*) It has been assumed that the couple must adapt themselves to the social standards of their fellows. If that is accepted, then these social standards do in fact make even the moderately large family difficult. But such an assumption is by no means a necessary one. There is great need nowadays for simplification of a very complex and artificial social life. That simplification could come most naturally and most easily if parents were willing to ignore the social standard which regards the one-child or two-children family as the normal, and were prepared to loose their hold on some of the amenities of social life in order to replace them by the happy necessities of a growing family circle.

(*b*) While it is true that too frequent pregnancies impose a strain on the mother, there is another type of strain felt later in life, coming to the mother whose pregnancies are too few or too far apart. That is the strain caused by the vagaries and the difficulties of the single child, or from the succession of what in effect are single children, widely spaced and out of contact with others of any near age, as these grow up and bring to the mother anxiety and distress which a family on a more comprehensive scale might have avoided. For, in such a larger family, the necessary and wise neglect of

the minor fluctuations of the individual, in place of the cat-and-mouse supervision to which the lone child is too often subjected, is all to his good. A mother too carefully buttressed in her earlier married life may have to pay time and time again for this short-sighted tenderness.

(*c*) It is true that the children already born may lose something of social comfort as the family grows. There comes a point, of course, at which that loss means deprivation of the necessities of life, of adequate food or clothing, as distinct from the amenities; and at that point the decision to end child-bearing will be a right one. But let the parents look carefully before they reach such a decision. Is it certain that they are not spending disproportionately on certain pleasures or conveniences, instead of having the child who would absorb that money? Are they bearing in mind that there is a credit side to the account, in that the children already born will gain vastly by the interest and the comradeship of the newcomer, will gain vastly more than they are likely to lose in social pleasure or comfort, short of the point of deprivation of the essentials of life?

(*d*) It is right to emphasize the part played by the physical union in marriage, both in its direct effect of confirming the sense of unity peculiar to that sacramental relation; and in its indirect effect of relaxing the tension of daily life, of softening the asperities of the outward world in the tenderness of mutual confidence, of wiping out self-occupation in the expression of affection for this intimate companion.

But that fact in itself points to the lack of truth in the assumption that this most desirable physical union must ever and always be a part of married life. For if that union is going to bring anxiety or danger to one or other partner, if it is going to risk the production of a child without a fair chance in life, then the very virtue of the physical union itself surely gives strength to the couple to abstain from it, until and unless it can be experienced without those alarms which irretrievably alter its nature, and without the mechanization of the process involved in artificial contraception. It is common experience that many married couples regularly exercise such self-restraint, involving voluntary and natural birth-control, for months on end in relation to periods of pregnancy and lactation. Specific inquiries by competent investigators have shown that voluntary physical abstinence is common in working-class families for periods of weeks or months or years, and on occasion permanently.

To the facile assumption that lack of physical union is necessarily injurious to husband or wife, no comment other than a flat negation is necessary. That is not to say that the husband or wife who has agreed to discontinuance of physical union may not develop irritability and emotional unrest. But that is not the result of agreement to self-restraint; it is the result of imperfect agreement, with an uncleared undercurrent of self-pity or resentment at this enforced celibacy. Let this partner make the renunciation whole-hearted for such period as may be necessary, and the emotional disturbance and its physical concomitants disappear; or let this partner on

the other hand make certain whether the hidden resentment is not justifiable, and whether the demand for normal union and more children is not the right one.

There is the further assumption of the advocate of artificial contraception, that the wife can be safeguarded, can be delivered from the anxiety which may otherwise spoil physical union for her, while nevertheless the happiness and benefit of such physical union can be continued, by the use of methods of artificial birth-control. But that, it is submitted, is not a true assumption. The sense of abhorrence which the procedure causes universally when first applied is significant of a real wrong done to the dignity of the married relation. That instinctive shrinking from something unworthy can evaporate all too quickly if ignored. But it nevertheless points the moral, that there is a supernatural as well as a natural aspect of marriage, ignored at the grave peril of the real meaning and purpose of the marriage itself.

(*e*) In considering the validity of the argument that grave deformity or disease in the wife, or a serious hereditary weakness in one or the other partner, justifies contraceptive methods, it has to be remembered that this case is not really so fundamentally different from that of the ordinary couple as a first impression suggests. For the couple here under discussion have in general no less power of self-restraint than the average couple. The ill-health—if it be ill-health—will ease in some degree the pressure of the physical nature on that self-restraint; while the couple have a vital buttress for

their self-restraint in the ever-present fear of the harm in which failure will involve the wife or the fruit of the union. The main difference is that in the case of physical disability of this character, the self-restraint must be complete and permanent.

These, then, are some of the arguments which should influence the couple in their "natural" reaction to difficulties in their married life involving a decision on the question of physical union. We will postpone reference to the final group of troubled partners noted above—the group of the undisciplined in marriage—for it will be more appropriate to discuss this group after we have looked a little more deeply into the meaning of marriage.

The Significance of Marriage

We have been looking so far at the reaction of the natural man in wedlock to some of the difficulties which meet him in the maintenance of ordinary married relations. As the scope of that natural reaction has enlarged, the easy course of artificial birth-control has become less obvious and less sure as a solution than it had at first appeared. We need not enter on other arguments at the natural level, such as the incomplete certainty of such contraceptive methods in practice, and the fact, therefore, that they may be a snare in this purely physical sense when they were intended as a safeguard. Those arguments only touch the fringe of the real issue, helping perhaps to confirm an opinion, but failing to reach to the heart of the problem. That

can come only from a fuller view of the essential meaning of marriage.

Marriage has its natural aspect, of a physical relation making for mutual comfort, support, happiness in the physical as in other relations, and for procreation of a family. But it is also a relation, in its supernatural aspect, whereby each is intended to help the other, as well as to help the fruit of that marriage, to attain the fullest emergence of every aspect of character, the fullest expression of all the powers of mind and heart and spirit, the most complete manifestation of the divine through each of which each is capable. Each is imperfect, and in the ideal marriage seeks the complement to his weakness in the corresponding strength of his mate, that thereby he may change his own weakness into strength. Each is intended to change the other into a full personality. Each will do so only to the extent that he or she avoids being arrested at the lower levels of personality and persists in expansion of the higher, non-material levels. The material level of physical union plays its very important part in such development of the whole personality, and if properly used can be of vast help in mutual growth at the non-material levels of personality. But the physical side of the marriage union is always one difficult to keep in proper balance. Man is so constituted, has so much concupiscence in his nature, that even the truest affection between husband and wife, and the fullest understanding of each by the other, cannot always prevent emphasis of that physical element in sheer selfish satisfaction. Anything which

further emphasizes the physical in marriage increases the risk of keeping the relation at that level and of blocking the non-physical levels of contact. Nothing could more tend to this than the artificial and intrinsically repellent processes involved in the use of contraceptives, which introduce into the marriage union an element of grossness which should be quite foreign to it.

The first thought, then, of the couple who for one or another wholly satisfactory reason find child-bearing for the time being undesirable should be, not how to arrange for physical satisfaction without the risk of conception, but how best to reduce that physical demand so that mutual respect of the marriage bond shall be maintained by growth of intimacy of contact at levels other than the physical.

III. *Some Implications of Self-Control.* It may be concluded that the adoption of artificial birth-control is largely a sign that the couple have not taken the meaning of marriage with sufficient seriousness and thoroughness. The alternative course of self-control here advocated implies that the couple will set about reducing the difficulty as to physical union, not by the passive way of artificial contraception, but by the active one of direct attack:

(a) They will seek to apply practical measures to *minimize the incitement to physical association*. In a number of directions husband and wife could mutually help each other to avoid too frequent or too intense exposure to sex stimulation. This may cover such varied

items as the character and time of meals, sleeping arrangements, the adoption of pastimes and recreations which shall absorb the energies without stirring the appetites, etc. It is obvious that a very radical recasting of the way of life is involved, to the ultimate advantage and the fuller life of both. It will be radical because it has to deal with a radical issue. For the self-control must be effective and thorough: no half-measures, no intimate bodily contact short of full physical union is possible without ultimate danger to the true dignity and happiness of a marriage to which normal marital relations are forbidden.

(b) *Encouragement of points of contact* and of mutual interests at other levels of life: a full sharing of hobbies and of personal interests. This involves also the removal of incomplete understanding or of reticences which limit contact at the levels of mind and heart, and which consequently over-emphasize the need for contact at the physical level. The clearing up of such reticences means that there should be *mutual confession* between husband and wife of events, whether trivial or grave, which each hitherto has been unwilling to bring to the knowledge of the other. The vital importance of such mutual confidence cannot be made too clear; yet the difficulty of the inward cleansing by mutual confession which leads to it is obvious. Is the partner in marriage to be told everything? Is the confession to extend even to such pre-nuptial falls as may have occurred? May that shake the marriage into ruin? To the writer only one answer is possible: a step at a time. Let first the

immediate present relations between the couple be cleared up; when the confidence thus renewed and reinforced has become established, let each obey the inward impulsion, if and when it comes in a form and degree challenging them to action, and let each then clear up that more distant past. According to the individual circumstances, to some the process of cleansing and of growing mutual knowledge and confidence will be swift and at one stride; to others more gradual and by successive stages.

It is the writer's belief that, where the decision is made and the way tried, each partner, recognizing the sincere and the heroic in the other, will respond in a degree which needs the experience to be believed; and each will, moreover, be found to have already a shrewd intuitive knowledge of much which the other fondly believed as yet to be hidden. It can be confidently stated that the effect of such mutual clearance will repay a thousandfold the difficulty of the act, or of the succession of acts, in the vast accession of interest in the affairs of the other established by the removal of these causes of self-absorption.

(c) Assistance in *removal of factors of discouragement*, lack of interest, or loss of idealism which encourage over-stressing of the purely physical relation. These factors may be related to unsatisfying work, in the workshop or office or home; or they may be related to a loss of sensitiveness to the spiritual aspects of life, and a dullness of perception of its true meaning.

(d) The only lasting solution of this question con-

sists in an honest facing up to the *intimate spiritual problems of the individual's life*. Stability of adjustment at the physical level of married life will follow surely when stability has been reached at that deepest level of his life.

The Redemptive Element in Marriage

Granted the fact of Christian marriage, and the help which the Christian outlook brings, does this really solve our difficulties? We do not always keep on the Christian heights in marriage. What will happen at those humdrum periods in which we descend to the sub-Christian levels? Shall we not end in catastrophe if we continue then to rely on Christian self-restraint and self-control in the physical relation, rather than on the safe, or relatively safe, procedure of artificial birth-control?

The answer to that question lies in the part played by sacrifice in the retrieving of the one who fails to live completely up to the Christian ideal; and it is submitted that the Christian ideal excludes such a device as artificial birth-control as being an unworthy way of escape from difficulty.

Let us try to put the issue in concrete form. Picture a married couple who, with a family whose number they regard as the maximum possible on their income, for that and for other reasons honestly satisfying to them have abstained over a period of years from physical relations, feeling the alternative of artificial

birth-control to be abhorrent, and have found their outlet in widened mutual interests within and beyond the family circle. But suppose a time to arrive when the husband develops a sense of grievance on comparing his own married life with that of his neighbours who find their solution in artificial contraception. At that point let us assume that there enters the quality of redemptive sacrifice to which we have referred: that the wife deliberately accepts physical union, and a further child is the consequence. Surely for this household that must spell catastrophe! Yet instead of the catastrophe which might follow in a sub-Christian atmosphere, in a Christian partnership the probable result is a great restoration of mutual understanding, respect and affection, and an altogether unexpected quickening of unity and interest as between parents and the circle of children. With this, there may come also either a recognition by both that, after all, they had pitched their standards of household amenity too high and that the new addition to the family is a boon and not a burden to the rest; or, on the other hand, a deep remorse on the part of the husband at the stress of body and mind in which by his act his wife has been involved, and through that remorse a determination to return steadily to the path of self-restraint.

Only the critic lacking in experience of married life lived at other than a superficial level will reject that picture as unreal. The way of Christian marriage in the sense here given to it is no doubt the way of risk, but of risk wholly worth while, if it can thus be buttressed

and renewed by this deep principle of sacrifice. It becomes the way of adventure, the only way worth taking; while in comparison with it the sub-Christian way of reliance on the mechanical aid in place of the personal attitude becomes the pedestrian way of shrinking from life in any true sense.

The Undisciplined Partner

There still remains an issue which must not be shirked: that of the undisciplined partner. This in particular is the case which gives the deepest searching of heart to the social worker. It is not really the husband with the invalid or crippled wife who is the difficulty; for he is on the average as capable of self-control as any other man, and he has far more urgent reason for such control than most. He offers, then, a poor argument for instruction in artificial birth-control. But the difficult and heart-breaking case is that of the undisciplined husband and of the wife who is in servitude to him, never reaching his conscience by her repeated acts of sacrifice, willing or unwilling. We have glanced at the case of redemptive sacrifice which has been successful in retrieving the partner, and in setting his feet firmly again on the way of personal self-restraint. But what of the sacrifice which ends in failure to redeem: the sacrifice by the wife which the husband accepts as his right, asking for its renewal without regarding its cost to the victim? Is it right to

insist still on the Christian standards of marriage when one of the pair fails so persistently to live up to them? Or is the uselessness of appeal in such a case a reason for allowing a way of escape by the path offered by mechanical aids to birth prevention?

In the first case, we must not merely assume that it is useless to appeal to him. The result cannot be known till it has been tried; and there are more unlikely things than that such a husband, on really learning something of his own behaviour as it appears to others, and of the wrong inflicted on the wife through an attitude of which he has perhaps been unconscious, may be able to alter his standard to an extent which, untested, we regard as in the last degree improbable.

When, however, he will not change his ways, what is to be done? Is the wife to be taught birth-control, or is she to continue to be a victim? Two observations only can here be made on that most heart-rending situation. First, the essential injury is not the physical one of the difficulty and danger of successive too frequent pregnancies, but of the attitude of mind of the husband, inflicted on her not only in this but in every other relation of life; and that will continue even though she practise birth-control. In the second place, unpopular though the fact be, and deeply pitiful the cost, the suffering of a wife may be a vital factor in the regeneration of a husband, where her safeguarded prostitution to him by means of artificial birth-control merely enables him to continue unrebuked and unreformed. While it is the function of humanity to

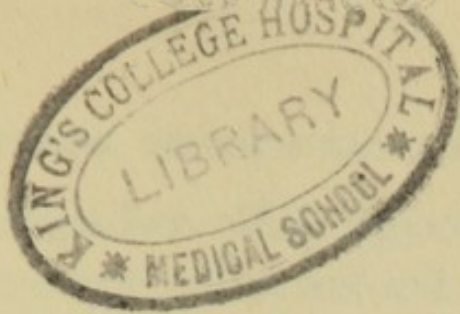
eliminate suffering, it is a duty to *eliminate it in the right way*.

That does not mean that the wife is to be complaisant in yielding herself without protest under such circumstances. On the contrary, she has a duty to defend her bodily integrity with all her power, physical as well as otherwise, against unworthy use which becomes abuse. Yet granted that she fails in her defence, even that failure may have its place in redemption of the partner where a surrender to the procedure of artificial birth-control could give no true solution. That can be said, with whatever pain, even when not merely the wife but the child thereby conceived has also his heavy price to pay.

In our desire for easy, quick, painless solutions of our pressing problems, in marriage as elsewhere, we can too readily take short-cuts, point out ways of escape, which may deal effectively with the immediate difficulty but evade its ultimate cause, and in doing so may destroy the deeper meaning of pain, sacrifice and vicarious penalty in the pattern of life.

Whether the reader accept such a conclusion or not, he may be sure that artificial birth-control is too easy a solution of the problem of evil to be anything other than the Devil's solution. If in this question of marriage the easy way of escape from the issue of self-control, offered by artificial birth-control, were rejected by the community at large, then we should at last have an opportunity of seeing humanity turning all its energies to reach the heart of this deepest problem of

life, instead of applying sedatives to its mere surface. We should at last find society breaking up its present artificialities and false standards and becoming remade in a simpler and saner mould. In that statement lies the justification for asserting that here, in the region of the intimacies of married life, the Christian challenge is again to be found, in the contrast between our popular standards of social health and basic Christian ethics.



CHAPTER IV

SOCIAL HEALTH AND THE FAMILY CIRCLE¹

SOME general review is here appropriate of the bearing of social life on the family looked on as a unit. While the social health services are often concerned with the individual, their influence is necessarily coloured by the family which forms the background of his life, even while he forms an essential element within its circle. To what extent is it necessary to modify the conclusions usually drawn as to the effect of such social measures on the individual, when these are reviewed from the standpoint of the family?

I. *Social Health Services and the Family*

In considering the family, we can conveniently approach along the experience of the individual. Measures of social health on the individual may exert their influence in various ways: by protection against or removal of infection, climatic stress, malnutrition, disease, injury, and so forth: by the promotion of good health as well as the prevention of ill-health: by the gift of a more serene life, with a bodily machine running more easily, and through that more effective mechanism a release both of energy and of leisure in

¹ The substance of an address to the Second International Conference on Social Work, Frankfurt, 1932.

which to employ that freed energy. The real significance of social health measures lies not in the improved physical health as such, but in the *released energy and reclaimed leisure* by means of which the healthier body can be put to better service.

With this in mind we may now consider the influence of health services on the family. These may be summarized under two headings:

- (i) The individual primarily affected by the health services wins a release of energy, and this may react in fresh directions within and beyond the family circle. Those reactions are vital elements in an assessment of the ultimate influence of the services.
- (ii) The family in its turn gains a release of energies which may react inside and outside the family circle: and that equally is an item not to be omitted from our assessment.

To understand something of the extent of the influence in the family it is necessary to look more closely at some of these actions and reactions within the family and between the family and its surroundings, consequent on the release of energies previously bound down, perhaps in piloting the family as a whole under conditions of external hardship, perhaps in bearing the burden of a particular lame duck within the home circle.

(a) The *individual* has energies released. These may be applied within the family. He may apply them first in accepting his own load, shifting it from those other

shoulders which hitherto have been bearing it. He may apply the released energies not merely in taking on that load himself, but in bearing it so easily that spare energies still remain for other work. But these energies may be applied in less useful ways. Where they should be assuming the individual's own load, their application to that task may be imperfect or absent. Instead, they may be turned towards a renewal of the smouldering resentment of his days of infirmity, a resentment unable at that time to find expression from sheer ineffectiveness, but now showing itself in more vigorous reaction against a family which, while bolstering him, also suppressed or oppressed him or seemed to him so to do. In the alternative, if he has taken up his personal load fully and easily, the energies still to spare may pass into the channel of an unhealthy domination within the family or outside it, or of as unhealthy a satisfaction of self in directions athwart the common good. In brief, the health services, while they may have brought the individual health of body, may not have brought him health of personality.

(b) The *family* has energies released. The weak member has been restored to a capacity to fend for himself. Family energies are now released which hitherto have been dissipated in protecting him against daily danger and stress, and in earning bread and butter for him where he could not earn it for himself. Life is then easier and capable of being richer for the family as a whole. But is it necessarily easier and richer? The weakling, now strong, has asserted himself, has filled

out to his proper stature. But in doing so he has had to press back into their rightly more contracted grooves those members who have hitherto spread abroad to take his place and to bear his burdens. Is such a restoration of perspective within the family always one of mutual willingness, brought about without internal friction? Even if it comes, do the members thus relieved of extrinsic duties necessarily turn now to activities to the common good, or can they also waste their new opportunities in fighting for a lost position within the family, or in relaxing into a too easy indolence of self-satisfaction? The answer is too obvious to set down. The health services, in themselves and by themselves and in so far as they are concerned only with health of the body, cannot be relied on to yield health of the personality whether in the individual or in the family.

2. *The Trend of Influence of Social Health Services on the Family*

The natural tendency is to assume that the influence of health services on the family must be one leading to life at a higher level. The assumption is in a measure justified by the results. That is due, however, not so much to its intrinsic truth, as to the soundness of response of many individuals and families to the fact of released energies and increased leisure. The health services have liberated time and energy; the individual and the family have frequently, perhaps generally, used the freed energy and time in directions fulfilling their

value. They have developed their capacity for self-help; or we are inclined to conclude that they have done so. Is the conclusion a true one, or are we deceiving ourselves? And is the capacity for self-help *really* less conspicuous in communities where the individual and the family have to find for themselves what our social system finds for us? The capacity for self-help is less if we look at some communities. But is that true if we look at all? Is the reaction to life of the settler in a new land, with his necessary preoccupation with elementary problems of life and health, less vital than our reaction in the midst of civilization's abundant health services? With a given expenditure we may get further; but are we in fact using these released energies in living more vitally?

Under conditions imposed by a modern civilization based on modern industry, with inevitable aggregation in towns and cities, there is as inevitably a necessity for large-scale social health services, impersonal and personal in type. But some account should be taken of the rightness or wrongness of the basis on which the civilization is built, as well as of the attitude of the population towards these services, before any dogmatic conclusion is reached as to the ultimate benefits which the services bring in their train. Released energy, in the individual, in the family, and in society, used in ways of aggression or of selfish satisfaction, spells social decay rather than progress, as does increased leisure spent in self-indulgence rather than for the common good. In effect, neither the extent to which health ser-

vices influence the community, nor the direction in which that influence is leading the community, can be determined unless we look at manifestations of health beyond the scope of those services as commonly envisaged. We need to look not merely at questions of physical health, but beyond these at the actions and reactions of emotion, of intellect and of spirit within the individual members of the family, within the bounds of the family circle and in the family's relation to other individuals and family groups.

The trend of influence of the energies released through social measures will depend, then, on the direction of use of the energies released. That in its turn will depend on the general outlook of the individual, of the family and of the community; it will vary with their emotional, intellectual and spiritual outlook and environment and upbringing. If the outlook of society is such that in its health measures it assumes physical health to be the most important aim in life, then these measures will be too physical in their scope, engendering in their beneficiaries a frame of mind too little inclined to use the released energies at levels other than the purely physical. If the health services are to create health of personality, as distinct from health of the body as the physical basis of personality, they must be oriented from the standpoint of the whole personality rather than from that of the body alone. They will need to be permeated with a sense of the all-importance of emotional and intellectual and spiritual health as the crown of physical health. They

will require to be so co-ordinated with activities dealing more directly with these other aspects as to allow of a balanced result in the conjoint influence of all. Those balancing activities fall within the provinces of art, science and religion; or, put concretely, of the craftsman, the explorer and the worshipper.

3. *The Permanence of Influence of Health Services on the Family.*

To what extent can the permanence of influence of health services on the family be gauged? Are the foundations which they are laying for health well and truly laid? Or are these foundations subject to external force or internal stress liable to disturb and dislodge them, making the ultimate structure unbalanced?

The influence of any particular health service clearly is not deep-seated in so far as it deals only with symptoms and not with underlying causes. The cure of a particular form of physical ill-health is merely a cure of symptoms if the factors, physical, mental, emotional and spiritual, concerned in the creation of that ill-health have not also been adjusted. Modern psychology is steadily learning how deeply these non-physical elements of the personality are involved in ill-health of the body as cause or effect; while the same facts have been engraved in the records of religion from its earliest times. When treatment has been merely symptomatic the individual has no certainty that, subjected later to similar physical or non-physical stress, he may not fall

again into the physical ill-health still associated with failure at that particular level of his personality. The health services will have been impermanent in their influence.

Such a conclusion is disconcerting, for it suggests that our effort in communal physical welfare may be wasteful, in so far as it is being applied over too narrow a range of the individual's personality without consideration for the influences which should be impinging on its other levels. We are steadily endeavouring to make our measures of social health more preventive, in the direction of teaching a way of life which shall prevent recurrence of the particular form of ill-health involved. But that attitude of prevention will not be sufficiently deep-seated, the influence of the health service not sufficiently permanent, unless and until the prevention is applied at all levels of the personality in their reaction on each other and on the physical organism. Each individual is within himself a microcosm, a family group of interrelated members, of which the body is the humblest. The health service cannot be deeply or permanently effective, if limited to action merely on the body magnified to an appearance of being the principal instead of the junior member of this intimate family group within the individual. It must inevitably take cognizance of that more shadowy but no less real background of other elements within him, the elements of emotion, intellect and spirit.

4. *Conditions Governing the Effective Influence of Social Health Services on the Family.*

Can some indication be obtained of the conditions needed for the maximum effect from measures of health? We have already traced certain conditions which may now be defined:

(a) *Balance in Service.* Health services produce their influence by releasing energy and releasing time in which to employ it. If they are to be effective and permanent in effect, they cannot be divorced from other releasers of energy, among which may be named the activities of art, of science and of religion, stirring the heart and mind and spirit to renewed vigour. There must be either conjoint action or parallel action, each in due proportion to the other, if the whole personality of the individual, the family or the community is to be healthy, well-balanced and stable.

(b) *Balance in Environment.* The environment to which the family, and the individual within the family, is exposed must not be too strongly coloured with one element, physical or non-physical, as against another. It must be neither too material nor too emotional, neither too intellectual nor too exclusively spiritual. The health services will fail in their true effect, even when themselves truly balanced, if they have to influence the individual and the family in an unbalanced atmosphere, over-stressed in one of these directions at the expense of the rest.

But this environment is not something forced on the community. It is the product of the community itself, of the units of family and private person within it. Eventually, therefore, the health services will fail of their full purpose, unless the environment in which they are received by the family and the individual is in true balance.

(c) *Reaction of the Family and the Individual.* One individual or one family reacts willingly and eagerly, using released energy and reclaimed leisure for the common weal. Another individual or family, similarly given fresh energy and leisure, uses them in anti-social ways. The health services cannot be said to have raised the latter in the scale of life as they have the former.

In many civilized communities these social measures descend like the sun and the rain with equal freedom on just and unjust alike, on willing and unwilling reactors. Yet for the unwilling reactor or the reactor in wrong directions the health service offered would seem to be a snare, entangling him in a degradation from which previously the very friction of life might save him. It becomes a question, then, whether these services should be distributed, not as the sunshine and rain to all, but on another principle: on that which says that to him that hath shall be given. Is the true application of the health services in this direction, of continuing to give only where there is willingness to react? But who is to decide whether there is willingness to react? If the health services are to be adjusted accordingly, then

the decision must be an administrative one. That would imply that human beings who happen to be administrators are capable of gauging a reaction of personality in their fellows. The implication is far too bold a one to accept. The reaction may be too delicate and at too deep a level, with perhaps too long a latent period to be detected by others; and the administrator may in any case be neither suited to the task of detection nor sufficiently close to the facts to do so. The instinct which offers the health services to all and sundry, and trusts the recipient to use it aright, is on the whole a sound one; and in practice it will still be true in the deepest sense that those will most freely receive the health services who most fully utilize them. But the conclusion carries with it an urgent need to grasp the dangers which surround a system of social health concerned solely or mainly with health of body within the family, and isolated from sister services engaged in bringing health to those non-physical levels of the personality represented by the emotional, the intellectual and the spiritual faculties. Till that danger is burnt into the heart of society, to kindle a consuming desire for full expression of the whole personality, the essential well-being of each family and of modern civilization at large will continue precarious in its fundamentals.

CHAPTER V

SOCIAL HEALTH AND THE YOUNG GENERATION

WE turn now from the family circle as a whole to the young generation growing up within its shelter. In what ways does social health touch the young child?

We cannot stop, however, at the young child. For he is alive nine months before he is born, and in that stage of life is subjected to the special environment provided within his mother's womb. In considering the pre-natal stage of the child's life, therefore, we cannot avoid linking with it a consideration of the mother. The still more remote stage, in which the father and the father's and the mother's ancestry also play their parts, can be postponed until we turn to the question of heredity.

Pre-natal Life: (a) The Question of the Mother

One of the most baffling problems which meet the administrator of social health is that of the mass of deaths before birth which, according to the stage of development, are labelled abortions or still-births; and with these the cases of prematurity and of congenital debility which so frequently end fatally within a few hours or days or weeks of birth. The still-births and abortions together account for an even greater loss of

child-life than occurs within the first twelve months after birth. In other words, the mortality among infants before birth is higher than the mortality which is ordinarily counted as the infant mortality. The deaths from prematurity and congenital debility, on the other hand, form the most obstinate core of the total number of deaths within the first twelve months of life after birth. While other causes of death have yielded considerably to attack by preventive medicine, these particular causes of death have remained almost unaffected.

During the present century great developments have taken place in the care of the expectant mother and of the mother during labour. Ante-natal medical care has been multiplied and made more systematic, through medical practitioner, midwife and municipal ante-natal clinic. Yet in this country the maternal death-rate in child-birth has failed to fall in appreciable degree. That almost stationary rate is often interpreted, perhaps with too much pessimism, as a failure in the measures applied to the care of the expectant mother. Such a conclusion needs to be drawn with caution, for the decrease in the number of children means that, proportionately, the numbers of first confinements are rising, with the recognized greater peril to the mother; and associated with this is the equally well recognized increase in prevalence of self-induced abortions, also dangerous to the mother. Both these factors would tend to make the maternal mortality rate in child-birth *rise*; so that a *stationary* mortality rate against these adverse

factors suggests that under identical instead of more hampering conditions the rate would have fallen, giving thereby a truer picture of the effect produced by the action of preventive medicine.

The deaths of these mothers directly or indirectly cause the injury or death of a proportion of the children whom they are bearing; while we may assume with justice that the illness of the mother, short of death, will also affect in varying degree the health and development of the child within her. In looking at the welfare of the mother, therefore, we are looking also at the welfare of the unborn child and of the infant. We may say that the physical aspect of the problem of care of the pregnant woman is being systematically and ever more effectively attacked. Is there any non-physical side to ante-natal and natal care, and is it being considered with the same intensity?

Some light is thrown on this by a resolution passed by the British Medical Association in 1936 to the effect that "the publicity which maternal mortality is receiving to-day is tending to terrify child-bearing women, and is in itself a cause of increased mortality". If this assertion is correct, there is a non-physical factor in ante-natal and natal cases, and the unbalanced application of the physical factor is now working to the disadvantage of the non-physical. Has that some relation also to the failure of the maternal mortality rate to drop to lower levels?

When such a suggestion is raised, the reply often given, and regarded as conclusive, is that fear is inad-

missible as a factor of importance in maternal mortality, because the vast majority of maternal deaths prove on careful inquiry to be connected with quite obvious physical disease in the mother, or physical complications in the confinement, or lack of skill or attention on the part of doctor or midwife. But natural though that argument may be and true though it be in part, it is not convincing as a complete statement, for it may mean only that the problem has not been penetrated to a sufficient depth.

It is a truism that pregnancy brings stress and thence can produce disease in various maternal organs; and that the detection of these conditions of organic stress and disturbed function is of the utmost importance, in itself justifying all the emphasis laid nowadays on the provision of ante-natal examination and supervision, whether through public or private channels. But it is worth while to look a little further at the question of these organs under stress and strain, on the assumption that the mother is also anxious and fearful about herself or about her household. What can be the effect of such a condition of mind? One has only to consider one's own bodily functioning to draw a conclusion; and that conclusion has already been drawn earlier in this book. Any intense or prolonged preoccupation withdraws the mind from its regulative control of the bodily habits; and those habits, in the absence of that superior control, tend to become slovenly and ineffective, involving a growing load of effort for a diminishing return of efficiency. But that which is true

of these habits acquired in our individual lives is true also, we have assumed, of habits stamped on the mind and the body during our racial lives, in those functions of organs and tissues and cells which have been established as habits far back in our ancestral stock. Preoccupy the mind, remove it from its toning, relaxing and stabilizing influence over the system, and the whole system tends to feel the strain of running without that controlling mind, while particular parts of the system will become specially disturbed, such as those with habits of function least well laid down, or most recently and, therefore, probably least stably laid down, or with habits of function particularly complex and hence most liable to disturbance. Following on disturbance of habit of function, changed function may be expected to lead to change in structure of systems, organs, tissues, or cells. Thus we can justifiably say from first principles that fear and anxiety causing preoccupation on the part of the mother will emphasize bad function in portions of the body which already find it hard to work correctly, or which are already working incorrectly; while such mental conditions may go further in creating a secondary faulty function not previously manifest even in minor degree. That may apply to functioning of the body during pregnancy; it may apply with equal force to the process of delivery. The mental state may encourage halting function of kidneys, of endocrine glands, of heart and lungs during pregnancy; and it may similarly be a factor, major or minor, in the inertia or the rigidity, the hæmorrhage or the laceration during

labour or the imperfect reaction to infection afterwards, yielding a manifest puerperal sepsis.

It would appear incapable of contradiction, then, that the British Medical Association's dictum is true, that publicity of the character which this particular subject has received must create fear, and that such fear must create an ill-balanced action of organs and tissues making for unhealthy pregnancy and dangerous labour. And that is true quite apart from the distinct and separate problems, on the one hand, of inefficient or inconsiderate or unconscientious work on the part of those responsible for bringing the woman safely through her pregnancy and confinement; and on the other hand, of deformity or disease already present which the most complete absence of fear during pregnancy and labour could not have eliminated.

It is clear, then, that we are not involved in an argument against the best ante-natal care possible. It is rather an argument against hysteria in the Press and on the platform, and a demand for a right attitude on the part of doctor or nurse who has to advise the patient. It is an assertion that, while it is desirable that the expecting mother should know of systemic weaknesses that need care, it may be harmful for her to know of these if she is not going to be still more aware of an even more important fact: namely, that she is a woman going through what countless other women are at every moment going through, somewhere in the world, and that she will go through it well and happily as do the vast majority of her sisters.

Pre-natal Life: (b) The Question of the Child

Let us pursue the same issue into another province, namely, that of the health of the child before and shortly after birth. Here we have a group of conditions of congenital debility, of premature birth, of pre-natal defect, which form the largest and most intractable element in infant mortality and invalidity. Is it possible that this is not after all as intractable as it has seemed to be, but that we have been applying our energies at the wrong point? Are these also conditions in which the mother's state of mind plays its part equally with the state of her body and of those of a long line of forbears? Even if they are in part the product of hereditary defect, have these defects been magnified and rendered fatal on occasion by the mother herself?

Consider the state of affairs while the developing child is within the womb, fed by the foodstuffs coming from the maternal circulation to the placenta, and pouring waste products back into the same bloodstream. Assume a mother fearful as to her present condition or as to the outcome of the approaching birth for her and for the family. Has the mother's state of mind any reaction on her circulatory system?

There may or may not be direct evidence on the point. We can, however, find some indirect suggestions of significance. The nursing mother under severe emotional stress can poison the nursed child. The secretory

process and the milk secreted have been damaged by the mother's state of mind; whether through the nervous or the circulatory system, or both, may not be clear. But fear can have such deep and far-reaching effect on the tissues—secretory, muscular, nervous—that it does not need much imagination to infer the likelihood of the products of such an influence reaching the circulation; and if reaching the circulation then of involving a passage into, or at any rate an assault on, the placental circulation which forms an all-important element in the environment of the developing child. For the moment assume the fact of such entry of emotionally produced poisons into the maternal circulation, in order to see to what conclusions it can lead.

The embryo has to unfold, establish and develop a vast number of habits of tissue- and cell- and organ-function which it has received in potential form from its ancestors. The establishment of these habits as a part of the general functioning of the bodily and nervous system in this developing embryo depends on two main factors: on the one hand on the degree of energy which the as yet embryonic will of the embryo can apply to the task of unfolding and rendering actual these potential habits; on the other, on the degree in which the environment is good or bad, helping or hindering such habit-formation. And these will hold good as main factors in the child's development, no matter whether the potential habits conveyed from the ancestry are in themselves intrinsically good or faulty habits, well or poorly laid down by those ancestors.

The young child who has to develop the habit of speaking, of drinking from a cup, of dressing, of walking, finds it difficult to learn, and perhaps learns imperfectly as well as slowly, if exposed to a distracting or disorderly atmosphere during the time when the habit should be acquired. A habit partially learnt may vanish into thin air, a habit reasonably well learnt may become imperfect if subsequently exposed to a distracting environment. The adult is sufficiently familiar with this in relation to the bad external environment created by noise, or the bad internal environment presented by evil passion or other absorbing emotion.

This must be as true of the individual before birth, and the environment provided by the mother's circulatory and nervous relation to the child must be a vital factor in helping or hindering the habit-development which is a synonym for the maintenance of healthy function in organs and tissues and cells. If we are correct in assuming that these maternal systems, providing the embryo with a large section of his environment, are changed in content or in action by the mother's emotional condition—an assumption which seems to be one of ordinary common sense—then the mother and those associated with her have within their own control the means for preventing much of the ill-development, delicacy and abnormality of function and pre-natal disease and injury which levy their heavy toll in premature births or in congenital debility.

That control, we say, is largely in the hands of the mother and her associates. How can society help the

mother to attain that freedom from unhealthy emotion which is the essential leverage to be applied by her to the child's pre-natal development?

First of all, it must be a real freedom from such unhealthy emotion, not a capacity for suppressing it. We may well suspect that it is just because many women are so successful in suppressing unhappy emotion, experienced and thrust out of the consciousness yet simmering in the unconsciousness, that they are a real danger to the well-being of the children whom they are bearing. The morbid emotion is not to be suppressed; rather it is not to be experienced at all. That is to say, the mother's outlook must itself change. She has herself to develop a new and difficult habit, the habit of cheerful feeling. Like all habits, two main factors will be concerned: the inward will to establish the habit and the outward help or hindrance towards the habit depending on the mother's environment.

So far as the second factor, that of the environment, is concerned, we come back to the fact that public opinion and outlook, which form an essential part of the mother's environment, can be so false in sentiment that they can impose fears and anxieties where these should not exist. In this particular direction public opinion most readily becomes false in sentiment when it adopts a false interpretation of the place of maternity in life. That false interpretation arises when society rates creature comforts and pleasures more highly than a family. A society, also, which inclines to lay more stress on physical happiness in marriage than on the

bearing and tending of new life for the enrichment of the world, inclines in corresponding degree to emphasize the dangers of pregnancy and labour in those wives who have entered on this more sober side of marriage. Such a viewpoint in such a society brings into higher relief the critical importance of the relatively few pregnancies to which its outlook reduces the family, and creates a correspondingly heightened anxiety over those fewer pregnancies, to their obvious disadvantage.

A society which seeks to adapt the family by birth-control to a false standard of social life, instead of altering the social life to allow of normal married life, is not a society showing the right sense of values which the mother so urgently needs to support her. If the mother is to be provided with a helpful environment in which to maintain in herself the happy equability which can best help the child's development, then there must be a change in outlook on the part of society at large.

The other factor in this change is the mother's own determination to give the child the best conditions possible during the sojourn in her own body. Now that does not imply a stringing up of the mother's will to a fresh and high tension of effort. It is rather the converse. The need for her to recognize the meaning and joy for the wife of the self-giving which is woman's natural attitude in this relation, and full acceptance of which under worthy conditions of marriage is the secret both of happy marriage and of a truly rich motherhood. It is in this very attitude that modern society, with its emphasis on self-fulfilment and its failure to

recognize that that self-fulfilment comes through self-abnegation, distorts the outlook of the wife through the enervating atmosphere which it spreads through social and family life.

Let us be clear that this is not an advocacy of the rights of the male and the subjection of the female. Where the conditions of physical union are degrading, or where they could be disastrous to any child conceived, then the woman should not surrender her body, but should fight tooth and nail in refusal—if necessary almost literally as well as metaphorically. But that refusal must be a frank one. It cannot be by so easy a course as artificial contraception which yields to the circumstances while refusing the consequences; for that does not eliminate the degradation which in turn means the loosening of the bonds of true marriage.

But suppose that the circumstances of physical union resulting in pregnancy have, in fact, been unworthy and the wife has been victim rather than partner. There is still needed from her, for the sake of the child, not suppression of unhappy feeling but a capacity to throw such a feeling aside and to seek to bring good out of evil. That means that in some form or other the mother must know the meaning of vicarious sacrifice. By her own subsequent atmosphere of self-giving and cheerful acceptance she must hope and seek to convert the failure which has occurred in mutual relationship into a final success, in a healthy and happy-dispositioned child and a renewed sense of the sacramental meaning of marriage to both parents.

The Early Years

Passing on to the young child after his successful arrival, what can be said as to the aims of systematized social health at this stage of his life?

1. *Physical Health.* If the child is to express his powers fully, he needs a sound body with which to do it, and the physical health is therefore an issue of fundamental importance; all the more so as we are starting with the infant and the young child, with a body still plastic, still to be developed and moulded, and only to a minimal degree limited in its possibilities of healthy development.

If we look on the body as a machine intended to help the individual towards full expression of all his qualities, we find certain factors outstandingly important towards a sound bodily machine:

(a) *The need for a steady supply of the right fuel,* properly prepared, containing the right components, sufficient in quantity to maintain present activity and to allow of expansion of this self-enlarging machine.

(b) *Right elimination of waste materials.* Here arise questions of the care of the skin and of the digestive and excretory tract: of cleanliness and regularity: of attention to the little things without which the greater things become so difficult of accomplishment. It would serve no useful purpose here to particularize further.

(c) *Elimination of wasteful use or strain of the bodily machine:* and with that we have to remember

such matters as clothing, climate, fatigue, sleep, variety of occupation, exercise, and interest.

(d) *The machine to be responsive in the right degree to the demands on it:* duly sensitive, but not too sensitive; duly responsive, but not too responsive. Here we enter on the connection between the machine and its operator; on the nervous mechanism of the body, the efficiency of reflexes, and the part played by effective habits in bodily health.

The more intimately one considers ill-health in its many forms, the more one is impressed with the fact that, whether the primary fault is in the fuel supply, in the elimination of waste materials, or in the misuse of the bodily machine, the ill-health is expressed in, and becomes outwardly visible through, a disturbance of the relation between machine and operator. The habits of function of organs, tissues and cells become disturbed, their reflex control is either blunted or made too irritably sensitive, and the body in detail fails to maintain the habits learnt either from the governing mind of this particular individual, or from that of some ancestor.

We come back, therefore, here in matters of bodily health as so constantly elsewhere in our discussion, to the elementary habits of cell-function, the co-ordinated sum and interlocking of which is a measure of that health. We come to realize how vital to the whole future of the child is this question of habit formation, both from the standpoint of laying down habits which the child himself has to learn, and from that of helping

and not hindering the ordered development of habits formed in previous generations, perhaps aeons ago, and now again to be unfolded into expression in this particular member of the stock.

- (i) *Habits to be formed by the individual.* What are the main habits to be acquired by the efforts of the young child himself? In large part they are *habits of rhythm and of order*: habits of orderly sleep, of exercise, of rest; habits of regular feeding, digesting and excreting; habits of interest and inquiry; habits of independence and yet of response to authority; habits of effort applied to new problems as they arise, whether of dressing, walking, talking, eating, or in other fresh ways of expression.

In the establishment of these habits the child has to apply effort, and that effort can best be applied when it is not unduly distracted in other directions. Two main factors are thus involved: the individual, and his environment. The individual must show initiative; the environment must help. He must make the effort; but the atmosphere of the home in which that effort is to be made needs to be orderly and simple, those round him loving and understanding, with such control over themselves that irregular gusts of emotion, of irritation or petulance, of jealousy or self-will, will not crop up to disturb his outlook and make his effort in habit-forming difficult.

We may conclude that the orderly, loving and self-respecting household will help the child to lay down good habits, at every level of his nature from the physical upwards, and that in so doing it will be helping him towards the fullest expression of faculties which would otherwise lie cramped within him. On the other hand, however much the household may thus help, the child will respond only in the degree that he shows initiative and courage in effort.

- (ii) *Ancestral habits to be unfolded by the individual.* We have assumed earlier in this book that conclusions formed about habits formed consciously may equally be applied to the habits concerned in intimate cell- and organ-function, derived from a long line of ancestry, and handed on to this developing child, to be made manifest by him at successive stages from his earliest foetal life onwards. This cell-function presumably required effort in some sense and at some level when first established; and needs also now an orderly and understanding atmosphere, free from emotional storms in the child's surroundings or in the child, if it is to be effectively expressed in the present representative of the stock. This we have seen to apply to the surroundings which his mother provides for him while he is yet in the womb, according as she keeps her own and his circulation clean by a healthy life and a healthy

outlook, or on the other hand as she poisons herself and him by anxiety or some other emotional state, as much as by a primarily physical adverse state. That is true also of the atmosphere in the family into which he is born. The sturdiness or delicacy or imperfection of his elementary cell-functions may in a degree be affected by the outlook, the happiness and the orderliness of the family circle which he has joined. What a vast field of child welfare is opened up by that assertion, which, it is submitted, is one of common sense and common experience! What possibilities, beyond the range of merely physical prevention or cure, it opens out for an attack on the initiating or adjuvant emotional and intellectual factors in the catarrhal or the adenoidal child, to mention two only of the deviations from health which leave so marked an impress on the child's after-life! It may well be that in the future the emphasis in organized social health may extend from the technical, medical or physical environmental side to embrace a deep understanding of the fundamentals of the simple human relationships within the family.

2. *Health of Intellect and Emotion.* On entering the province of health of intellect and emotion we are met at once with the fact that at the level of intellect the spirit of health is none other than the spirit of inquiry. The child is always tending to inquire; and he is driven

along that course by the strength and simplicity of his emotional life.

It is salutary for us who are adults to realize how very lukewarm and imperfect is our own spirit of inquiry as compared with that of the child, how weak by comparison our emotions, whether of joy or misery, of love or dislike. Our feelings are more prolonged, the child's more intense. The child feels in black and white, thinks in black and white, and swings easily from one to the other. We feel and think in grey and hold on monotonously to that sober thought or feeling, dimming the next thought or feeling with its dullness. The child has a simplicity of response which we have lost, partly through our experience of life's complication, partly through our loss of single-mindedness. We show a slavery to convention which so far has not enchained him. And while he has to learn control both of mind and heart, one of the most difficult tasks for parent and educator is that of seeing that this unbalanced excess of reaction is controlled in a way which will not drive the child into dullness of interest and perception, shrouded by the fog of false social standards. Generation by generation, we ourselves first and our children largely through us are spoilt by subjection to that mass-action of a selfish society.

3. *Health of Environment.* While the child's own development depends on the one hand on his own willingness to develop, and on his own effort towards development of each habit as it comes up for acquirement, on the other hand it is deeply influenced by the

help or hindrance offered by a kindly or a hostile environment.

There is no need here to enlarge on the child's physical environment, on the part played by poverty, slums, dirt, darkness, damp, and so forth, in hindering the child's development. They all play their very important part, and in dealing with them, or in protecting the child from their effects, in the many ways so familiar to the student of organized social health, essential steps are clearly being taken towards his better development. While not in the remotest degree minimizing the importance of this aspect of the environment, we may stress from our present standpoint the even more fundamental part which the emotional atmosphere of the household plays in the child's well-being. Humble circumstances in themselves, except in their extreme of desperate poverty, are not the handicap usually assumed. One might almost say that they deliver the child from some of the snares of over-attention, of dependence, of satiety, to which the child of wealthy parents may be exposed. The real harm which comes from humble circumstances and poverty is an indirect rather than a direct effect. It comes from the anxiety, the resentment, the domestic irritation, fatigue and bickering, the sense of loss of personal dignity and worth, the fear as to the morrow, the loss of belief in the goodness behind life, the blurring of personal religion. All these things create a gusty and uncertain emotional atmosphere in which the child may find it hard to lay down his habits of function effectively and

to carve them deeply on his unconscious mechanism of control. And the essential facts are that *these concomitants of poverty are not necessary, for they are not always present*; that they are capable of being removed or reduced by the aid of the right person with the right experience; and that the reduction of these concomitants of poverty at once improves the child's prospects of a healthy and sound life, long before the poverty with its associated evils has been removed.

4. *The Individual in His Relation to Environment and Heredity*. Just as mother or child must not be regarded as wholly the victim of surroundings, so they should not be treated as wholly the victims of heredity (page 143). There is nowadays a very prevalent impression that the individual is the plaything both of his surroundings and of his heredity. Such a view is as pernicious as in most cases it is untrue, pernicious because it rots the moral fibre, cuts out personal responsibility. In the minority of extreme cases it is true that an individual may be crushed by his environment or may be unable to stand up against his heredity. In the vast majority it is quite untrue, and in fact one main purpose of life for all is just that very one of standing up with courage against the blows of our environment and against the weaknesses which our ancestors have bequeathed to us. There is no direction in which the individual can more be helped than in the insistence on his dignity as an individual, however dark the environment, and whatever the extent to which weaknesses of mind or body may run in the familial stock. It is prob-

ably true to say that far more fundamental good will be done by holding on, through thick and thin, and by requiring those helped to hold on, to this assertion of individual self-respect and capacity to face life, than by the administration of any material aid whatever. Granted that attitude of mind, the material aid is of the greatest importance. Granted the spark of such an attitude of mind, not yet extinguished by the weight of environment or of heredity, then the material aid may play its own part in fanning the spark into a flame. But if that independence of attitude is wholly absent, then the material aid is not an aid to welfare in any real sense of the word. The individual passes out of the category of the curable into that of the broken-willed incurable.

We might say, in other words, that an essential condition of effective action towards the welfare of mother or child is that to such action they shall provide reaction. In the absence of the reaction, or without some promise of a reaction perhaps delayed for a while, the action in aid will have been unhelpful, even harmful.

Failure to React

The reaction is, we say, needed to make action by the agencies of social health of value. The reaction may be absent, or it may be delayed in grave degree in some particular relation. On the other hand, the delay in reaction, whatever its degree, may be habitual. Were it necessary to label any one as the most frequent factor

allowing ill-health to develop in the child, then that factor would be neither poverty, nor crowding, nor dirt, nor infection, nor lack of maternal care in the sense of failing in desire to look after the child. Rather *the mother's preoccupation* with other matters could properly be given as the fundamental factor preventing her from seeing what otherwise her mother's eye and mother's heart would detect immediately, namely the earliest deviation from health, at a stage when health can most readily be restored; just the mother's preoccupation, and nothing else.

That does not imply blame to the mother, for humanly speaking she has every possible reason to be preoccupied in the ordinary household. The real marvel is her frequent and astonishing freedom from preoccupation, and her ability to look whole-heartedly at the problem of the moment. Nor does it excuse the father from blame, for he more persistently and often less excusably is at least as preoccupied as the mother. It is the fact itself of preoccupation to which attention is directed. The fact involves blindness and deafness and insensitiveness to the child's needs. It intensifies that failure by making him feel alone and unsupported, and so throws emotional stress upon him, accentuating his commencing ill-health of body, and creating a vicious circle within him.

What are the causes of this preoccupation, creating as it does so grave a gap in the household defences which should surround the child?

The causes of the mother's preoccupation are almost

numberless: an unhappy marriage, an unreliable or careless husband, drink, poverty, ignorance and confusion in domestic work, the noise of a family in cramped surroundings, personal ill-health, the irritations of a neighbour's tittle-tattle, the sense of being out of the fashion and out of date, and so on. We can try symptomatic treatment for it, and in fact we must do so in so far as the precise immediate source of preoccupation can be detected. But ultimately we are driven back to the conclusion that the preoccupation depends on something deeper. It depends on a false philosophy of life which has allowed a bad habit of mental reaction to develop. It depends on an anxiety or uncertainty or disappointment or resentment in life which continues to occupy the mind as an undercurrent, so that only a part of the mind tackles its daily task of minding the house and the child, while the remainder provides only a distracting accompaniment of troubled and self-absorbed thought. With that half-a-mind alone free the mother only half-sees or half-hears her child, and ill-health establishes itself before the mother detects its presence with the free half of her mind.

It will be seen, then, that we arrive at the point that the child's welfare is not merely a question of environment, housing, food and drink, clothing, cleanliness and protection against infections. Through some one or another of these doors ill-health is liable to creep in. Having crept in, it makes itself at home and correspondingly difficult to evict, if those around the child, and in particular the parents, are not wholly alive at

every moment to the child's condition. We have on the one hand the duty of bolting and barring these doors of ill-health, of improving the housing, removing the overcrowding, feeding and clothing and tending the child in these several directions. But, as the services of social health cannot constantly be watching each door for each household, their duty must include that of seeing that the doorkeeper is fully awake, and not preoccupied with other matters such that the doors can be slid open and ill-health make entry. Could the mother and father be helped to be fully awake and unpreoccupied, these natural guardians would be the most effective safeguard of the child's welfare, in the sense of detecting immediately the first departure from health, and of seeking the aid of the appropriate service of social health, public or private, to restore normality.

How is the preoccupation to be removed? What is its source? We have mentioned domestic difficulties, insufficient wages, an uncertain future. In the end, the preoccupation comes from a fear of catastrophe, a lack of trust in the purpose of life as being good, an absence or a loss of a sufficiently intense religious basis to life. Granted steadfast certainty at that basic level, the mother and father will be delivered from habitual preoccupation with anxieties at the level of everyday affairs: and they will be correspondingly free to notice the needs and the calls of the child.

It proves, then, as always if the thread of thought is followed sufficiently far, that the help which the parents need most is not, primarily and solely, a knowledge of

the technicalities of health. Those technicalities are important, but not of primary and sole importance. Important and necessary though they are, what is still more needed, to activate the use of them, is a mind made free from itself: and that can come only through the right philosophy of life which is based on a sound religion. That is the sobering thought which the discussion leaves with those engaged in organized work for the social health. In it again emerges the Christian challenge to our present outlook.

Preoccupation and the Use of the Faculties

The factor of preoccupation, so important in the case of the father or mother, is of equal importance in determining the use which the child makes of his faculties; in which connection and in conjunction with the converse factor of effort it will repay further discussion.

1. Effort and Relaxation of Effort

Effort, and the will behind effort, is at the root of character formation, and its reversed action or its absence gives rise to the flaws in character. The failure to make that effort, to show that courage, to its fullest capacity in relation to any one faculty, may arise from a great variety of causes which, broadly speaking, come under some half-dozen main headings—pride, laziness, fear, lack of faith, and over-interest in one

faculty at the expense of others which equally need exercise. All together come within the general heading of selfishness, self-absorption, or self-concern.

It should perhaps be added, to prevent misunderstanding, that we are not assuming that the individual can manufacture his own character by his own unaided effort, any more than he can lift himself by pulling at his own bootstraps. His effort is in accordance with, or against the grain of, the pressure of Divine purpose for him, reaching him at the roots of his nature. The effectiveness and permanence of his effort, the quality of his character will depend on the degree in which the human effort and the Divine pressure are concordant in direction.

Subject, then, to that proviso, the individual evolves his characteristics and his character first by effort: then by effort in the right direction: and then, thirdly, by the ability to relax effort, and thereafter to revert as readily to new effort in another direction. That is to say, to express his faculties, the individual must get rid of preoccupation with past effort, he must become single-minded. It is this quality of preoccupation which prevents us from experiencing fully and hence from reacting fully. Preoccupation, whether with a particular effort or a particular relaxation, creates double-mindedness; and double-mindedness means half-heartedness. It implies division within the will, lessened capacity for effort, lessened aliveness. The truth becomes plainer when one remembers the root-cause of such preoccupation, lying as it does in self-concern, manifested in

jealousy, resentment, fear, distrust, anger, greed or envy, or in the sheer laziness of self-satisfaction.

At the level of consciousness it is not difficult to recognize the need for that freedom from preoccupation which will allow of relaxation of present effort in order to turn to rest or to fresh effort in another direction, or for a like freedom from the stagnation which prevents a reversion to effort. But much of our character depends on a now unconscious action of our nature, however conscious that action may have been at its inception. Is the need for freedom from preoccupation in effort or in relaxation as clear there? Surely it is equally clear, though at the unconscious level this absence of preoccupation might be given another name. The individual has to develop the quality of confidence in relegating to his conscious and unconscious nature what he has learnt to achieve by effort or relaxation elsewhere, and in turning his released energies towards effort or relaxation elsewhere. The truth of this becomes apparent if one thinks of the timid as contrasted with the courageous child who is learning to walk. The latter learns more quickly than the former because he has a more ready confidence that he has learnt. He has more courage, more elasticity, less preoccupation, less concern for himself, he is less self-conscious.

Thus the development of richness of character, depending on effort in the direction of selflessness, is impeded by the unwillingness to relax that effort arising when a wrong motive inspires it. When selfishness

comes in, the effort or the relaxation after effort is continued for selfish reasons, and the individual thereby fails to play his part at the next testing-point in his course.

2. *Rhythm in Life*

Alternation between effort and relaxation of effort in every activity is needed if the individual is to develop his faculties to the full. We see the same rhythm of alternation running throughout Creation, in day and night, summer and winter, the bodily destructive and constructive changes, the heart's contraction and its dilation, and so forth. Throughout everything runs this need for checking and reorientating activity, checking and reorientating rest. And we are brought to the necessity for rhythm, for orderly routine, in the arrangement of life. A disturbance of such rhythm in the child's personal life, or in his surroundings, can seriously weaken his capacity for effort and relaxation, and its expression in effectiveness or morbidity of character. One of the fundamentals of child-training is the detection of the circumstances which disturb the rhythm of his life, introducing into it factors unexpected, unwelcome or too welcome, causing a prolongation of stress where there should come repose, or of repose when stress should supervene, drawing on his reserves of will where these should be engaged in laying down in orderly fashion the habits of daily life on which his personality is to be founded.

3. *The Point of Balance in Rhythm*

The need for such rhythm in life, and the frequency of its disturbance by too prolonged activity and tension or by too prolonged stagnation and relaxation, lead to an illuminating view of the individual. In each of his characteristics and modes of expression he has swung between effort and relaxation, and has acquired a habit of pivoting at some point between those extremes. *As a whole individual* his point of balance tends to be to one or other side of the mean between the extremes of continued effort and continued relaxation. *In relation to each of his characteristics and functions*, in the mechanism of each of his organs, tissues, and cells, he will similarly have attained a point of balance to one or other side of the central point of swing between continued effort and continued relaxation. The point of balance will not be equally distant from the ideal mid-point for each of his characteristics, nor will it always be on the same side of that mid-point for every characteristic, nor always to the same side of that mid-point for any one particular characteristic. While the individual as a whole, or particular qualities which he exhibits, may be weighed down too far either on the side of too continued effort or too persistent relaxation, other qualities may show a bias in the opposite direction. We can say, however, that displacement of the point of balance from its ideal mid-point between activity and rest means diminished stability. We may reasonably

assume that the greater the degree of displacement from the mid-point of swing between continued effort and continued relaxation, the greater the instability, the greater the chance of outward circumstance weighing that characteristic down into an extreme either of mental or physical over-tension or of mental or physical somnolence. That conception throws a strong light on many problems of constitutional disease, of individual susceptibility, and of delicacy of function whether of particular organ and tissues, or of particular aspects of the emotion and intellect and will.

The child as a whole, and every aberrant constituent of his character has to be helped to get as near as possible to the ideal point of balance between effort and rest, with ability to swing readily in either direction and a stability of return to the centre point. *The displacement of the point of balance* to one or other side of the ideal mean between activity and relaxation, with the instability and unevenness of stress to which it gives rise, *is the product of preoccupation*. Preoccupation we have seen to come ultimately from selfishness: either the positive selfishness of assertion of self, or the negative selfishness of a shrinking from effort, the one giving too persistent activity, the other too persistent passivity. The way of perfect balance and ready response, of a single-hearted action and thought free from preoccupation, must be one which escapes the Scylla of self-assertion and the Charybdis of shrinking from life.

CHAPTER VI

SOCIAL HEALTH AND HEREDITY

HAVING looked at some of the problems of health as they affect the next generation, it will be well to glance at the issues of social health as they affect the sequence of generations, in that mysterious renewal of characters called heredity. For a great division is to be seen between the orthodox view of heredity and the modern applications of preventive medicine to society. The generally accepted view of heredity to which we have referred earlier implies that qualities are handed down from parent to child, perhaps segregated in packets passing some to one child, some to another, but none capable of such alteration by changed surroundings that the modification can in turn be transmitted. Acquired characters are regarded by the majority as incapable of transmission, until some lucky chance causes their impress to be engraved on the germ cell. Each individual starts with the ancestral qualities of his forbears; any alteration arising in him, capable of registration in his descendants, is looked on as entirely fortuitous as far as concerns his personal effort. If that view be correct, then measures of social health which improve the environment and physical health for the individual are merely a palliative, not a remedy. They are not altering his intrinsic transmissible qualities. They may enable him to blossom more richly, but without

altering the qualities of the seed. Moreover, since preventive medicine is concentrated chiefly on the poorest sections of the community, and since people with the poorer hereditary qualities are commonly regarded as likely to be precipitated into these poorest sections, it is often concluded on such a view that on the whole preventive medicine is encouraging the relative augmentation of the feebler specimens of mankind, while providing for one and all a better environment in which generation by generation to live. That is the orthodox view of the thorough-going eugenist.

What is the meaning of the discrepancy? Is our social work wrong, or are the views of heredity incomplete? Our instincts seem trustworthy in their certainty that social help, such as that involved, for example, in the prevention of disease and death, is in itself fundamentally good and cannot be to the hurt of the race. If that be so, then we have to turn back to our views of heredity in a critical spirit.

Again we shall approach the subject along the pathway of habit-formation, and in order to weary the reader as little as possible with iteration, we may record a succession of short statements, some of which have already become familiar:

1. Sound habit-formation at the level of conscious life depends on mind, and on effort of mind: the greater and more steadfast the effort, the more stable the habit.
2. Once established, the habit required relatively little conscious control: the control is now mainly unconscious: the more stably established and the longer

established the habit, the less the conscious control needed for its maintenance.

3. There still remains a minimum of conscious control, as shown by the alteration in the habit when some stress or emergency calls for unusual effort in some direction, demanding the whole mind and will to meet the situation, and thus reducing to a minimum the extent of such control of the machinery of bodily habit.

4. The habits of conscious life do not seem essentially different from the habits of unconscious life to be seen in groups of cells working together as an organ following a particular sequence of activity, as in digestion, respiration, secretion, excretion; nor do they seem essentially different from the habits of unconscious life expressed in the individual cell pursuing its own series of activities, digesting, breathing, secreting, excreting. The activities of the living organism can be thought of as an innumerable series of habits, collected by gradual accretion as it has increased in complexity and in scope of life.

5. If the habit of conscious life is essentially the same as the habit of unconscious life, we may conclude the likelihood that, as mind has by its effort formed the conscious habit, so mind will have formed the unconscious habit. More than one modern biologist has recognized that mind is present in some degree in all life, in some tenuous form even in the most primitive types of living matter.

6. If man is to be regarded as a bundle of habits involving his individual cells and groups of cells,

tissues, and organs in increasing complexity, these habits are of very varying antiquity in origin. The relatively modern habits of walking, of talking, of intellectual activity are more readily disturbed by adverse circumstances than the older habits of heart-beat, gastric secretion, etc.

7. But the habits laid down at any particular epoch, ancient or modern, in the individual's racial history, are not all laid down with equal firmness. One man relies more on eyesight than on hearing, another more on ears than eyes. Inheritance may tend to swing the individual towards specialism in one direction or another, with special development of one or another set of "unconscious" as well as "conscious" habits. There is variation also from varying effort of mind along less directed channels. A particular function of any one cell may be laid down less firmly than the average, by reason of the embryonic "mind" of that cell having been insufficiently in earnest in its effort, or having been distracted by some adverse influence in its surroundings at the time.

8. An introduction of stress into the environment will bring to light the weakness latent in the less stable or the less efficient cell habits, which under the previously more gentle surroundings may have been functioning with reasonable efficiency. The main groups of cell habits thus damaged will be in general (*a*) the more recent by comparison with the earlier habits, (*b*) the badly formed habits whether recent or primitive, (*c*) the habits which have become poised with undue

delicacy, too specialized to withstand this now harsh environment.

9. Analogy with the habit of conscious life suggests the capacity for a cell habit to be improved if greater effort can be brought to bear on and by its "mind", particularly in conjunction with a more helpful environment.

10. Similarly analogy suggests the capacity for a cell habit to be degraded if too little effort of its "mind" is expended in its maintenance, particularly in conjunction with an adverse environment.

11. The fact that habit implies some continuance of mental control suggests that particular qualities in the individual are not fixed. They appear fixed only because of a sufficiency of mental control being maintained. The more steady that control, the more fixed the habit. The less steady the control, the more unstable the habit, the greater the need for a reserve of effort of mind to be available to supplement ordinary supervision.

12. Physical traits are inherited from parent to child. Particular details of physical structure, such as of nose or chin, or particular grouped habits, as, for example, gait or attitude, may be inherited with the utmost exactitude. So much is this so that Darwin at one stage was driven to postulate that minute particles must pass from every cell of the body into the germ cells of the parent, and analogous suggestions have been made by other biologists. But cell-habits are concerned in the production in the second generation of the resemblances at issue: in the growth of the characteristic nose and chin,

in the repetition of the peculiar gait. Now cell-habits are associated with mind, with the application of an effort of the mind to the portion of matter affected. The mind is the dominant agent in stamping the habit on the matter which receives the impression. There has, then, been an inheritance not merely of physical substance and of resemblances in that physical substance, but of cell-habits implying inheritance also of mind. As mind is the predominant partner in the mind-body union, this inheritance of mind is presumably more essential than the inheritance of protoplasmic substance. We are as familiar with inheritance of mental as of physical traits. It seems no whit more difficult to accept the view that, with the union at conception of two portions of protoplasm, each conveying physical attributes from each cell of each parent, there should be a corresponding union of two portions of mind, each conveying mental qualities from the mind governing each separate cell of each parent, than it is to limit the picture of that event to the merely physical conjunction.

We have argued that habits can be improved or degraded according, on the one hand, to the degree of effort, or of slackness, of mind used in them, and, on the other, to the degree of mildness or rigour of the environment in which they are developed. Apply this to an individual cell-habit. An embryo is growing, and if it were to develop like one parent who has, say, a weakness of thyroid gland function, it would, on reaching a particular stage, initiate in a faulty way this cell habit, for the establishment of which a weakly element

of mind as well as a weakly element of physical substance has been inherited from the parent defective in this function. Thus the embryo would lay down a defective habit of pouring a secretion from certain groups of cells later to be recognizable as a thyroid gland. But suppose this embryo to be subjected to an unusually favourable environment within a particularly healthy mother, living under conditions carefully freed from pressure by waves of stress. The mind of the embryo throughout all its aggregate of cells is then working under happy conditions of freedom from distraction, with, therefore, the chance of full concentration of effort in laying down cell-habits well, and even of drawing on reserves of mind for improving the quality of habits too sketchily outlined by ancestors. It can be conceived as a sequel that in this embryo the thyroid-secreting habit might be better laid down than in its less effective parent, with, as a result, a thyroid gland function nearer the normal and less sensitive to shocks of adversity. But when this embryo reaches maturity as an individual and passes on to its germ-cells in turn the physical and mental attributes of its bodily cells, it will now include among these a "fragment" of mind capable of laying down a better thyroid gland function than its predecessor had, and a fragment of physical matter more capable of expressing the improved cell-habit which that "fragment" of mind seeks in its turn to establish. In other words, a character acquired by one generation under special favourable conditions of environment might be inherited by

the next generation. The acquirement in the earlier generation, represented by the embryo which we have discussed, entailed an effort of mind, however embryonic, as did that in the later generation; and in the absence of that effort the improved cell-habit would in both cases have failed to appear.

It may seem almost irrational, certainly very remote, to consider as possible such an effort of mind necessarily at an unconscious level of life. Yet there are changes, such as that in a religious conversion, which go very deep into the realm of the unconscious. Because such an event affecting a creature below the conscious level seems unlikely, this is not an argument against either its feasibility or its conceivable occurrence, given a sufficiently intense and widespread stirring of the personality.

Such a working hypothesis may be regarded as a very slender one to justify the view of the inheritance of acquired characters. What of the experimental evidence? In general, only a small amount of evidence, and even that hotly contested, can be said to have been obtained at all suggestive of such inheritance of acquired characters. If that inheritance occurs, why is not the evidence forthcoming? It would seem, as we have pointed out elsewhere, that the experimental evidence is not forthcoming just because the fact of the need for effort of mind has been almost wholly ignored. To cut off a puppy's or a lamb's tail does not lead to inheritance of the corresponding acquired character; and from like tests it is argued that acquired characters

are not inherited. But these particular acquired characters involved no effort of mind on the part of the individual. The same criticism appears to apply to all the negative evidence commonly noted in text-books on heredity as contra-indicating such inheritance.

Where do these considerations lead? Social health is concerned in improving the individual's environment, including in that term the physical apparatus of his body, and the mental apparatus of his emotions and intellect. Through better diet, better air, less fatigue, and so forth, measures of social health give him actually better cell-protoplasm on which to exercise his central mind, and the peripheral "minds" of the unit constituents of his body, in the direction of cellular habit-formation. Those measures also reinforce the central stores of his mental energy, previously depleted by the severe drain coming from the excessive demands of poor protoplasmic stuff and bad habit. The whole individual, mind and body, is thus improved, *assuming that his now reinforced and energized mind makes the necessary effort* to make better use of the refurbished bodily machine. Granted always this parallel effort of mind on his part, the improvement in his environment has certain important results:

(a) It has improved his general health, as measured by efficiency of habit, in all directions and not only in the one direction primarily influenced by the improved environment.

(b) If the view set out has any foundation in fact, the improved environment has made him able to store

in his germ-cells the improved mental and physical qualities associated with the greater efficiency of habit and habit-control. It has enabled him to transmit to posterity a potentially healthier life, through the characters which by an effort of mind he has acquired in that genial environment. That may very probably not be true of each and every improved habit, conscious or unconscious. It may apply only to habits which have involved a very deep-seated effort, permeating the whole personality and thence the physical frame and sex organs. But, until disproved, the principle at issue still remains tenable.

Such then, is the speculation offered to justify in the sphere of thought the certainty in the inner citadel of our conscience that social help, with a right reaction to that help, far from producing a weaker population, produces one potentially stronger in all directions; and far from creating a deteriorating population through withdrawal of the stern action of natural selection, can produce a people physically and mentally higher in the scale than before. The key to success in such social help lies in the application of effort of mind by the individual at all levels from the consciousness downwards, in utilizing the bodily machine as it runs more smoothly through the greater kindliness of the present environment.

It is not implied that the individual thus helped can consciously alter the habit of function of individual faulty cells or tissues. Starting from the top, however, he can and must improve the habits of which he is

conscious, thereby directing them with economy of mental effect, releasing mental reserves to be drawn on below the levels of consciousness by a machinery which, however mysteriously to us, the annals of religious healing show to be capable of active operation.

Are we not again justified in seeing a Christian challenge of the most radical character in this realm of heredity and social health?

CHAPTER VII

SOCIAL HEALTH AND ENVIRONMENT

JUST as current fatalistic views of heredity weaken the power of one group of social workers by instilling doubt as to the value of their own work, so the same doubt comes to another group engaged in improving the environment, when they encounter the popular view of evolution. For if survival of the fittest is, as usually assumed, the basic fact of evolution, and if our measures of environmental health are encouraging the survival of those who under a state of nature would have been eliminated as the unfit, then the social work would seem to be actually anti-social, giving rise to a race less fit than had it been left alone.

The fact forgotten here is that we are not living solely in a state of nature, but, so far as man will allow himself, also in one of supernature, in which laws and, still less, hypotheses of mere nature are not necessarily applicable. The individual helped by a change in environment can himself react, attaining a fresh level. In so far as he does so, he is living, however slightly, at the supernatural level and is escaping the consequences of "natural" selection. In so far as he fails to react to a better environment, to that extent he is failing to fulfil himself, and in relation to his opportunities may be showing himself less fit for life than before.

While the whole province of social health affords

examples of the individual within an improved environment, conditions of space must restrict our review to a single problem, which may conveniently be that of housing.

During recent years there has been an acute stirring of conscience in this country at the deplorable conditions under which a proportion of the more unfortunate members of the community live. Local authorities and those engaged in applying measures of social health have been busily engaged in "representing" areas of unfit dwellings or individual unfit houses, in planning schemes of re-development, in building new houses, and in moving overcrowded populations into new housing estates. Into the details of this we need not here enter, for the limitation imposed by the title of this study implies a concern not with the details of social health measures themselves, but with the relation of those measures to Christian ethics.

The matter may be approached from the angle of the needs of the slum-dweller. What is the most vital impression made on the visitor to the slums? The character of that impression will depend on the frame of mind in which he starts his pilgrimage. One form of impression, and a very true and worthy one, is that which moves him to strong resentment at the circumstances under which his fellows are compelled to live. If he sets out on his visit to the slums with that righteous anger in the heart, his first impulse is to say that the one fundamental thing which the slum-dweller needs is the square deal of decent surroundings, in order that he

may thereby and thereupon get a chance in life. That is the normal point of view of the local authority and of the official worker who has duties and powers to effect an alteration to those surroundings.

But that is not the only way to regard the slum. Suppose that, instead of meeting the slum-dweller with this hot resentment for him tingeing our minds and affecting our reaction to him, we visit him with no thought of his surroundings, but only of himself, as he faces us in his home: what impression shall we get? The almost overwhelming impression produced is that this slum-dweller, *in so far as he is a typical denizen of the slum*, is a man suffering and unhappy because of a lowered self-respect. He is a man who in one direction or another feels himself a slave and not a man, and his whole nature either turns towards a hatred or a fear of others or slips downwards into mere animal existence. Change his surroundings and you may restore his self-respect. But the mere change of his surroundings will not do that wholly or always. His ache is a much deeper one, and only one form of help can relieve it wholly and for ever. He seeks reassurance that he is not a slave or an outcast, but of equal value with his fellows; and that knowledge comes most convincingly and lastingly with the certainty that he and they are equally the children of one God who is also to all a Father. When once that demand is well on the way to being met in relation to three main groups of people directly concerned in the slum-problem, the slum will thereby have become itself largely a thing of the past.

What are those three main groups in the slum-problem? They are the slum-dweller, the slum-owner, and the industrialist. Look at each in turn from this particular point of view:

(a) *The slum-dweller.* If the slum-dweller can know in his bones that he is a son of God, his own dwelling will quickly become in many respects something other than a slum. In the degree in which it fails wholly to lose its slum quality, the inward reassurance of that essential relationship will encourage him to find ways and means of leaving that slum by his own initiative. If he stays, then not only his own house, but his court and his friends' houses and courts will feel the reaction. *That does not imply, emphatically does not imply, that his surroundings should not be altered for him,* and that all engaged in the social health should not be deeply concerned in that alteration. But first things nevertheless must come first: and the hardest part of the problem, the one most easily shirked, is that of helping the man to find himself. Granted that inward change on a considerable scale and to a genuinely deep degree among the slum-dwellers, no one will deny that the change in the slum as a consequence will be an infinitely more vital and fundamental one than any change effected from outside in the absence of that inward restoration of outlook.

(b) *The slum-owner.* If here we could break through the protective mask of greed, of anxious self-preservation no matter at what cost to others, of sheer lack of interest, and could bring the slum-owner to

look on himself also as a son of God and on the slum-dweller as his brother, the second link in the vicious circle would have been broken. It would have been broken infinitely more effectively and permanently than can ever be done by a multitude of orders for demolition, of notices for repairs, or of prosecutions for failure to exercise due care and consideration.

(c) *The industrialist* too often helps to create the slum-atmosphere by the dinginess and decrepitude of his shopping or offices, by the smoke and fumes which he insufficiently controls, by the noise and vibration which harry his neighbours, by the inconsiderateness with which he may encroach on their sunlight and air, by his regard for his own industrial needs as paramount. In these directions, as well as in his ways of employing the slum-dweller, and in his interpretation of industrialism itself, the industrialist might play his most vital part in the permanent resolution of the slum-problem, were he also to get a like insight into his relation to God and to his fellow-man.

Such an assertion sounds old-fashioned nowadays. Why? Because society has no vividness of belief in the presence and power of the Holy Spirit as an energizing factor in human affairs; has allowed itself to adopt too external a view of development as a gradual process arising out of outward change, and not as one capable of miraculous suddenness and intensity, the product of inward co-operation between the man's supernatural life and the Divinity supporting him. In acquiring this false belief in the primary importance of a changed

environment, society has become absorbed in a whirl of mechanism towards improving the surroundings. Martha has too completely replaced Mary, where both, but particularly Mary, are needed for the task. As a consequence all are involved in the sickening sense of a feverish and ever unsuccessful effort to catch up with social evils, while just ahead of that rush human nature and human happiness are perpetually being spoiled afresh by these same evils, before the agents of social health can arrive on the scene. The only *ultimate* solution is not to change human surroundings, but to alter human nature itself, by allowing it to develop its divine pattern from within. The social worker is working from the periphery of the problem; but there is a rottenness at its core which he cannot reach and which vitiates all his effort. The religious worker attacks the problem at the centre, but he is hindered, though less radically, by the difficulty with which the anxious and fearful, the starved and the diseased listen to his message through their physical wretchedness. Both the social and the religious worker are needed for the expansion of a true social health, in the freest co-operation with each other, with each in fact engaged within his capabilities in both tasks.

CHAPTER VIII

SOCIAL HEALTH AND THE ELIMINATION OF THE WEAKLING

THE popular school of biologists, whose views in relation to heredity have been opposed in our preceding discussion as being contrary to the implications of experience open to the ordinary man, has created and given a particular trend to the science of eugenics. Eugenics, which claims to be concerned with the breeding of a finer race, includes within its scope a number of activities, some positive, some negative; some tending to encourage the propagation of "good" stocks, others to discourage that of "bad" stocks. Among the measures intended to hinder the multiplication of bad stocks and assist the elimination of the weakling, there is one, viz. sterilization, to which we may here refer, seeing that in other countries it has become a practical issue, as in our own the report of the Departmental Committee on Sterilization makes it likely so to become before long. That Committee recommended the legalization of voluntary sterilization in respect of:

(a) Persons who are mentally defective or who have suffered from mental disorder: and persons believed to be likely to transmit mental disorder or defect;

(b) Persons suffering from grave transmissible physical disabilities—such as hereditary blindness, deaf-

mutism, hereditary bleeding (hæmophilia) and absence of the middle sections of the fingers (brachydactyly)—or believed to be carriers of these conditions.

The sterilization was to be safeguarded in various directions: it was to be voluntary, on the signed consent of the patient or his guardian: it was to be on the written authorization of the Ministry of Health based on two medical reports.

We are not here concerned with the overwhelming case which exists against the ineffectiveness and impropriety of the proposed safeguards, from the standpoint of elementary justice to the individual. It is rather the general principle at stake to which attention must be turned.

*Environmental Factors in Relation to Mental Defect*¹

The whole question of sterilization, with its irrevocable maiming of the individual in a fundamental activity, centres on the assumed need for the extirpation of the unfortunate weakling, mental or physical, by snuffing out the smoky flame of his racial life. But it is easy to overlook—and the Departmental Committee appear to have overlooked—the part which environment may play in the manifestation, if not in the production, of certain of these weaklings.

¹ This and succeeding paragraphs are largely derived from an address, *The Question of Sterilization*, prepared for, and published in 1935 as a pamphlet, by The Mothers' Union, 24 Tufton Street, Westminster, S.W.1.

Let us take the case of the mental defective in illustration. We have already reviewed a number of *removable* factors in the environment tending to bring out defects which might otherwise lie dormant, as so much defect lies dormant in all of us. Attention has been drawn to the part which, before birth of the child, the expectant mother's physical ill-health, malnutrition or fatigue, or her emotional ill-health may play in providing too harsh an environment for the developing child. Similarly, reference has been made to the same factors as they affect the suckling; and to dissensions in the household, or unsystematic, rowdy family life as disturbing the child's normal development. All this shows a way out of the problem of many manifestations of mental defect, by ensuring environmental changes within the power of a well-intentioned community determined to live at its highest. Sterilization, we have seen, has been offered as the only immediately practicable method. It is actually very far short of being practicable; but these other means of changing the environment of the child are practicable immediately society is prepared to take them seriously.

It may be said that mental defect is not thereby eliminated, but only left buried beneath the surface of society. We shall have something to say on this later. At the moment we need only be reminded that this is true of many unsatisfactory traits pervading society; and that to remove these radically by the way of sterilization would be to wipe out society itself.

The Question of Conscience

Accepting for the moment, for the purpose of the immediate argument, the assumption that extirpation of the defective stock, rather than its alteration, is the only course to be advocated, we are faced with a need for abstinence from parenthood on the part of the individuals involved.

The reason for regarding sterilization as the only immediately practicable method of abstinence from parenthood lies, we find, in the Departmental Committee's dictum that "no person, unless conscience bids, ought to be forced to choose between the alternative of complete abstinence from sexual activity or of risking bringing into the world children whose disabilities will make them a burden to themselves and society".

With the attitude which gives rise to that dictum, and the policy in which it results, the writer is in the strongest disagreement. Surely if conscience bids the individual to the courage of thought implied in a decision to abstain from parenthood, he should be expected to express it in the courage of act which involves real self-sacrifice. Instead of this, the Committee's proposals assist him to evade the issue with which conscience has faced him; for he can do so by undergoing the transient inconvenience of an operation which will give a way of escape allowing physical satisfaction while relieving him of the consequences.

Underlying this policy there is the same double conviction that in other groups of cases has brought about

the application of the functional sterilization implied in artificial birth-control. There is the conviction on the one hand that men and women are slaves to passions which not even the highest and most urgent call will enable them to control; and on the other hand that man is entitled to live without stress and strain, and that if sexual abstinence creates strain, then the strain must be eliminated, even at the cost of lowered sexual conduct. This standpoint implies a materialistic view of human nature from which we should vigorously dissent. The individual can, and will, take the course of voluntary abstinence if society as a whole gives him confidence in his capacity to do so. Happily many find it possible even in the face of an unhelping society. But in general the individual finds it difficult to maintain his belief in his own power of self-control if he lives in a society which is self-indulgent and relaxed in moral fibre.

*Can the Extirpation of such Abnormal Stocks
Involve any Loss to Society?*

It is assumed as a matter of course that the families in which mental deficiency or disorder or grave physical defects are transmitted should be blotted out. But the following considerations show that the issue is not quite so simple:

(1) The policy of extermination involves the sacrifice of from one to two normal persons, whose birth will have been prevented, in order to eliminate one abnormal one. Is that unimportant, and is it justifiable

to look at this problem in terms of average results instead of in relation to individuals? We may still decide that the elimination of the bad stock, even with its good members, is the smaller of two evils. But at any rate the dilemma shows that extermination is at the best a very wasteful solution; at the worst, an immoral one.

(2) On the basis of the dictum quoted above (page 136) it is concluded that there is no immediately practicable alternative to the abstinence from parenthood which is to lead to extermination of the stock. But has the question of an alternative so far been seriously explored? Science for the most part has diagnosed and labelled the abnormal conditions and has worked out the mechanics of their propagation. It has not pursued the inquiry into the causes of these abnormalities or into ways of elimination which a knowledge of these causes might bring.

(3) The policy of extermination assumes that there are no substantial counter-balancing gifts capable of being brought to society by these abnormal groups, such as to render them *potentially* of positive value to the community. But can it really be claimed that, for example, a person with the middle phalanx bones missing from his fingers (brachydactyly) is, because of that, of *less than no value* to his fellows? He may be a burden in some directions and yet be an asset as a whole. There is too intense a concentration here on purely physical standards without regard to the personality as a whole. Is it possible similarly to doubt

whether the quality of mind displayed by the mentally defective and the mentally disordered is in its essence wholly inimical to the welfare of the community? It is a general assumption: but is it true?

*The Potentialities of the Mentally Defective and
the Mentally Disordered*

The following anecdote from Motley's *Rise of the Dutch Republic*, relating to an incident in 1550 under the Inquisition in the Dutch Netherlands, may perhaps help to throw light on the matter to an extent excusing its ugly details:

In the same year, one Walter Kapell was burned at the stake for heretical opinions. He was a man of some property, and beloved by the poor people of Dixmude, in Flanders, where he resided, for his many charities. A poor idiot, who had been often fed by his bounty, called out to the inquisitor's subalterns, as they bound his patron to the stake, "Ye are bloody murderers; that man has done no wrong; but has given me bread to eat." With these words, he cast himself headlong into the flames to perish with his protector, but was with difficulty rescued by the officers. A day or two afterwards, he made his way to the stake, where the half-burnt skeleton of Walter Kapell still remained, took the body upon his shoulders, and carried it through the streets to the house of the chief burgomaster, where several other magistrates happened then to be in session. Forcing his way into their presence, he laid his burden at their feet, crying: "There, murderers! ye have eaten his flesh, now eat his bones!"

This "poor idiot", whose affection forced him out of the timidity or indolence of mind natural to his condition, showed a capacity both for single-minded, if simple-minded, action and for conviction of injustice which would put most normally gifted men to shame. Now these qualities of affection, of simple directness and of a resentment of injustice are frequently to be found lying below the unprepossessing surface of the mental defective. Let us grant by all means that in the illustration these qualities bear their defectiveness stamped on them, exhibited as they were through a restricted perception of the circumstances. But suppose it were possible to separate the defectiveness from the fundamental qualities here traced, would the essential faculty left be an asset and not a burden to society? Clearly an asset: and that in itself negatives extermination as the best solution. The way to right this particular wrong, if we are not to inflict a greater wrong and loss in the process, must be not to cut the Gordian knot but to unravel its tangle.

The same is true of the mentally disordered person with his frequently sensitive and imaginative mind; and *both his particular qualities of will and those of the mentally defective, in their essence when stripped of the exaggeration of expression into which they have grown, are needed to give the full octave of expression to humanity.* For at one end of its scale humanity needs the humility of will and simplicity of mind which in the defective have unhappily passed into the caricature of defectiveness; while at the other end humanity needs

equally the quick imagination and the sensitive will of the individual who, in being driven into himself, has exaggerated and warped these qualities into his mental disorder.

There is no clear wall of division between mental deficiency and dullness; and these range steadily into normal mentality. Similarly there is no definite line of cleavage between the mentally disordered, the ill-balanced, the eccentric, and the normal. The normal person tends, though with incompleteness, to live in and for the day, taking no thought for the morrow: that is, he reacts readily and fully to the call of the moment. The mental defective has too little confidence in himself to live even in the day, but retires from the effort. The mentally disordered person lives so much in tomorrow or in yesterday, is so self-involved, so engrossed in future perils or past injuries, real or imaginary, that he fails to attend to the life of the day. While this marks the difference between these abnormal groups and the average man, it equally marks their kinship to him, seeing how often he strays in and out of one or other extreme. The mentally defective and the disordered are in fact at the morbid extremes of life, merging into and needing to be brought back to the normal way of reaction. They dwell habitually with some or all of their faculties in extremes into which as ordinary persons we enter from time to time with particular aspects of ourselves, but from which, with greater or less ease, we manage to return. We need to find, both for them and for us, the secret of avoiding

and escaping from these extremes. They, as well as we, may be driven into these extremes by physical injury or by gross infection: but both equally may be thus driven through surrender to an adverse mental environment, or may be self-driven into those same extremes by an inward mental trend or urge.

The Origin of Mental Defect and Disorder

This brings us to the final issue: how to bring back these abnormal stocks into the comity of society, purged of the dross of their abnormalities, leaving only a valuable residue of qualities particular to themselves with which to enrich the community. To solve that problem, we need to know the causes of mental deficiency and disorder. Excluding from our present discussion cases in which such outward factors as accident or physical injury, at birth or later, venereal or other major infections, or other gross blows have fallen on the individual, we may say that the causes of mental deficiency and disorder have not been investigated at a fundamental level. Broadly speaking science has inquired into the mechanism rather than into the cause. The entry into the individual of a defective physical basis of mental qualities, in altered genes or units of inheritance, has been accepted as the effect of pure accident, the results of which are regarded as permanent: and there the matter stands.

But we have no business to assume that such a process is either purely fortuitous in origin or permanent in

effect. There is no reason why it should not have been the result of some action by the individual, stamping on his tissues, including his germ cells and his genes, a new and faulty pattern which is then passed on to his descendants; and if so, there is no reason why a sufficient impulse should not reverse the process.

Certain qualities of will are prominent in the mentally defective or disordered, regarded as broad groups. In the mental defective there is a diffidence and an indolence of the will as a whole, an unwillingness to exert such will as he possesses; in the mentally disordered, a will which is sensitive, prepared to function but too readily thrust back on self and selfish imaginings. That seems to have a vital significance in relation to the factors of environment and heredity. Look at the question of environment. Expose the mentally defective and the mentally disordered to an adverse environment, whether this be that of ill-disciplined or bullying or critical fellows, fatigue, or conditions of catarrh, sepsis or other bodily ill-health. The mental defective tends to refuse even more completely to exert his indolent and shy will, and the mentally disordered tends to turn his too sensitive and too imaginative will more closely inwards on himself. The one becomes more obviously defective, the other more obviously disordered in mind. But may not the same process have been at work during childhood and infancy, in the pre-natal stage, in the previous generation, and back to the very beginning, where it may have started in some first grave refusal or self-absorption of the will in the face of some unusual

stress? In other words, what we tend to look on as the work of heredity may be the result of environment acting on a will with a particular bias, or a will which shies away from instead of facing that environment. That in turn would imply that the mental defect or disorder is a question primarily of the will as a whole, manifest then in a defect or disorder of intellect as an activity readily appreciable by the observer. In other words, these abnormalities represent *a flaw in character*, individual or racial.

This is not submitted as a proved fact, but only as a working hypothesis which gives a satisfying explanation of the phenomena. So long as science forms no satisfactory view of the actual origin of these disorders, such a hypothesis is justified and can be utilized until superseded. It has the feature of breaking down the walls of division between mental defect and disorder and the average person; while it further suggests that, in so far as they may be primarily flaws in character, mental defect and disorder should be capable of removal by any process which can correct flaws in character.

This clearly does not affect the necessity for applying all known physical, psychological and environmental methods of treatment. Nor does it affect the decision at which we may have arrived as to the cessation of propagation of affected stocks. If, as discussed earlier, we have decided that, even though it be a wasteful solution in eliminating good with bad, there must be cessation of propagation of particular defective stocks, then that will still hold good under our present viewpoint, unless

and until the defect can be purged from the stock. The cessation to propagate will be through the channel of sexual abstinence in the carrier of the defect, and, for the defective, the fullest provision of institutional segregation where home segregation is ineffective.

The Removal of Mental Defect and Disorder

These abnormalities, we have provisionally concluded, represent flaws in character. Is there any process which can remove such flaws? One, and one alone, can be suggested, which applies equally to every branch of social service—the one process which, in whatever social grade and in whatever diversity of individuals, is concerned primarily with alteration of character—the whole-hearted Christianization of the individual in a society equally Christianized.

We need, then, to apply this radical Christian influence to the defective and disordered in mind, to the healthy carriers of these defects, and to the society at large which is to react on them: and we are to apply it at every stage of life, adult, adolescent, post-natal and pre-natal. Let society decide to seek the entry of Christian grace, in this vital sense, into intimate contact with the flaws of character, whether of these troubled groups or of others, throughout her ranks. If our conclusion is true, she may then expect with confidence in one or a dozen generations to loose the grip of a heredity which may be the result of a succession of

environmental blows, generation by generation, on a temperament with a particular bias too sensitive to the impact of those blows. For it is inconceivable that the Divine grace which is capable of remedying the flaws in character of the so-called normal human being would stop short before these unhappy members of the race, with their acute emphasis of particular flaws of character, requiring for their remedy in the one group a toughening, in the other a steadying, of moral fibre. All, in fact, both the so-called normal and the so-called abnormal, are abnormal in being the slaves of flaws of character in directions varying with the individual. All are of the same human stuff, all need the touch of the same Divine grace for health of personality.

To what extent can we expect a fundamental Christianity in society and in the individual to eliminate these conditions? Can it remove not merely the fault in will but the scars of past failure, represented by absent or ill-formed nerve cells? The answer to which the writer is impelled is not one which in its last issue has so far been acceptable to orthodox medicine. In the first place, so long as the present outlook of society remains unchanged, and so long, therefore, as the individual is weighed down with the millstone of incredulity of radical recovery imposed on him by the universal reaction of that society to his condition, so long presumably will fundamental cure be impossible. But even with this limitation there is still the vast prospect of eradication through fundamental change in the otherwise healthy carriers of these conditions, in whom the

nerve cell atrophy has not yet materialized. Were society to become Christian in the sense and in the degree of the Christian society of the first century of our era, we might expect like results in healing. The records of those days—records bearing the hallmark of truth—show that, under the influence of particular personalities, function of blind eye and withered hand and foot crippled from birth could be renewed in a degree seeming to imply recovery of action of atrophied nerve cells. We cannot refuse to conceive a similar result to-day in a similarly re-moulded society, in a social atmosphere from which the miraculous is not excluded as impossible. It is conceivable that in such circumstances individual patients, under the impact of particular personalities of power, could actually lose the scars of atrophy or of non-development of nervous tissue which mark the mental defective or the mentally disordered. In vastly greater numbers, individuals of these two groups would use their stunted or ill-balanced capacities to an extent at present impossible.

In such a direction, it is submitted, lies the real way of elimination of these abnormal elements in society. Whether it can be followed successfully depends wholly on society. Meanwhile, there stands the Christian challenge in this large province of social health.

CHAPTER IX

THE SUM OF THE MATTER

IT would be true to say that throughout our discussion we have found that sound measures of social health must give generous recognition to the part to be played by the individual himself in winning and maintaining health. Further, the individual's responsibility has been found, time after time, to be fundamental. He is responsible for the fullest expression of his deepest spiritual nature; the health which he is to win and maintain must ever be a health of personality rather than of body alone. The agencies for social health which seek to help him will in fact hinder him if they impede the exercise of that personal responsibility. Health thrust on him, health handed to him without a parallel effort somewhere within his own life, in the long run will be no health at all but only another barrier against responsible self-expression in the highest sense.

We come back, therefore, in our measures of social health to the individual, and to his response to the spiritual within and beyond his own nature. But that response will depend on his understanding of that nature and of God. We find ourselves, therefore, back at the point from which we embarked on this discussion, driven to an assertion of the supreme importance of our fundamental beliefs in moulding the

character and determining the effect of our measures of social health.

Is it going too far to say, as was said at the outset of this study, that there are many brands of Christianity, capable of leading to as many ways of framing and applying the principles of social health? Will not love of God and love of one's neighbour lead one aright, so that all who honestly profess this dual love will find themselves united in forms and methods of social help acceptable to all?

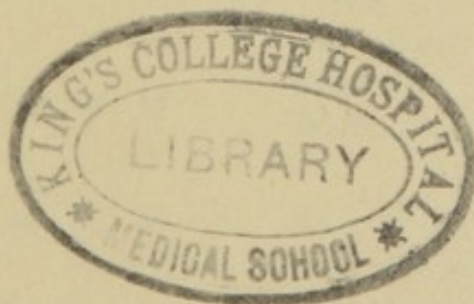
Happily, while that dual love is easier in theory than in practice—for an imperfect love of God may give rise to as faulty a love for men—there is this degree of truth in the claim, that charity, where at all fundamental, may imply at the root of the nature a Christian belief of which the individual at his more restricted rational levels is unaware. His Christianity may be truer than he knows, and his aim in social help may be nearer the mark than his formulated belief would imply.

Setting that aside, there are a few general considerations which are sufficiently obvious. For two people to love God is not a sufficient guarantee of unity of belief: they need first to be sure that they are loving one and the same God. The God of one may be stark Fate, remote, ordering all by an iron rule, with no room for pity and care of the individual. The God of the other may be the Father of all, a Father of authority and discipline, yet responsive to petition, using laws other than those of Nature when He wills, in acts supernatural and miraculous. The God of one is clearly not

the God of the other; and social services planned by the one are likely to diverge in scope and in result from those favoured by the other. The first, for example, may place emphasis on the need for personal security, the second on the duty of personal obedience. Again, the Christ of one Christian is God Himself, come as perfect Man: man's brother who is also his God. The Christ of another is man indeed, revered as at the topmost pinnacle of mankind, a perfect Man who is men's example, but not therewith God Himself. How can these two come to any mutually acceptable conclusion, at other than a superficial level, as to the manner of social help likely to make men more readily sons of God and brothers of Christ?

The same divergence is to be found when we turn from love of God to love of man. To one, his neighbour is a man entitled primarily to the fullest manifestation of all the capacities of his body and mind and will. To another, that neighbour is primarily the candle of the Lord, intended to show forth God's glory in his humanity. Whatever may be the truth common to those two views—and that common truth is large and fundamental—the one who stresses the former view will arrive at measures of social help differing widely from those appealing to the supporter of the second view. The one may regard the prime duty of the individual and of society as consisting in self-expression in this world; the other, as that of self-preparation for the next world, with full self-expression in this world as its secondary product.

We need, then, from this standpoint to define not only who but what in his essence is our neighbour, if we are truly to help him with the form of social service proper to his needs. If the social health is to be sound, we are brought back to a need for both the first and the second commandments, and then for the first commandment to be placed always first in order that the second may be second aright. If that social health is to accord with Christian ethics, society's Christianity must be directed to the right God, must know the right Christ, must find expression in a right Church. Society is to be saturated with Christianity: but it must be a particular sort of Christianity: a Christianity which forbids the separation of science and religion, of art and life, of physical and spiritual: a Christianity universal in its reach, with Christ as the Way in the realm of flesh as of spirit.



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