Annual report 1952 / World Federation for Mental Health.

WORLD FEDERATION
FOR
MENTAL HEALTH

ANNUAL REPORT

with Proceedings of the 5th Annual Meeting

1952

FEDERATION MONDIALE
POUR
LA SANTE MENTALE

THE AIMS AND PURPOSES OF WFMH ARE:

To promote among all peoples and nations the highest possible standard of mental health, in its broadest biological, medical, educational and social aspects.

To work with the Economic and Social Council of the United Nations, UNESCO and the World Health Organization, with all of which the Federation has a consultant rôle.

To help and encourage member-associations in the improvement of mental health services in their own countries.

To promote communication and understanding through Meetings and International Congresses.

To further the establishment of better human relations in all possible ways.

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An announcement of the **5th International Congress on Mental Health,** and of the **International Institute on Child Psychiatry,** both to be held in Toronto, Canada, in August, 1954, will be found on p.3 of the cover.

DR. E. E. KRAPF
(Argentina)
Chairman of the Executive Board.

DR. KENNETH SODDY
Assistant Director, WFMH.

Dr. M. K. el Kholy
(*Egypt*)
President 1952-53.

Miss E. M. Thornton.
Secretary-General, WFMH.

WORLD FEDERATION FOR MENTAL HEALTH

FEDERATION MONDIALE POUR LA SANTE MENTALE

The Federation is incorporated under Swiss Law

Registered Address (not for correspondence): 92, Rue du Rhône, Geneva, Switzerland

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ANNUAL REPORT

with proceedings of the 5th Annual Meeting

1952

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ENGLISH LANGUAGE

(Owing to financial stringency, the Report for 1952 is not published in French. It is hoped to resume publication in French when funds permit).

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Director-General, Department of Mental Diseases, Cairo.

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Professor of Psychiatry, University of Utrecht.

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Dr. Alfonso Millán, *Mexico*, 1951-52.

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Secretary to U.S. Regional Group: Miss Helen Speyer,
National Association for Mental Health, New York.

**Also members of Executive Board.*

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Prof. John Cohen,
Dept. of Psychology, University of Manchester.

Dr. H. V. Dicks,
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Prof. J. C. Flugel,
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**Also members of Executive Board.*

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Legal Advisers:

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Messrs. Field Roscoe & Co., 52, Bedford Square, London, W.C.1.

Messrs Paul, Weiss, Rifkind, Wharton & Garrison, 61, Broadway, New York 6, N.Y.

MEMBER ASSOCIATIONS

72 Associations in 38 Countries.
4 Trans-national Associations.
1952.

ARGENTINA
Liga Argentina de Higiene Mental*
Asociación Psicoanalítica Argentina

AUSTRALIA
Australasian Association of Psychiatrists

AUSTRIA
Oesterreichische Gesellschaft für Psychische Hygiene

BELGIUM
Ligue Nationale Belge d'Hygiène Mentale
Association Catholique d'Hygiène Mentale.

BRAZIL
Liga Brasileira de Higiene Mental*
Centro de Estudos Franco da Rocha, Sao Paulo
Liga Paulista de Higiene Mental.

CANADA
Canadian Mental Health Association*
Canadian Psychological Association

CHILE
Asociación Chilena Pro Salud Mental

CHINA
Chinese National Association for Mental Hygiene.

COSTA RICA
Comité Nacional de Salud Mental

CUBA
Liga Cubana de Higiene Mental

CZECHOSLOVAKIA
Ceskoslovenska spolecnost pro peci o dusevni zdravi v Praze

DENMARK
Landsforeningen for Mentalhygiejne

EGYPT
Egyptian Association for Mental Health

FINLAND
Suomen Mielenterveysseura

FRANCE
Ligue Française d'Hygiène Mentale

GERMANY
Deutsche Arbeitsgemeinschaft für Psychische Hygiene

GREECE
Neuropsychiatric Society of Athens

ICELAND
Icelandic National Mental Health Association

INDIA
Indian Council for Mental Hygiene

ISRAEL
The Society for Mental Hygiene in Israel

ITALY
Lega Italiana di Igiene e Profilassi Mentale

MEXICO
Liga Mexicana de Salud Mental

NETHERLANDS
Nationale Federatie voor de Geestelijke Volkesgezondheid

NEW ZEALAND
New Zealand Council for Mental Health
Family Guidance Centre

NORWAY
Norsk Landsforening for Mentalhygiene

PERU
Liga Peruana de Higiene Mental

PHILIPPINES
Philippine Mental Health Association

POLAND
Polskie Towarzystwo Higieny Psychicznje

PORTUGAL
Sociedade Portuguesa de Neurologia e Psiquiatria

SPAIN
Asociación Española de Neuropsiquiatría

SWEDEN
Svenska Föreningen för Psykisk Hälsovard

SWITZERLAND
Comité National Suisse d'Hygiène Mentale*
Pro Infirmis

TURKEY
Turkish Society for Mental Hygiene

UNION OF SOUTH AFRICA
South African National Council for Mental Health

UNITED KINGDOM
National Association for Mental Health*
Association of Mental Health Workers

UNITED KINGDOM (contd.)

British Psychological Society
Leeds Regional Psychiatric Association
Mental Hospital Matrons' Association
National Association of Parents of Backward Children
National Union of Teachers
Northern Regional Hospital Board (Scotland)
Nursery School Association of Great Britain and Northern Ireland
Royal Medico-Psychological Association
Scottish Association for Mental Health

U.S.A.

National Association for Mental Health, Inc.*
American Association on Mental Deficiency
American Association of Psychiatric Social Workers
American Group Therapy Association
American Neurological Association

U.S.A. (contd.)

American Nurses' Association
American Orthopsychiatric Association, Inc.
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association, Inc.
American Psychosomatic Society
American Sociometric Association
Family Service Association of America
Menninger Foundation
National League for Nursing, Inc.†
Psychiatric Forum Group
Society for Applied Anthropology
Society for the Psychological Study of Social Issues

URUGUAY

Liga Nacional Uruguaya de Higiene Mental

VENEZUELA

Liga Venezolana de Higiene Mental

TRANS-NATIONAL MEMBER ASSOCIATIONS

Asociación Latino-Americana Pro Salud Mental
International Association for Child Psychiatry
International Council of Nurses
Ligue Européene d'Hygiène Mentale

* *Denotes Convening Organization in countries where there is more than one member association.*

† *Formed by the merger of the National League of Nursing Education and the National Organization for Public Health Nursing, Inc., both previously member-associations of WFMH.*

ASSOCIATES OF WFMH.

The category of *Associates of WFMH* is open to individual persons interested in the activities of the Federation.

A list of Associates as at December 31st, 1952, will be found on p.106 of this Report. Full details and a form of enrolment will be found immediately after the list, and others will gladly be supplied on application to the Secretariat.

All readers of the Report are cordially invited to support the work of WFMH by enrolling as Associates if they have not already done so.

AFFILIATED ORGANIZATIONS.

Groups or organizations, whether national or local, which are in general sympathy with the aims and purposes of the Federation, but are not eligible for, or do not desire, full membership, are invited to enrol as *Affiliated Organizations*. Full details and a form of application for affiliation will be found at the end of this Report.

FOREWORD

by

Dr. Alfonso Millan (*Mexico*),
President, 1951-52

The World Federation for Mental Health has been able to carry out, in the few years of its existence since 1948, a task of which we can all feel very proud, although not completely satisfied. We are proud of the fact that an international organization has been created that has gathered into its fold so many countries and such varied cultures; an organization that is bravely confronting and studying the most complex problems related to mental health throughout the world. A federation that thrives under these difficult conditions, and in only four short years of existence has succeeded in leaving an indelible mark upon the conscience of many individuals, groups and national and international governmental agencies and institutions, can look forward optimistically to the future. In my opinion, we can be truly proud that in spite of many obstacles, our Federation has provided a shining example of what goodwill and a common interest can bring about in a world that seems ever more complicated and divided by interests that do not always respect proper human values.

But we cannot be satisfied as yet, because we know that we have not been able to carry out anything more than a very small part of an ambitious and fruitful programme, the full details of which can be found outlined in our Constitution, as well as in the reports of our annual meetings. Even though we are far from achieving a complete realisation of our programme, the very fact that our annual assemblies are stimulating original work in this field, under the careful guidance of our Director and Secretariat, is of great promise for the future development of our organization.

During the period 1951-52, when I had the honour of being President of the Federation, certain events took place which I feel were outstanding. In the first place, thanks to the goodwill of the members of the Federation and the democratic spirit that prevails in it, a representative of Latin America, in this case my humble self, was chosen to occupy this post of honour, which in 1952 I passed on to the most capable hands of a distinguished colleague, Dr. el Kholy, of Egypt. The honour conferred upon me, though personally unmerited, was a tribute to all our Latin American countries; and the mental health associations in those nations, as well as in the rest of the world, have been immeasurably stimulated by the opportunity for so many different voices to find echo in the organizational work of the Federation. This international co-operation reached a high peak when the Fourth International Congress on Mental Health was held in Mexico.(1)

This Congress—and I should like to emphasize the importance of this fact—was the first international congress of its type to be organized by our Federation, and it demonstrated the effectiveness of the organization which we have been able to build up. Most certainly we can now look forward to a Fifth Congress, in Canada in 1954, with even more brilliant prospects.

In glancing back over the past year, the Brussels meeting is outstanding, and the fact that the association for mental health recently formed in Germany was welcomed into our Federation, proves that, in spite of obstacles, our organization is growing dynamically. On the other hand, the Chichester Seminar and other activities described in this Annual Report, constitute living evidence of the interest that our work has awakened among

(1) *The Proceedings of the Fourth International Congress on Mental Health, in English, are available in the United States and Canada through the Columbia University Press, New York, and in Europe through Messrs. H. K. Lewis & Co., Ltd., 136 Gower Street, London; in Spanish, through La Prensa Medica Mexicana, Mexico D.F., Mexico.*

individuals and international, as well as national, institutions.

Therefore, it seems to me pertinent to conclude that, notwithstanding the financial and material limitations of our Federation, an impartial survey of what has been done should be convincing proof that it is possible for men and groups and institutions of many countries to find a common ideal and work together for it ; and that the cause of mental health has never shone more brightly on the world horizon than it does at present. In looking back, I can only feel the deepest gratitude for having been able to make some small contribution to a very noble work that must stir the highest ideals in every one who has felt its call.

DIRECTOR'S REPORT

PART I

A Survey of Four Years' Work, 1948-52

The aim of this section of my report is to summarize some of the activities carried out or attempted by the Federation in these four years. We know, of course, that there have been a good many developments in this field in various countries as a consequence of all sorts of contacts and influences not stemming directly from the work of the Federation. Here I list only those activities for which the Federation has had some measure of responsibility. Some of these activities are slight and at times have been ineffective. None the less, they should be mentioned in an account of our stewardship.

I. Membership.

As appears in the documentation of the Federation, there are now 76 mental health or professional societies in membership. They come from 38 countries, and 4 are trans-national. This is the only membership, but there are in addition about 1,000 "Associates of WFMH," and it is now proposed to have a third category of supporters, "Affiliated Organizations," which may often be non-technical in character.

II. Contacts with Member Societies.

Naturally these are difficult, since small professional societies with unpaid secretariats find it hard to communicate. Many personal and circular letters go to all societies from the office of the Federation. Questions are asked and requests are made for reports of activity within their own countries. An increasing number of these are replied to, but many are not. Many enquiries come from member societies about various matters in the field of mental health or psychiatry, which are dealt with as effectively as may be. Where it is possible for members of the Executive Board or Secretariat to make visits to member societies, the contacts improve straight away.

We have expended a small amount of money so that all member societies may receive in suitable languages some of the outstanding publications and documents put out by certain of the more advanced societies. The Federation's Film Section has just produced an International Film Catalogue whose distribution may be useful.

The six-day Annual Meeting of the Federation has been attended in each case by representatives from member societies in 27 to 33 countries. Others have participated in the Annual Meetings from Colombia, Dominican Republic, Ecuador, Eire, Guatemala, Honduras, Iraq, Japan, Lebanon, Nicaragua, Panama, Paraguay, Puerto Rico (U.S.), Thailand, Trinidad, U.S.S.R., Yugoslavia. Although all these latter 17 countries have been represented we have as yet no member societies in any one of them.

III. Formation of New Societies.

Since the London Congress of 1948, when WFMH was inaugurated, new societies in over a dozen countries have come into being, either wholly or in part as the result of the Federation's activity. In addition, there are two new trans-national societies, the European League for Mental Hygiene, and the Latin American Society for Mental Health. The Japanese and the Greek Mental Health Societies have been revived. Nearly all these new societies are now members of WFMH.

IV. International Meetings and the Techniques Involved.

Since its first meeting in London in 1948, the Federation has held Annual Meetings with an attendance of about 250 in Geneva, Paris and Brussels, and an International Congress on Mental Health in Mexico City in 1951, with 850 participants. It is now preparing for the Fifth International Congress in Toronto in 1954. Considerable emphasis was laid before and during the London Congress, on preparatory inter-professional groups (there were over 5,000 people in 27 different

countries working in these) and on international working parties during the Congress itself. Some multi-professional groups of this sort continue to work through the years between meetings of WFMH, though as national, not international, groups. The Federation is continuing to experiment with such working groups during its Annual Meetings and Congresses, using sometimes a permissive type and at other times a more didactic type of group. In the relatively short time available, difficulties of language and varying disciplines present plenty of problems, but on the whole some success has been achieved with this type of group work as a learning process. Much interest has been created in it as a method and a certain number of valuable positive conclusions have emerged.

Implementing the UNESCO study for the observation of international governmental conferences, a team of social scientists was employed to make a full report on the working of the Federation's Annual Meeting in 1950. That arduous job was supported in part by the Social Science Department of UNESCO, and reports on the procedure were included in the documentation of UNESCO.

V. Working Meetings and Seminars.

(i) *Executive Board.* This should properly be included as a working party, representing generally about ten countries, including representatives from each of the continents and a number of professions. The Executive Board meets twice a year and works extremely hard for five to seven days. It has become a particularly well integrated group and has eventually overcome language difficulties by the use of simultaneous interpretation. It is significant of the interest of the members of the Executive Board and the Inter-Professional Advisory Committee that they have travelled to meetings approximately 164,000 miles at the Federation's cost and 412,000 miles under their own arrangements. These figures, of course, do not include travel of consultants or Secretariat.

The main standing committee of the Executive Board is :

(ii) *The Inter-Professional Advisory Committee (IPAC).* This Committee was appointed at the first meeting of the Executive Board, when it was realised that there was an over-weighting of psychiatrists on the Board. It represents all the relevant disciplines concerned with mental health. Because of the wide geographical scatter of its members and the absence of funds to bring them together, save at Easter, 1951, in Dublin, most of their meetings have been regional, held either in New York or London, and these have been short one-day meetings. Some members have, however, been able to come together during the meetings of the Executive Board, in Amsterdam, Geneva and Paris, for five-day meetings. Practically the whole Committee came together for two weeks for a residential meeting in Dublin in 1951.

The terms of reference of this Committee are to provide ideas and advice for the Executive, to support the scientific conscience of the Federation and, above all, to plan for better basic studies in the field of mental health. Before the London Congress in 1948, the International Preparatory Commission had proposed, in " Mental Health and World Citizenship," a mental health programme which was adopted in the main by the World Health Organization. The present Committee has initiated a number of suggestions, many of which have been implemented. A complete record of all recommendations made from 1948 on is in preparation. It will show the evolution of ideas from one meeting to another.

Here we may mention certain topics which the Inter-Professional Advisory Committee considered of central importance:—

(a) Studies of refugee problems (implemented in small part);

(b) Study of mental health problems in Africa ;

(c) Mental health problems in Germany (five productive study meetings have been held, some in U.S.A., and some in Germany);

(d) Mental health in Latin America (the 1951 International Congress was held in Mexico and was designed, with some success, for the benefit of Latin America. Serious efforts have been made to do more

in South America, but adequate financing has been lacking. Some activity in the mental health field has been and is being undertaken there by UNESCO and the World Health Organization);

(e) Study of the effects of technological change
(a manual prepared by a committee under the direction of Dr. Margaret Mead, for UNESCO, and already in use by the United Nations);

(f) Study of tensions and problems in international conference
(much work done by individual members of the Inter-Professional Advisory Committee. Observation of our own Annual Meeting carried through);

(g) Recommendations on the planning and dynamics of our own meetings
(these have been acted upon);

(h) Suggested international institutes for education and research in the field of mental health
(discussions have been held with McGill University, and Mexico University is going ahead with plans which have arisen out of these discussions in the Inter-Professional Advisory Committee. Co-operation is expected with the Institute of Social Studies at the Hague);

(i) International seminars for high level personnel in national or international work in a variety of fields
(these were suggested as pilot runs for some future international institute. The Chichester Seminar in 1952 on Mental Health and Infant Development has been the most oustanding instance. Discussion is going on about future seminars in other countries on other topics);

(j) The establishment of a library and information service
(because of limitation of space and personnel the former of these has hardly been implemented; the information service is world-wide and extremely active);

(k) Mental health in the education of children
(a Canadian group has been working on this and in part has been responsible for stimulating the widespread experiments in the teaching of human relations in schools. The UNESCO Regional Conference on Education and Mental Health of Children in Europe grew out of recommendations to them from the Inter-Professional Advisory Committee);

(l) The Inter-Professional Advisory Committee has had a working arrangement with the International Committee of the Group for the Advancement of Psychiatry in U.S.A., one of whose activities has been the "New York Round Table." As part of the program of the "New York Round Table," governmental and United Nations personnel have discussed with psychiatrists and social scientists problems in the selection of personnel.

(iii) *Seminars.* The Seminar on Mental Health and Infant Development held at Chichester, England, in July 1952, brought together for three weeks, by means of World Health Organization fellowships, 51 participants, nominees of their governments, from 30 countries. They comprised:—

12 in general psychiatry;
8 medical officers of health;
5 maternity and child welfare officers;
5 pædiatricians;
5 psychologists;
4 psychiatrists in public health work;
4 social workers;
3 public health workers;
2 psychiatrists working with mental deficiency;
1 child psychiatrist;
1 educationalist;
1 psychiatric social worker.

The basic material for the Seminar was prepared in the United States, France, and the United Kingdom. It included special teaching films as well as elaborate case records, in French and English.

A first report on this seminar, given to the Annual Meeting in Brussels, is available. The full report is in preparation. The great bulk of the financial investment in this Seminar came from the World Health Organization, for which we are deeply grateful. The United States Public Health Service, UNESCO, the Grant Foundation and the Children's Centre in Paris all helped most generously with its cost.

(iv) *Germany*. Implementing the Inter-Professional Advisory Committee's early suggestion about the need for mental health work in Germany, five conferences have been held on Health and Human Relations in Germany. In the main these have been financed by the Josiah Macy, Jr. Foundation. Conferences were held at Princeton, New Jersey; Williamsburg, Virginia; and Hiddesen, Frankfurt A/M and Bremen, in Germany. All of these were excellent meetings in which, through free discussion between Germans and those from other countries, many problems were illuminated by the points of view of many professions. A number of recommendations made by these conferences were in fact implemented, being adopted as part of the general policy of the German Division of the U.S. State Department, and being transmitted at the same time to the other occupying powers. After the two most recent conferences there has come the formation of a mental health society in Germany (and the prospect of several others). The reports of two of these conferences are published. Those of the Hiddesen and Bremen conferences have still to be completed.

VI. United Nations.

As a result of many discussions with officials of the United Nations and the Specialized Agencies, it was decided to hold some informal meetings where those concerned with Technical Assistance and the administrative and policy problems of the United Nations and its Specialized Agencies could meet with representatives of the Federation and other social scientists for free discussion. Four such meetings have been held, three in New York and one in Geneva. The possibilities were discussed of introducing techniques of selection; and various methods of briefing and training for Technical Assistance experts were explored. Out of one meeting grew the suggestion of a residential seminar for high level United Nations and Specialized Agency personnel on the problems of human relations in supervision within their agencies. This scheme, though approved by the Directors-General of four of the Agencies, could not be implemented this year owing to lack of finance, but it is hoped that it will take place next year. The short meetings to discuss United Nations' problems were financed by the Josiah Macy, Jr. Foundation.

As a result of discussions held with the Medical Director of the Health Services of the United Nations Secretariat, an expert group was appointed by Mr. Trygve Lie as a Consultative Committee on Mental Health to consult regularly with the Medical Division on the many problems of mental health arising among the large Headquarters Secretariat, and in those going on foreign missions. The Consultative Committee is interdisciplinary and includes in its membership 7 psychiatrists (of whom Dr. Thomas A. C. Rennie is Chairman), 1 psychologist, 1 psychiatric social worker, in addition to Dr. Calderone, Medical Director of Health Services, U.N. Secretariat, and M. Georges Palthey, Director of Personnel, U.N. Secretariat.

In our advisory capacity to the Economic and Social Council of the United Nations, UNESCO and the World Health Organization, we have attended a great number of assemblies and meetings, including regional meetings in the American and Pacific areas. It has frequently been possible to present the specific mental health point of view.

Formal and informal discussions with governmental delegates have helped promote new outlooks for them. Contacts with the International Labour Organization have been close, with the International Refugee Organization as long as it existed, and with the High Commissioner for Refugees since that time. With the Food and Agriculture Organization we have linked primarily through the World Health Organization Liaison Committee. We have tried to secure mental health representation in the national

Commissions for UNESCO and the national committees for the World Health Organization, and we have asked our member societies to help in the briefing and planning for those coming to their respective countries on United Nations, Point 4, Colombo Plan or other Fellowships.

UNESCO has accepted and implemented a number of the recommendations put forward by the Federation. The Social Science and Education Departments, the Films Section of the Department of Mass Communications, the Technical Assistance Department and Exchange of Persons Service have been kept in contact. Representatives from UNESCO have attended all our Executive Board meetings and a good many of the suggestions put forth have been incorporated in their thinking. In addition, they have taken our suggestions on action on the question of educational conferences, production of a symposium on "The Mental Health of Refugees," production of a manual on "Cultural Patterns and Technical Change," edited by Margaret Mead, the study of international conferences and other matters.

The World Health Organization, after its original adoption of the mental health programme which in large measure had been suggested by the London Congress, has provided an annual subsidy for the collection and evaluation of mental health data by the Federation. A psychiatrist with research training has been specially employed for this work. The following topics have been dealt with:—

Child Guidance Services;
Psychotherapy in Prisons;
Mental Hygiene in Public Health Services;
Rehabilitation of Psychiatric Cases;
Student Mental Health.

The World Health Organization has also been represented at all Executive Board meetings of the Federation.

VII. Non-Governmental Organizations.

The Federation has taken an active part in conferences of the non-governmental organizations which are in consultative status with the Economic and Social Council of the United Nations and UNESCO. It has been closely associated with the Council of International Organizations of Medical Sciences. We have sent observers and speakers to the meetings of many other non-governmental organizations: the League of Red Cross Societies (where we were instrumental in getting mental health accepted, for the first time, as one of the responsibilities of the Red Cross in peace time); the International Conference of Social Work; the World Medical Association; the International Union for Child Welfare; the International Council of Nurses, and the American Friends Service Committee's Seminar for Foreign Office personnel.

VIII. Information Service.

The Federation, as the only multi-professional non-governmental international organization of its kind, has received increasing demands for information of all kinds in the field of psychiatry, sociology and mental health work in general. It has supplied information to almost every country of the world.

IX. Publications.

These are relatively few. They consist of the Reports of the London Congress and the International Preparatory Commission Statement. The Federation published a Bulletin six times a year until this year, when it became quarterly; Annual Reports and various mimeographed documents, e.g. "How to Start a Mental Health Society," and Professor D. R. MacCalman's work on "The Teaching of the Principles of Mental Health to Medical Students." This year it has produced its first International Film Catalogue. Margaret Mead's manual on Cultural Patterns and Technical Change, largely financed by UNESCO, is being published by that body. Reports on Health and Human Relations in Germany have been issued; a bibliography compiled at our request by Dr. Harry H. Lerner on Problems of Leadership and Authority in Local Communities, and also one by Dr. H. B. M. Murphy on the Problems of Refugee Mental Health, have been printed and circulated. In addition, a considerable number of member societies throughout the world, which had done nothing similar before, have in the last

few years started journals in their own language, and some of them have produced important publications of the most relevant documents and extracts from reports, translated into their own language.

X. Consultant Visits.

Experience shows that the value of these visits lies in the support and stimulation which they provide for people working for mental health in their own countries. Where we have been able to utilise the services of suitable people who were in fact visiting as consultants for three months or longer, for the World Health Organization or UNESCO, we have done so; otherwise our consultant visits have varied from a few days to two or three weeks and have usually been too short. There have been visits to Ministries, Universities and Hospitals. Lectures to doctors, social workers, educationalists and lay groups have been arranged, conferences held, and much discussion of the planning of mental health procedures in those countries has taken place. The so-called "Flying Seminar," which arranged for the visits of nearly twenty persons from outside the United States in 1951 to give over 120 lectures or seminars in most of the States of the Union, was an elaborate example of satisfactory consultant visits. About 34 countries have been visited, some of them a number of times. They include Australia, Austria, Belgium, Burma, Canada, Chile, Cuba, Denmark, Egypt, Eire, Finland, Formosa, France, Germany, Guatemala, Hawaii, Holland, India, Indonesia, Iraq, Italy, Japan, Mexico, Norway, Paraguay, Peru, Philippines, Portugal, Sweden, Switzerland, Thailand, U.K., U.S.A., and Yugoslavia.

XI. The Future.

A few of the things under discussion at the present time are: the establishment of international institutes of mental health; the establishment of a link between mental hospitals the world over (we have begun to plan with the American Psychiatric Association to undertake such an activity, comparable to their own national mental hospital service, on behalf of the Federation); the establishment of a Journal of Cross-Cultural Studies; further seminars for high level experts in various countries and also for junior personnel in mental health services; the refugee problem; and extension of our program in Latin America, one part of which will specifically revolve around a Seminar on the Problems of Early Childhood and Mental Health, for which planning has already been initiated with the Pan-American Sanitary Bureau.

XII. The Past.

Looking back over these few pages of brief survey, it is clear that too little has been done and a good deal of that has been too superficial. So much more could have been done if the personnel and the funds had been available. None the less, there is a ferment at work and the Federation has no reason to feel undue disappointment about its efforts.

In 1947 Professor David Katz, in Stockholm, challenged me by his statement that a very small proportion of those who are members of national groups or societies have any contact whatsoever with the bodies that represent them in the international field. That is true of nearly all international voluntary professional bodies, and remains one of the problems to be tackled. The Federation has done a little along that line. It has made some significant advances through its contacts with those who are in positions of influence in their own countries or in the United Nations, whether this influence be professional, administrative or political. It certainly has plenty of work still to attempt.

* * *

PART II

The Year 1952

In the last Annual Report (1951) the suggestion was made that there should be a brief historical survey of the work undertaken by the Federation since its founding in August, 1948. This has been attempted in the preceding pages. It is hoped to avoid duplication in making a specific report of the year under review.

This has been a busy year so far as the Officers and the Secretariat of the Federation are concerned. The Seminar held at Chichester was a landmark and the Annual Meeting at Brussels was regarded by most people as the best which has yet been held.

In August, Professor Alfonso Millán handed over the Presidency of the Federation to Dr. M. K. el Kholy. We have reason to look back on Dr. Millán's Presidency as very successful, including as it did the 4th International Congress on Mental Health, in Mexico City; and it is satisfactory to feel that through him we have created better contacts with our many colleagues in Latin America. Dr. el Kholy, most ably supported by his wife, made a very considerable impact on all the participants in the Annual Meeting at Brussels, which was no surprise to those who have known him and his devoted work over the previous years. The Federation is very proud of its first Eastern Mediterranean President.

Professor Rümke had reached the time limit of his service as an elected member of the Executive Board and retired at the Annual Meeting in Brussels. Happily he was there unanimously elected Vice-President, and therefore he will be our next President. The quality of his contribution through these four years has been outstanding.

The Executive Board elected Professor Krapf as its Chairman and Dr. Fremont-Smith as its Vice-Chairman. The Annual Meeting re-elected Dr. George Stevenson as Treasurer, so that the officers of the Federation are a strong team. Each year there are changes in the personnel of the Executive Board, and whilst we always regret losing the more intimate contact with some of our colleagues, we always gain from the election of new men and women with fresh ideas, and find this extremely stimulating. The Federation itself was further strengthened at the Annual Meeting by the election of nine new societies as member-associations.

The Annual Meeting at Brussels, which is reported upon elsewhere, was successful and useful. We owe a great debt of gratitude to our colleagues of the Ligue Belge d'Hygiène Mentale for their invitation, their hospitality and the great amount of work they put into its organisation. The member-societies of the Federation are now looking forward to the next Annual Meeting, which the Austrian Society for Mental Hygiene has invited us to hold in Vienna, from August 16th-22nd, 1953.

Mental Health and Infant Development

Elsewhere in this Report we publish an account by Dr. Kenneth Soddy who ably planned and directed it, of the international Seminar on this topic which we held at Chichester. This was perhaps the most important single task as yet undertaken by the Federation, since it was designed to explore the basic knowledge in this particular field and to serve as an experiment in group learning for men and women who hold responsible positions in their own countries. We express our great indebtedness to those who financed the Seminar, most notably the World Health Organization which made the project possible by providing Fellowships for the participants and a large subsidy for organisational costs.

One small but important point is worth recording—that for the Chichester Seminar and for this year's Annual Meeting we were able to use our *own* apparatus for simultaneous interpretation, a technique of communication which we hope will add to the value of all our meetings in the future.

International Institutes of Mental Health

Discussions, which were first begun in December, 1951, with McGill University about the possibility of joint sponsorship of

such an Institute for research and training, continued through the year.

The Executive Board, the officers of the Federation and a special planning committee all worked hard to clarify the complicated problems concerned with the aims and the structure of such an organisation.

Writing early in 1953, we have to record with regret that this particular project will not materialise. The Federation owes a great debt of gratitude to Principal James and Professor D. Ewen Cameron of McGill, and their colleagues, for their generous and co-operative suggestions and for all the work which they gave to the discussions with our planning group.

Some progress is, we believe, being made with the arrangements for an Institute of Mental Health in Mexico City. This is to be an integral part of the new University structure and will adopt the concepts which originated in the Federation's discussions and have been amplified and illuminated by subsequent experience. We hope to see the further stimulation of scientific thought, and research in the field, taking place in many cultures in different parts of the world.

Undertakings by Member-Societies

During the past two years our member-society in the Netherlands, the Dutch Federation for Mental Hygiene, has operated a Film Section for the Federation, and this year it produced our first International Catalogue of Mental Health Films, which has been well received. As more comments and corrections come in we hope to produce a second and improved edition of this volume. We have also received, on indefinite loan from the Mental Health Film Board of the United States, several of their most recent films, of which we propose to make increasing use. It is hoped that before long this section will be self-supporting.

Following this precedent, the Executive Board has asked the American Psychiatric Association, which for two years has been running a very valuable mental hospital service in the United States, to consider the possibility of organising, on behalf of the Federation, an international mental hospital service. Discussions have been proceeding about this matter. Up to date the Federation, with its limited staff and capacities, has given more time and thought to the prophylactic aspects of our work, and has not contributed much to the problem of mental illness as such. It is hoped that if this mental hospital service can be brought into being, it will create contacts between all psychiatric institutions throughout the world who wish to take part, and, through exchange of information and ideas, provide a mutual stimulus as between the various cultures and countries. It is suggested that there should be a bulletin or journal, and an exchange of literature and information. It is hoped that the service will be sufficiently valuable to enable it to become self-supporting before very long.

" World Mental Health "

By the time this Report goes out, its readers will have realised that the *Bulletin* of the Federation has now, by decision of the Executive Board, adopted this new name and a slightly new format. The *Bulletin* has earned far more compliments than adverse criticisms, and this has certainly surprised the Secretariat of the Federation since our limited finances have never allowed us to have a regular editor, and the journal is produced as a rule under considerable stress. Its direct paid circulation has, of course, diminished slightly as its indirect circulation, i.e. to all the Associates (and, in the future, to the Affiliated Organizations) has increased. Its circulation is not yet large enough to justify the production of separate language editions, and the best we have been able to do is to print translations of a certain number of articles in French and Spanish. The Executive Board is very conscious of the fact that in this, as in all other ways, the Federation should as soon as possible be multi-lingual and truly a world organisation. Reference to the Report of the Treasurer will make it quite clear why this has been, and still is, a difficult aim to realise. The larger part of the solution of this financial problem lies with our member-societies throughout the world.

Links with International Governmental Organisations

United Nations. Our contact with various parts of the United Nations central organisa-

tion has been maintained and strengthened. In New York Mrs. Helen Ascher is our main representative and much work has been done by her through attendance at meetings of the Economic and Social Council and through friendly contacts with the Secretariat and those working in Technical Assistance. The discussions which were held under the ægis of the Macy Foundation and the Federation, on topics in which the Secretariat and representatives of the Social Sciences are both involved, have been continued. At our suggestion an expert group has been set up, with Mr. Trygve Lie's endorsement, to advise the United Nations Medical Section in New York on many of the difficult problems with which it has to deal. Lack of finance prevented the holding this year of a Seminar on the Human Relations Problems of Supervision within International Agencies. This had the backing of the Directors-General of four of the U.N. Agencies. It is hoped it will be possible to hold it in 1953.

UNESCO. Our contacts here have been closer during this year than ever before. A representative from UNESCO, Dr. W. D. Wall, who attended the Annual Meeting and was an observer at the subsequent Executive Board meeting, was exceedingly helpful. The Education Department of UNESCO arranged a European Conference of governmental representatives to discuss the work for mental health in schools. At their request we put out enquiries to all our member-societies in Europe on this topic. We submitted a special report comprising relevant material prepared for, or produced during, the Seminar at Chichester. We were also able to supply useful material from Canada, America and elsewhere. The Federation had recommended to UNESCO two and half years previously, that such a conference should be held, so that it was satisfactory to find it come to life. I paid a visit to the conference and, in addition to speaking to the whole meeting, took part in the work of one of the discussion groups.

We were very gratified that the Social Sciences Department, without our having asked for it, included in their budget a small subvention for the Federation, which was approved by the General Conference despite the many cuts which had to be made in the budget figure put forward. The Social Sciences Department followed up our suggestion of producing a symposium on the Mental Health of Refugees and Displaced Persons by giving a contract to Dr. H. B. M. Murphy to edit such a book. This is nearing completion at the present time.

The annual conference of the International Non-Governmental Organisations which have consultative status with UNESCO was held again in Paris in November, prior to the meeting of the General Conference. Our Secretary-General represented us there, having already worked in one of the preparatory groups for the meeting. I had been a Vice-President of this particular confernce since 1951, and, although I was in the United States and could not attend this year, was made its President and have since taken part in committee meetings. This, though an extra task, can perhaps be made worth while if some of the principles of mental health can be introduced into the deliberations of the somewhat heterogeneous group of organisations interested in different parts of the vast programme of UNESCO.

World Health Organization

Our contact here remains very close. With Dr. Repond I attended the World Health Assembly in May, 1952, and participated in the discussions on the organisation of local health services. The programme that WHO had proposed for 1953 was of particular interest to the Federation, since it contained a great many suggestions for work in the field of mental health. We extracted these from the total programme and sent copies of them to all member-societies in the hope that they might be able to discuss some of these topics with their own delegates to the World Health Assembly. All except one of the recommendations in our field were approved by the Assembly. As a Federation we have a very deep appreciation of the brilliant work of Dr. G. R. Hargreaves, Chief of the Mental Health Section of WHO. With a very limited budget for his Section, he has achieved the most striking results, largely through his policy of working with and through other Divisions and Sections

of the Organization, so that many activities are undertaken either centrally or through the regional organisations and carried on their specific budgets. Dr. Hargreaves's work has certainly made a definite impression on the thinking of the public health authorities, who for the most part are their countries' representatives to the World Health Organization, and this is exceedingly encouraging.

Dr. Norman Begg, Director of the European Regional Office of WHO, has equally shown his concern for mental health by the encouragement of many projects in Europe—not least the Chichester Seminar.

We, as a Federation, were particularly sad to hear that the Director-General of WHO, Dr. Brock Chisholm, felt that he should not accept renewal of his contract in 1953. Dr. Chisholm's psychiatric background and understanding, though in the affairs of WHO he has been very careful never to over-emphasise his earlier interests, have clearly been of the greatest importance in the development of this UN Agency. His comprehension of good human relationships, and the manner in which he has built up sound operations in the field of health throughout the world, are a tribute to his psychological wisdom as well as to his personality. We who know him and have this special appreciation for him, will certainly hope that, when he leaves his present task, still more of his time and inspiration will be given to the development of mental health activities.

We have again this year collected and assessed factual material for WHO, under contract. Most unfortunately, because of our own financial stringencies, we have had to lose the valuable services of Dr. R. H. Ahrenfeldt, who, on a part-time basis, has been mainly responsible for this work for the past two years. His task has been difficult and none of us have felt entirely satisfied with the material we have been able to collect for WHO.

The Federation has been represented at regional conferences of the World Health Organization in America and in Asia. Members of the Executive Board have also been present at Seminars organised by the World Health Organization.

Contacts with Non-Governmental Organizations

We have been represented at meetings of the World Medical Association, and, through Dr. Soddy, have been able to help with the preliminary planning for the 1953 Conference on Medical Education. The International Red Cross Conference in Toronto, the Latin American Psychiatric Conference at Santiago (Chile), the International Conference of Social Work in Madras, and the International Conference on Child Welfare in Bombay, have also had delegations from the Federation. Dr. Soddy has continued to sit on the Executive Committee of the Council of International Organizations of Medical Sciences (CIOMS). I presided, for part of the time, over a very significant seminar for European Foreign Office officials called together by the American Friends' Service Committee. The topic under discussion was "National Interest and International Responsibility."

Consultant Visits

A number of these have been made during the year, nearly all of which have been arranged in such a way that the cost did not fall on our limited funds. Dr. Repond visited Denmark after attending a WHO seminar in Norway. He has also paid several consultant visits to Italy, on our behalf. Professor MacCalman spent a valuable fortnight in Finland. Dr. T. A. Ratcliffe acted as a consultant for us in Germany on a visit which was sponsored by the British Foreign Office, and at the end of the year Dr. Muriel Brown commenced a visit of some months to Germany where, although financially sponsored by the United States Government, she is acting as a consultant for WFMH. She is making a follow-up of the work of the Hiddesen conference in 1951 and is helping to build up and develop the various mental health activities in different parts of Germany. Dr. Mottram Torre has been adding the task of consultant for the Federation to his work for the Mutual Security Agency in the Western Pacific Region and India. He has visited a number of countries, has spoken

and held discussions with many people, has shown mental health films and done much to stimulate interest and support the activities of our colleagues in these countries. Professor Seguín, from Lima, and Dr. Argüelles, the President of the Philippine Mental Health Society, after attending the Executive Board meetings in Brussels, paid visits to Holland, Germany and Scandinavia, which were of value not only to them but to those whom they met. Dr. Argüelles, on his way home, spent some time in the United Kingdom, in Spain, Italy, France, Switzerland, Greece, Turkey and India, taking every opportunity to talk to people about the work of the Federation, securing new Associates and generally encouraging our colleagues in these countries in their work for mental health. To all of those who have worked so hard on our behalf the Federation is deeply grateful.

We have received interesting reports and surveys of mental illness and mental health from Dr. Govindaswamy in Mysore, Dr. Phon Sangsingkeo in Bangkok, Dr. Carlos Nassar in Santiago and Dr. Ogawa in Tokyo.

In addition to the visits of consultants, members of the Secretariat have made a number of visits. These included Paris and Geneva on a number of occasions, and the meeting of the Bureau in New York and Montreal last March meant that the Assistant Director and the Secretary-General were there as well as myself. I spent three weeks in November in the United States and Canada, when, in addition to many discussions and conferences, I spoke a number of times and interviewed a number of the Foundations. Lady Norman, a substitute member of the Executive Board, was there at the same time and spoke also at the Annual Meeting of the NAMH in New York. She visited Canada also, as I did, to discuss plans for the 1954 Congress in Toronto. Here we found that our Canadian colleagues were extremely active, working for what promises to be a most productive and valuable meeting in August, 1954. With Dr. Fremont-Smith and Professor Rümke I attended a Mental Health Conference at Bremen shortly after our Annual Meeting.

Acknowledgments

The Federation owes a particular debt of gratitude to a great many people in many places, but we should again mention Miss Helen Speyer, who in the absence of Mrs. O'Neill, has directed the International Service of NAMH in New York and who is doing most valuable work for the Federation; Mrs. Charles Ascher, and her husband, who on a voluntary basis has done so much for us in our contacts with United Nations and who also acts as Secretary and inspirer of the United States Committee for WFMH, which is primarily a fund-raising organisation. In Switzerland, where the Federation is registered, our representative, Mlle Sixtel, continues to hold a careful watching brief for us and gives constant interest to all the affairs of the Federation. Dr. Lekkerkerker and the staff of the Dutch Federation for Mental Hygiene have given a great deal of time to the work of the Film Section. Finally, the most sincere thanks should be expressed to our Secretary-General, Miss Thornton, to Dr. Soddy, Miss Duncan, Miss Rice-Jones and the hard working staff at the London office of the Federation.

J. R. REES.

BALANCE SHEET, 31st December, 1952

	$	$	£	£
Accumulated Fund :				
Balance of Capital Account 1st January, 1952	12,043		4,301	
Surplus for Year per Account attached	22,492		8,033	
		34,535		12,334
Special Fund for Technical Direction :				
Balance 1st January, 1952	4,665		1,666	
Less : Transferred to Revenue Account for Year	4,665	—	1,666	—
Sundry Creditors and Credit Balances		3,865		1,023
Films Section :				
Balance of Grant, 1951	958		342	
Grant 1952	700		250	
Sale of Catalogues	120		43	
	1,778		635	
Less : Expenditure 1952	535		191	
		1,243		444
		38,643		13,801

	$	$	£	£
Furniture and Equipment :				
Balance 1 January, 1952	2,002		715	
Add : Purchases	1,893		676	
	3,895		1,391	
Less : Depreciation	546		195	
		3,349		1,196
Sundry Debtors and Payments in Advance		562		201
Stock of Stationery :				
At Secretary's Valuation		428		153
Cash at Bank and in hand :				
At Bank :				
Barclays Bank Ltd., London :				
Current Account	4,113		1,469	
Deposit Account	17,130		6,118	
Lombard Odier & Cie, Geneva	1,201		429	
Chase National Bank, New York	10,589		3,781	
Amsterdamsche Bank, N.V. Amsterdam.	1,204		430	
In Hand	67		24	
		34,304		12,251
		38,643		13,801

George S. Stevenson,
Treasurer.

E. Eduardo Krapf,
Chairman.

REPORT OF THE AUDITORS TO THE MEMBERS OF THE WORLD FEDERATION FOR MENTAL HEALTH

We have prepared the above Balance Sheet and the accompanying Revenue Account from the Books and Papers of the World Federation for Mental Health and from the information given to us and certify them to be in accordance therewith. The record of transactions forwarded by Messrs. Lombard Odier & Cie, Geneva, has been assumed to be a complete record of all transactions in Switzerland. The Financial Report for the year ended 31st December, 1952, of the New York Office of the Federation has been prepared by Messrs. Armand L. Bruneau Co., Accountants and Auditors, New York. The Cash at Bank has been verified by means of Certificates.

106, St. Clement's House,
Clement's Lane,
LONDON, E.C.4.

February, 1953.

(*Signed*) HOMERSHAM & Co.
Incorporated Accountants.

REVENUE ACCOUNT for the Year ended 31st December, 1952

EXPENDITURE

	1951 $	1951 $	1952 $	1952 $	1951 £	1951 £	1952 £	1952 £
To General Expenses :								
Rent, Rates, Lighting, Heating and Insurance ...	2,120		2,038		757		728	
Premium on Lease of Manchester Street Office ...	840		—		300		—	
Legal Expenses	305		112		109		40	
Repairs, Renewals and Cleaning	823		101		294		36	
		4,088		2,251		1,460		804
Salaries, Fees and National Insurance including Temporary Clerical Assistance		23,458		24,626		8,378		8,795
Printing and Stationery ...	1,288		1,282		460		458	
Postage and Telephone ...	1,313		874		469		312	
		2,601		2,156		929		770
Cheque Books and Bank Charges	64		72		23		26	
Loss on Exchange	79		—		28		—	
		143		72		51		26
Travelling Expenses :								
Executive Board	6,552		1,058		2,340		378	
Inter-Professional Advisory Committee ...	4,864		—		1,737		—	
Secretariat	7,697		1,750		2,749		625	
Bureau	—		2,370		—		846	
WFMH McGill Planning Committee	—		268		—		96	
		19,113		5,446		6,826		1,945
General Expenses including Hospitality	571		198		204		71	
Hire of Typewriters ...	115		—		41		—	
Depreciation of Furniture and Equipment	—		546		—		195	
Income Tax Reserve in respect of Bank Deposit Interest	76		120		27		43	
		762		864		272		309
		50,165		35,415		17,916		12,649
,, Bulletin — Issues 19 to 22 inclusive		2,548		1,688		910		603
,, Annual Report — Printing cost French version 1950 and English version 1951		2,495		1,934		891		691
,, Expenses of Annual Meeting		456		2,157		163		770
,, Subscription to Council for the Co-ordination of International Congresses of Medical Sciences		249		—		89		—
,, Payment to Project Fund — 'Mental Health Implications of Technological Change'		602		—		215		—
,, Films Section — Balance of 1951 Allocation		442	958			158	342	
1952 Allocation			700				250	
				1,658				592
,, Allocation to Division of World Affairs, National Association for Mental Health (New York), for Staff and Office Facilities		7,000		7,500		2,500		2,678
,, Subsidies to Conferences ...		395		—		141		—
		64,352		50,352		22,983		17,983
,, Balance, being Surplus for Year		2,932		22,492		1,047		8,033
		67,284		72,844		24,030		26,016

INCOME

	1951 $	1952 $	$	1951 £	1952 £	£
By Subscriptions of Member Associations	3,966		4,721	1,415		1,686
„ Subscriptions of " Associates of WFMH "	2,878		4,001	1,027		1,429
„ Donations	46,228		51,086	16,512		18,245
„ Subscriptions to Bulletin	711		574	254		205
„ Sale of Publications	456		64	163		23
„ Transfer from Special Fund for Technical Direction ...	7,000		4,665	2,500		1,666
„ Interest on Bank Deposit Account	45		252	16		90
„ Grant from World Health Organization for Collection and Assessment of Data in the Field of Mental Health ...	6,000		6,000	2,143		2,143
„ Contribution for Services :						
Clerical Expenses		582			208	
Hire of Interpretation Equipment		899			321	
			1,481			529
	67,284		72,844	24,030		26,016

NOTES: 1. *There is a contingent liability for the Annual Subscription for* 1952 *to Council for International Organizations of Medical Sciences.*

2. *Subscriptions of Member-Associations are the amounts actually received during year.*

3. *No reserve has been made for unpaid subscriptions.*

4. *Foreign Currencies have been converted into Sterling at the following rates :*
   12.25 *Swiss francs to* £
   140 *Belgian francs to* £
   $2.80 *to* £
   10.63 *Dutch Guilders to* £

TREASURER'S REPORT

for the year 1952.

Before commenting upon the statement of accounts which is published on the preceding pages I should like to recall what was said in the Treasurer's Report for 1951—that the majority of our large grants from Foundations in the United States have come to an end. These Foundations have carried out the rôle that they regard as being especially theirs (i.e., to help launch new work), and the debt that we owe them for their far-seeing generosity is immeasurable. Without their help it would have been impossible for the Federation to grow to its present fairly healthy state.

At the Annual Meeting in Brussels, in August, I presented an interim report in which attention was called to the very serious state of our finances and to the necessity for economy and the possibility of drastic retrenchment which we might have to adopt. Earlier in the year the officers of the Federation, when they met in the United States, had faced this issue and had come to the decision that while it might be possible to continue expenditure in 1952 on the same level as in 1951, there was no assurance of the possibility of carrying on the Federation's work into 1953 and beyond. In consequence, they decided, and the meeting of the Finance and General Purposes Committee of the Executive Board later confirmed the decision, to exercise even more rigid economies, to make some slight cuts in the staff of the Secretariat and to ensure that if possible a sum of $25,000 (£8,900) of the funds available in 1952 should be kept and carried over to 1953, to allow for the carrying on of the most essential work. Very fortunately we received some unexpected funds as a surplus from the 1951 "Flying Seminar" in the United States, and, in addition, some substantial donations which have made it possible for us to carry on, as we hoped.

As will be seen, we finished the year 1952 with a balance on our Revenue Account of $22,492 (£8,033), which means that to ensure that sum of $25,000 we only have to draw $2,500 out of the small accumulated reserve of $12,000 (£4,300) which is shown in the balance sheet. Naturally we have been anxious not to use up this small accumulation of surpluses from previous years, but to maintain the assurance that comes from the possession of a small capital sum in the bank.

The care and stringency of this year, therefore, have been justified, and however much we regret that it has been impossible to do many of the things we would wish, we can congratulate ourselves on having been successful in following out a conservative financial policy, as planned.

Before going further, I would like to underline the fact that our operations in 1952 and the measure of partial security that we have achieved for 1953, do not relieve us of our anxiety or minimise the urgent need for improving the finances of the Federation. In face of the challenging demands made on our Federation a limited policy of holding on to bare existence would be an entirely unworthy reaction.

Here, too, the Executive Board wishes me to emphasise once more what will be clear to all who study the accounts, that the bulk of the funds received come from United States sources, with the United Kingdom ranking second, and that the financial contribution from other countries where we have member-societies has for the most part been lamentably small. It is important to emphasise this because while my own country, the United States, recognises the justice in its being the largest contributor at this time, all of us are continually anxious that the Federation should be truly representative of the whole world and of all cultures. The Federation decided in the beginning that in all its affairs there should be one vote per country, not one vote per member-society, and this principle, which the Executive Board still believes to be entirely sound, certainly implies some responsibility that in all areas of the world represented in the Federation there should be an equivalent and appropriate sense of responsibility for the support of the Federation.

Revenue Account.

The study of this account on pages 22 and 23 shows that economies have been effected in almost every item as compared with the figures for 1951. Because of the non-recurrence of certain items the office costs have diminished by some $1,837 (£656). The figure for salaries is slightly raised because of the normal increments in secretarial salaries following the cost of living, and extra secretarial help has had to be used occasionally. There has been a considerable saving on postage: the *Bulletin* goes out less frequently and postage bills for the Annual Report were less in 1952 than previously. This saving is, however, more apparent than real, because in 1951 heavy expenses were incurred over postage in connection with the Mexico Congress.

Travel costs are lower, and it will readily be seen that this is because the (most desirable) expenditure, on one occasion in 1951, for the travel and maintenance of the Executive Board and the Inter-Professional Advisory Committee has not been repeated this year. We have, therefore, saved nearly $14,000 (£5,000), though in order to do that we have had to forfeit any central meeting of IPAC this year, and have had to throw back the tremendous burden of finding their own travel costs on to individual members of the Executive Board.

We have effected savings on the cost of the *Bulletin* because it now only comes out quarterly, instead of two-monthly, which we all regret. It will be noted, of course, that on the other side of the account the direct paid subscriptions to the *Bulletin* are slightly reduced, but this must be set against the fact that subscriptions of Associates have gone up and that Associates are in effect *Bulletin* subscribers.

The cost of the Annual Meeting shows an increase as compared with 1951, but this is accounted for by the fact that our 1951 Meeting was held in Mexico City during the International Congress, and its costs were mostly merged in those of that larger meeting. In fact, partly because of the generosity of our colleagues in Belgium, and partly because of an increased registration fee, the cost to the Federation of the 1952 Annual Meeting was half of that for the 1950 meeting.

There have been three items of expenditure during the year which are capital outlay and show, not in the Revenue Account, but on the right hand side of the balance sheet, as part of the item headed "Purchases." A tape recorder was bought for the use of the office and to help with certain meetings and conferences, and some £490 ($1,372) was expended on apparatus for two-language simultaneous interpretation, with headphones for 200 people. This apparatus we used successfully at the Chichester Seminar and at the Annual Meeting in Brussels and, as the Revenue Account shows, a sum of £321 ($899) has already been received for its hire. This purchase should prove eventually to be self-supporting, as well as of great value in the field of international communication.

Turning to the account of our income, total receipts for the year are greater than those in 1951 by $6,410 (£2,290). It should be noted that the special fund given for purposes of technical direction is now exhausted. It was intended to be used over a three year period and has been so employed.

There are three items on the Income Account which deserve special mention:

Member-Associations. We show this year a slight increase in the sums received through the subscriptions of member-associations. This is partly because we now have more societies in membership, there being at present 76 of these. A number of them are unable to pay the full subscription (400 Swiss francs), but the Finance Committee and the Executive Board have accepted the policy that while we trust every member-society to do its utmost in this matter it is more important to have the right people in our membership than to insist on payments which might make it impossible for them to join. If every member-society had paid the full subscription which was originally agreed, we should have been in receipt in 1952 of an *extra* $2,335 (£834).

Some more money should certainly come in under this heading, for up to December

31st, only 55 member-associations had paid for the current year. Eight of our member-associations have never paid anything since they joined the Federation. This is understandable in the case of China, Czechoslovakia and Poland. It is not so obvious in the case of the Argentine League for Mental Hygiene, Greece, Israel and Uruguay. At the end of 1952 there were 10 other member-societies which had paid nothing in that year, and one or two of them were defaulting on earlier years also. It is perhaps understandable that four of the nine societies which were admitted to membership at the Annual Meeting of 1952 had not yet paid a subscription.

This question of the payment of membership dues and the responsibility of the societies, is one that I feel should be mentioned and spoken of quite openly. We realise fully the many problems and difficulties that our colleagues have in supporting their own local organisations and we also are well aware that in certain cases there are severe currency restrictions. The Federation is, however, a group in which all participate and therefore all should carry their share of responsibility.

Associates of WFMH. At the end of the year we had 982 Associates who had paid their dues. 265 who had previously been Associates had lapsed, which is most regrettable and probably due to carelessness! I would again record my feeling that in every country that we touch it should be possible to get many more Associates and thus secure the interest of individuals, apart from societies, in the work of the Federation. The list of Associates published in this Report will certainly remind many of us in all countries, including my own, that there is a great deal that could still be done, and that many of our friends and acquaintances could, by quite a small expenditure of energy on our part, be brought into this relationship with the Federation. It is satisfactory that a good many of the Associates pay more than the minimum fee of $3 (£1 1s. 0d.), and the title of Life Associate is now given to those who make a gift of $100 (£36) and upwards.

The building up of this list of Associates is something with which every reader of this Report should concern himself.

Donations. A list of donors of sums of $100 or over is given at the end of my report. The outstanding sums which have helped to produce the large sum recorded in the Income Account are, firstly, the third annual grant of $15,000 from the Josiah Macy, Jr. Foundation, in addition to which the Foundation made a terminal grant of $10,000, making $25,000 (£8,931) in all for this year. The Josiah Macy, Jr. Foundation has been the main supporter of the Federation's work, and it is impossible to express adequately the gratitude that all of us in all the countries concerned feel to the Trustees of this Foundation for the vision and encouragement which has led them to help to establish and maintain the Federation. The other terminal grants we received from the U.S. were $5,000 from the Field Foundation, and $2,500 from the Grant Foundation. Both of these sums were applied, as the accounts show, to the support of the Division of World Affairs, now known as the International Service of the National Association for Mental Health in New York. We have much reason for gratitude to these two Foundations for their support over several years.

Included also in the list of donations is a further sum of $5,000 from the Milbank Memorial Fund; the very welcome surplus of $6,162 from the "Flying Seminar" Fund organised in 1951 by Mrs. O'Neill and her co-workers; a further anonymous gift from the U.K. of $2,880 (£1,000); and four magnificent donations: from Dr. Leo Egan $1,500; from an anonymous donor (U.S.) $1,000; from Miss Marian Fitzsimons (U.S.) $1,000; and from Alderman Garnett (U.K.) the first of two donations of $700 (£250). To all of these we are extremely grateful for their support.

Chichester Seminar.

A full report on the seminar held by the Federation on "Mental Health and Infant Development" will be found on page 68, with the names of the organizations which contributed with such extreme generosity and made the holding of the seminar possible.

The World Health Organization, the United States Public Health Service, the Grant Foundation, UNESCO and the *Centre International de l'Enfance* will certainly go down in our history for their inspiring support. The accounts of the Seminar do not appear in the general accounts of the Federation, but were audited separately. At the end of the Seminar there was in the London Account a balance of $1,332 (£475) which will be applied to the cost of producing the Proceedings. It seems possible that there may be, in addition, a balance of the United States Public Health Service funds which were given to the Society for Applied Anthropology for preparatory work for the Seminar, and that these remaining funds may be available to help with the publication of the report. As Treasurer, I should like to comment on the most satisfactory completion of this project, which we were enabled to carry out without any direct call on the Federation, except for the time devoted to it by the Assistant-Director and the Secretary-General. It turned out to be a most significant meeting.

Fourth International Congress on Mental Health, Mexico City.

In the report for 1951 I recorded the help given to this Congress through the Federation, which was passed on to the Organising Committee in Mexico City. The responsibility for the financing of that Congress rested with the local Committee, under Dr. Alfonso Millán. He has sent to the Executive Board a copy of the audited accounts of the Congress. They show, in fact, a surplus, but the cost of producing the Spanish and English editions of the proceedings of the Congress had not been met at the time these accounts were audited. It would seem, however, that there will be a sufficient sum to cover that work and the distribution of the volumes to all participants. Whatever surplus there may be after this will, by the original agreement of the Executive Board, go towards the work of the *Liga Mexicana de Salud Mental*. Dr. Millán has informed us, to our great pleasure, that the proceeds of the sale of the English edition of the proceedings through the Columbia Press in New York and Messrs. H. K. Lewis in London, are to be devoted to the general funds of the Federation. We are very grateful to him for this.

Finally, looking back over the past year, it is a pleasure to express appreciation to those of the staff, especially Miss Duncan at the Central Office and Mr. George Vyverberg of the New York office, who have maintained our records so admirably. Miss Lange, our auditor in London, gave us special help, not only in dealing with our complicated finances so skilfully, but in expediting the audit of 1952 so as to make this report available to us within the month of January. The New York audit, by Armand Bruneau, was also presented to us quickly, and in a well organised form.

Financial Forecast.

When asked what is the annual budget of the Federation, we have often found ourselves in a slight difficulty, because the *desirable* expenditures of the Federation are quite different from the *possible* expenditures which can be made from the funds available. It is correct to say that we have three scales of budget:

(a) *An ideal budget*, which allows for future work on a larger and more progressive scale, advancing from $200,000 to $600,000 over a period of five years. The activities to which the Executive Board has given its approval, if they were to be achieved, would in fact necessitate sums of this order.

(b) *A conservative budget* for the maintenance of the Federation's work. This was first set out on page 19 of the Annual Report for 1950, and need not be repeated here. It amounted to $84,000 (£30,000). It will certainly not allow for the development of many valuable plans, but if we could achieve and maintain this aim for a while, it would ensure the steady development of our activities on a modified scale.

(c) *A minimal budget* on which the Executive has worked in 1951 and which in large measure it has followed in 1952. This budget amounts to $64,352 (£22,983). In 1952 the economies to which I have

referred above have, of course, meant that we have spent less, and, notably, we have cut out the heavy but extremely necessary items of travel and maintenance costs for the meetings of the Executive Board and the Inter-Professional Advisory Committee. It is important to repeat that we require to have the possibility of paying these expenses, because we cannot indefinitely rely on the extraordinary generosity in money as well as time of our Committee-members, and unless we can keep these elected committees working together regularly we shall fail in some of the major purposes of the Federation.

Whatever sum we have for our work in the year 1953, we should aim at what I have called the conservative budget, of $84,000 (£30,000), and at least make certain that we get more than the figure of the minimal budget. The income for 1953, which we can now rely on, is, in round figures:

	$
Carried forward from 1952 ... ... (which leaves untouched the reserve capital account of $12,000)	22,000
Estimated subscriptions of Associates	4,000
Subscriptions of member-associations	5,000
Grant from the World Health Organization for collecting data (this is unlikely to be renewed after 1953)	6,000
Grant from the Milbank Memorial Fund	5,000
Total ...	$42,000 (£15,000)

In addition to this there is to be, we believe, a subvention from UNESCO of $1,000 a year for 1953 and 1954. This was included by the Social Sciences Department on their own initiative, in the UNESCO budget, but we have not, up to the time of writing, had specific information about it, though that item was agreed by the UNESCO General Conference in November, despite other cuts in the programme budget.

"The British Trust for WFMH" is adding to our resources by the refund of income tax which, according to British law, can be claimed on subscriptions given under a seven-year covenant. "The U.S. Committee for WFMH" is working very hard at getting donations and new Associate subscriptions. Writing as I do, early in the year 1953, there are some encouraging signs of donations coming in, but as I said above, we cannot, as a Federation, sit back and rely on the fund-raising efforts of two countries. If the Federation is going to undertake its work seriously, it can only do so if all who are concerned with it, particularly those of us who are members of member-societies or who are Associates of the Federation, make considerable personal efforts.

The Executive Board last August decided to create a new group of "Affiliated Organizations," societies which may often be non-technical but are yet interested in the international field and in some measure in our specific work. It is hoped that through the effort of individuals in different countries many such societies and groups will be invited to become affiliated to the Federation and that some, at any rate, of these societies will pay annual subscriptions that will provide considerable new support for our work. Here again this is a task that concerns all who are interested in the Federation, in every country.

It looks, therefore, as though the survival of the Federation through 1953, which at one time was in doubt, is now fairly sure. The National Association for Mental Health in New York has undertaken to carry the costs of its International Service for this year, but even then we still have to try and find $40,000 (£14,285) to reach our conservative budget figure. Moreover, a hand to mouth, or year to year existence of the Federation is an unsatisfactory and unsettling way of working. We want to build up some regular income on which we can rely, so that we can plan ahead and can, for example, contemplate employing international staff in the Secretariat. To date, because of the financial circumstances, we have only been able to employ people from London because our finances were not sufficiently stable to justify uprooting people from other countries. A guarantee of at least three years of employment is desirable for this purpose.

We have by no means solved the difficult problem of how mental health societies in the various countries, nearly all of whom are struggling for an income for their own work, can, at the same time, help the Federation. The professional organizations, which are members of the Federation and normally do not raise funds except for their own professional purposes, may well consider that this is the moment to try to take a more active part in stimulating interest and providing funds for the international development of work in which they have a vital interest.

My report, therefore, is rather more cheerful than I had feared it might be. Because of that let us take the most serious steps that we can to ensure that in every country we set about the task of providing funds which, by helping our neighbour countries throughout the world, will also benefit us and our own national interests. The task is considerable, but eminently worth while.

GEORGE S. STEVENSON,
Treasurer.

PRINCIPAL DONATIONS TO THE GENERAL FUNDS OF THE WORLD FEDERATION FOR MENTAL HEALTH IN 1952.

	$	£
Anonymous (U.K.)	2,800	1,000
Anonymous (U.S.A.) ...	1,000	360
Dr. Leo Egan (U.S.A.) ...	1,500	535
Field Foundation (U.S.A.)	5,000	1,786
Miss Marian Fitzsimons (U.S.A.)	1,000	357
"Flying Seminar" Fund (U.S.A.)	6,162	2,209
Alderman W. J. Garnett (U.K.)	700	250
Grant Foundation (U.S.A.)	2,500	892
Josiah Macy, Jr. Foundation (U.S.A.) Third Instalment $15,000 Terminal Grant... $10,000	25,000	8,931
Mrs. H. V. Kobin (U.S.A.)	100	36
Milbank Memorial Fund (U.S.A.)	5,000	1,778

FIFTH ANNUAL MEETING

Université Libre and Cité Estudiantine Paul Héger,

Brussels, Belgium,

August 24th-30th, 1952.

Patron: H.M. Queen Elisabeth of the Belgians.

PROCEEDINGS

The Fifth Annual Meeting of the World Federation for Mental Health was held in Brussels by invitation of the *Ligue Nationale Belge d'Hygiène Mentale*, and was attended by some 250 people from 27 countries. The Meeting was signally honoured by the patronage of Her Majesty Queen Elisabeth of the Belgians, and of a Committee of Honour, headed by His Eminence the Cardinal Van Roey, which included the Prime Minister, representatives of the Government of Belgium and of the Provinces, the Civic Authorities of Brussels, and the Universities.

UNESCO was represented at the Meeting by Dr. W. D. Wall of the Department of Education, and the World Health Organization by Dr. G. R. Hargreaves, Chief of the Mental Health Section. Dr. W. S. Maclay acted as Observer for the Ministry of Health, and Dr. A. F. Alford and Mr. R. Howlett for the Ministry of Education, of the United Kingdom; and Dr. W. Ironside represented the Government of New Zealand. International Non-Governmental Organizations which were officially represented were the League of Red Cross Societies and the World Medical Association; and delegates of a considerable number of Belgian associations and social services also took part in the proceedings.

The *Ligue Nationale Belge d'Hygiène Mentale*, a founder-member of WFMH, under the Presidency of Dr. Marcel Alexander, acted as host to the Meeting, arrangements for which had been in the hands of a committee headed by Dr. Alexander, who was most ably supported by Dr. G. Van Looy, *Secretary-General* of the League; Dr. Marie-Thérèse Callewaert, *Secretary*; M. Delvaux, *Treasurer*; Mlle. Gabrielle Kaeckenbeeck; Prof. E. De Craene; Prof. Auguste Ley; Prof. René Sand and others. In addition, a Ladies' Committee, headed by Mme. De Craene, entertained the families and friends of full members. The plans of the Organizing Committee included a most enjoyable reception given by the Belgian League to all who were assembled for the Meeting, and visits to places of historical and professional interest.

The Meeting was held at the *Cité Estudiantine Paul Héger*, pleasantly situated on the outskirts of Brussels, near the *Bois de Cambre*. The *Cité* consists of residential quarters for men and women students, with rooms and halls of various types for meetings and study, and a restaurant equipped in the most modern style. It is situated very close to the buildings of the *Université Libre* of Brussels, where the Plenary Sessions and most of the working meetings were held. For these sessions the equipment for simultaneous interpretation, newly acquired by the Federation, was used.

Delegates registered their arrival during the afternoon of Sunday, August 24th, and in the evening the President and Executive Board held an informal reception for their hosts, the Officers and Members of the *Ligue Nationale Belge d'Hygiène Mentale*, and for delegates and their friends.

INAUGURAL SESSION

INDUCTION OF THE PRESIDENT FOR 1952-53.

Monday, August 25th, 1952,
10 a.m.

Chairmen:
DR. MARCEL ALEXANDER (*Belgium*),
PROFESSOR AUGUSTE LEY (*Belgium*).

Messages of good wishes for the Meeting and regrets for absence had been received from the President, Dr. Alfonso Millán; the Vice-Chairman of the Executive Board, Dr. E. Eduardo Krapf; the Treasurer, Dr. George S. Stevenson; Miss Daisy C. Bridges, representing the International Council of Nurses; and Dr. Gordon Johnsen, Miss Aase Gruda Skard and Dr. Bard Brekke of the Norwegian Mental Health Association.

Dr. Marcel Alexander called upon Professor Auguste Ley to address the Meeting.

PROF. LEY said that, as one of the founders, thirty years ago, of the Belgian League for Mental Hygiene, he would like to wish the Meeting every success in its work, and a continuation of the very great progress that had been made during the last decades in the field of hygiene and mental health. He thanked Her Majesty Queen Elisabeth for giving her patronage to this Meeting, and the *Université Libre* and the Organizing Committee, for having made it possible to hold it in Brussels. He hoped that the discussions would prove fruitful and contribute to the establishment of a better balanced and happier society.

M. FRERICHS, *President of the Executive Council of the Université Libre*, Brussels, warmly welcomed the Meeting in the name of the Council and of all the members of the University. He said that they wished it every success in its work in the University, for which it was a signal honour to receive such eminent guests.

DR. M. K. EL KHOLY (*Egypt*), President of WFMH, addressed the Meeting. He said: Allow me to say how pleased and happy we all are to be in Brussels, amidst such warm welcome and overwhelming hospitality. We can easily realize the trouble taken and energy expended in making these excellent arrangements and we have nothing but praise and heartfelt gratitude to the Belgian Government and to Dr. Marcel Alexander and his colleagues of the *Ligue Nationale Belge d'Hygiène Mentale*, for all that they have done and will continue to do for our comfort and success.

We, the visitors, are among a people which has always been a champion of liberty and free thinking and of the causes of small nations. I hope you will excuse a passing reference to an occasion in the early years of the present century when this same people demonstrated its love of liberty and free speech by giving an opportunity in this very city to representatives of my country, Egypt, to ventilate their grievances and express their national aspirations. We must also bear in mind that Belgium has been overrun by invaders many times in history, twice within living memory, that is, within less than forty years. Yet every time, Belgium has pluckily defended its freedom and, as soon as it has regained it, has lost no time in diligent reconstruction. This last time the Belgians have so rapidly brought themselves to the verge of recovery as to win the sympathy and admiration of the whole world. Such freedom-loving people naturally cannot favour aggression and will support all activities that contribute to goodwill and understanding between peoples and so, to world peace.

The World Federation for Mental Health is a peaceful organization, engaged on a continuous peace mission. Its members work for the betterment of the mental health of their own people, and so for the improvement of human relations. The Federation attempts to co-ordinate the ideas and activities of its member-organizations, and make them available to others, and also to devise measures for enhancing the cause of mental health, thereby contributing to international understanding. It is no wonder, then, that the activities of our Federation are gaining the sympathy which is being shown us here.

Permit me, on your behalf, respectfully to present our homage to our gracious Patron, Her Majesty the Queen Elisabeth, and to send through the representative of the Government, and Dr. Marcel Alexander, our thanks and our good wishes to the brave and industrious Belgian people.

PROFESSOR DR. M. DE LAET, *Secretary-General of the Ministry of Public Health and*

the Family, said that he had the honour of bringing to the Federation the good wishes of his Government. The Federation's work was one of high aspiration, for mental hygiene could lay the foundations on which to build harmonious personal relations between men.

DR. H. C. RUMKE (*Netherlands*), *Chairman of the Executive Board*, then spoke to the Meeting, beginning in Dutch and continuing in English. He said:—

First, I would like to commemorate one of the pioneers of the mental health movement in the Netherlands, a man of international reputation, Dr. Klaas Herman Bouman. More than 30 years ago, in Holland, Bouman taught us the high significance of mental health, and without him, we should not have such a flourishing movement in our country and I would not be here on this platform. He taught us to admire the work of our Belgian hosts, that great pioneer Louis Vervaeck, and above all, of Auguste Ley, our co-Chairman.

In thinking over what I was going to say today, I could not banish from my mind a theme which came into it, relating to an incident of nearly 50 years ago. At a fair in a small town there was a little circus, outside of which various performers were shouting to the public to entice them into the tent. There was a gigantic man who was lifting weights so incredibly heavy that we could all feel their weight also, and knew that he was doing the impossible. Two young men beside him were saying that they were tight-rope walkers, an unbelievable young girl said that in a few minutes she would play with a tiger, and there was a clown laughing in a mysterious way. They were all suggesting that the crowds should come in and see something they had never seen anywhere else in the world.

The correct interpretation of this memory is quite clear to me. We, in this Federation, are this small group on the platform. We are trying to carry a weight much too heavy for us, but we are trying. We, the tight-rope walkers, are trying to find an equilibrium between reality and idealism, between good sense and nonsense. I will not say what is the significance of the girl who could play with a tiger, but I will add that we can learn much from the wisdom of a clown.

I am sure that this image, which would not be banished from my mind, expresses my deep ambivalence—perhaps the ambivalence of all of us to our work. We need to take cognisance of our own doubts, our own aggression against our work; for example, we all fear commonplaces, but it is not for us to fear them, it is for us to make them new, warm and vital, for in many commonplaces there is a profound truth.

There is more in this analogy: some of us high-brow scientists feel that a Congress or an Annual Meeting is something beneath us. But if we do our work with the same enthusiasm as the people in my mental image, why not enjoy something of the show, the rope-dancing, the clowning, the crowd and the success?

My wish, as an officer of this Federation, is that we should lose our ambivalence. Why should people be proud to work in cancer and other diseases and yet a little shy of their attempts to make better human relations? Without this ambivalence we can be free, and freedom is the most fundamental of all mental health principles.

May I attempt to write the "overture" to this task of mental hygiene, in which will appear the "*leitmotif*" which inspires the total work? An individual can only attain mental health by fulfilling the following aims: (1) The growth, development and realization of those potentialities which man has evolved during the course of history, for example, the faculty of creative and critical thinking, and of possessing differentiated emotional and sensory experiences (Fromm). (2) To find the possibility of any way to the realization of the living tendency in every man to appreciate super-individual values. (3) To develop all these tendencies in common with others (Fromm).

To realize all these, we must have freedom. We are trying to promote these aims in education, in industry, in communities, in public health work, and in all human relationships. We are trying to overcome all political and religious divisions. We know that we are all personally responsible for our lives, as has been said by Professor Line. Our ultimate goal, our deepest wish, one that can only be reached by the work of many generations, must be the prevention of war.

With this overture, as it were, I will close with the motif in full, extracted from the Constitution of UNESCO: "Since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed."

DR. FRANK FREMONT-SMITH (*U.S.A.*), *Interprofessional Advisory Committee (IPAC)*, said:—

I am sure I speak for everyone here when I try to express our appreciation to Dr. Alexander, the *Ligue Nationale Belge d'Hygiène Mentale*, Dr. Ley, the University and the Belgian Government, of the way in which they have all taken us to their hearts and welcomed us here. It is for me a very high honour to speak a few words on behalf of the Inter-Professional Advisory Committee. Our Federation is founded on the principle of inter-professional co-operation and multi-professional teamwork; our goal is better mental health, better human relations throughout the world—also at home where the roots of good human relations and of peace take their hold. The Federation strives to bring to this noble and difficult task, not only the knowledge of any one branch of science, but of all the branches of sciences which deal with the behaviour of human beings as individuals or in groups. Psychology, education, social work, psychiatry, nursing, sociology, anthropology and many other derivatives of the science of human behaviour do not always enjoy a good popular reputation, but each has a real contribution to make, and when joined in good teamwork we have the possibility of a powerful instrument for the good of mankind. But there is a long and arduous task, as Professor Rümke has remarked, before that possibility can become a reality, for the sciences of human behaviour are very young indeed, and should be modest, as becomes the young! Therefore we must lean also heavily upon the art of good mental health, upon the art of good human relations—or, more simply said, upon the art of friendship. Here in Belgium, in a country which is perhaps smaller than some in area, but greater than most in spirit, can we see combined in a rare degree the art of good fellowship, and to us it is exemplified in the highest degree in the person of Dr. Marcel Alexander, representing the sciences, and in the person of Mme. Alexander, representing the arts.

INDUCTION OF THE PRESIDENT OF WFMH, 1952-53

MESSAGE FROM THE RETIRING PRESIDENT, DR. ALFONSO MILLAN.

I have ever been aware that the honour conferred upon me, when I was elected President of our Federation for the period from 1951 to 1952, was an honour accorded really to my country, Mexico, and in its name and in my own, I extend to all of you my most sincere thanks.

To have been President of our Federation has been a source of great personal satisfaction to me and a stimulus of the greatest importance. The impressions and memories of working with our Director, Dr. Rees, the efficient Secretariat, particularly Miss Thornton and Dr. Soddy, as well as of my colleagues and friends on the Executive Board, make me certain that our young Federation will overcome its future difficulties successfully, for among us are those of the highest quality, who, individually and through member-societies in all parts of the world, will help to achieve its ideals, which are clearly set forth in our Constitution and demonstrated in our achievements. I had the honour of contributing to the organization of the Fourth International Congress on Mental Health in my country last year, the first to be organized by our Federation out of its own resources. The international committee on programme, and the local member-society, the Mexican League for Mental Health, gained experience at that gathering which is of the greatest importance. In fact, the Congress in Mexico City, quite apart from the great technical and scientific contributions of the delegates, which it was my privilege to enjoy, and quite apart also from the number of members who attended despite distances and economic difficulties, represents a great advance by our Federation.

Certainly, not all the suggestions nor all the studies presented at a Congress can be put to immediate use; but the Federation now has a large quantity of technical and scientific material, both from the London

Congress of 1948, when the Federation was founded, and from the Mexico City Congress last year, which can inspire programmes of various types and ranges, both nationally and internationally.

It is now clear that in its very short life, the Federation has been able to carry out a task of great importance, overcoming the most varied obstacles. I want to render homage especially to our Director, Dr. Rees, who is, as we all know, the real dynamo of our Federation, efficiently aided by the Secretariat. Dr. Rees will later give us a report on the many aspects of the work of our Federation during the year ending today, when Dr. el Kholy becomes its President. I shall only say now that, like many of you, I continue to think that without Dr. Rees, our Federation would have been able to achieve but little.

I am deeply sorry that I am not able to be present with you to express my gratitude to Dr. Rees, to the Secretariat, to my colleagues on the Board, and to all of you; and I also deeply regret that I am not able to present to you our well-known and esteemed colleague, who succeeds me in the honour of the Presidency of the Federation, Dr. el Kholy, of Egypt. The reasons which prevent my having the pleasure of being with you now, are not personal ones, but rather inescapable duties related directly to important projects for the promotion of mental health in my country.

I feel closely bound to our Federation, and I know that with your aid in our common effort, we shall soon accomplish even more in our work. To this task my thoughts and my efforts will continue to be linked, whatever be the post in the ranks of our Federation that it falls to me to fill.

From the legendary country of Mexico, of sunshine and natural beauty, I send to all of you, my most cordial personal greetings.

PROFESSOR WILLIAM LINE (*Canada*), *President*, 1950-51, said:—

As has just been indicated, it is due to the unavoidable absence of our retiring President, Dr. Alfonso Millán, of Mexico, that the honour of formally introducing to you our new President comes to me.

Dr. el Kholy is Director-General of the Department of Mental Diseases in Egypt, the expert psychiatrist to the Office of the Procurator General in Cairo, the expert psychiatrist to the civil court, and Professor of the Universities of Cairo and Alexandria; and now that we have had the privilege of meeting his charming and beautiful wife, we are all the more eager to hold one of our meetings in Cairo, where we could meet their four children.

Those who heard Dr. el Kholy speak in Dublin were deeply moved at the courage and vision he has shown in his great achievements, under very great difficulties. He was one of the main influences in bringing about improvements in the mental health field. It was he who first interested Dr. Aly Shousha in mental health. Those individuals whom I have met who have lived closely with Dr. el Kholy tell me that his ideal of life is to do his duty. He has unending patience with the sick and with children—somewhat less with governments. We have known him in the WFMH and Executive Board as a very faithful servant, as our Vice-Chairman, Treasurer and Vice-President, and it gives me great pleasure to ask him to address us as our new President.

Dr. el Kholy then occupied the Presidential chair amid acclamation.

DR. M. K. EL KHOLY (*Egypt*), *President*, said:—

However much I appreciate the honour bestowed on me, perhaps as a crowning tribute to my humble share in the care and welfare of the mentally afflicted for the last 36 years, the undeserved words of my friend, Professor Line, are almost overwhelming to a man like myself who never relished the limelight, and who was merely content with doing his duty in any capacity assigned to him.

I wish to tender my sincerest thanks to Professor Line for the kind and generous words he said about me. I do not know why my name was put forward at Mexico, in my absence, for I do not feel that my contribution to our work has been outstanding, except perhaps as some sort of faithful dog to the Federation since its inauguration in 1948. However, my debt of gratitude

can only be repaid by redoubling my efforts in the interests of the cause we all have at heart.

And now it is my pleasant duty to pay a just and befitting tribute to my four predecessors, J. R. Rees, André Repond, William Line and Alfonso Millán, who have toiled hard to establish the Federation on a firmer basis. I wish to make special reference to my immediate predecessor, Professor Millán, who organized the 4th International Congress on Mental Health. We regret his absence, but we are glad to hear that he had to stay in Mexico in connection with an Institute of Mental Health there, and we all wish him success in his efforts.

The work of the Executive Board has given me a lot to learn, widened my horizon and improved my sense of proportion. It is a pleasure to work with colleagues who give of their very best and render a great and disinterested service to the cause of mental health. Such service is not restricted to the meetings of the Board, but is continued in their respective lands where, with the enrichment of their thoughts, through contact between one another, they go back as missionaries of the Federation, imbued with the unselfish spirit prevailing amongst them, to the benefit of their fellow-citizens.

At this Annual Meeting, in our fourteen or more discussion groups, we shall get to know one another, we shall exchange views and ideas freely and willingly, and we shall collaborate together in a spirit of comradeship. After this meeting is over, I trust that the members will, like their colleagues on the Executive Board, act as missionaries of the Federation to their comrades of the member-organizations in their respective lands. The Federation derives its strength from active local societies, which depend on the co-operation of their respective members. There is an Arab proverb which says: " He who lives for himself does not deserve to live "; and if some of us here feel that selfishness is causing inertia or threatening the survival of our respective societies, then it is our duty to find ways and means of combating such disruptive tendencies and to do all we can to strengthen our organizations for the good of our own countries.

This duty will appear the more clear and urgent to all of us during the general session to be held next Thursday. We will then realize that the survival of the Federation itself may well be at stake if every one of us does not devote a little part of his time, money and energy to the common good. It will be up to everyone of us to decide what to do to help the cause we all cherish and value. May God bless our deliberations and may He instil in our souls the spirit of sacrifice, perseverance and self-denial, that is sure to further the cause of mental health!

The Chairman then adjourned the Session.

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PLENARY SESSION

11.00 a.m.

REPORT ON THE INTERNATIONAL SEMINAR ON MENTAL HEALTH AND INFANT DEVELOPMENT,

held at Chichester, England,

July 19th—August 10th, 1952.

Chairman:

MLLE. LE DR. M. T. CALLEWAERT (*Belgium*),
Service Infantile, Dispensaire d'Hygiène Mentale, Brussels.

Speaker: DR. KENNETH SODDY (*U.K.*),
Assistant Director, WFMH., and Director of the Seminar.

The CHAIRMAN, who had taken part in the Seminar at Chichester, introduced Dr. Kenneth Soddy, and spoke of the deep impression made upon her and her fellow participants in the Seminar, by the setting, and the novelty and quality of the work undertaken and accomplished there.

NOTE:—*The text of Dr. Soddy's report to the Meeting, with the accounts of the Seminar, will be found on Page 68 of this Annual Report.*

PLENARY SESSION

Tuesday, August 26th, 1952,

11.00 a.m.

RESEARCH AND DEVELOPMENT IN THE INTERNATIONAL MENTAL HEALTH FIELD.

Chairman: DR. E. DE CRAENE (*Belgium*), *Professor at the University of Brussels.*

Speakers:

DR. G. R. HARGREAVES, *Chief, Mental Health Section, World Health Organization;*

DR. D. EWEN CAMERON (*U.S.A.*), *Professor of Psychiatry, McGill University, Montreal.*

The CHAIRMAN welcomed Dr. Hargreaves and Professor Cameron, and called upon Dr. Hargreaves to address the Meeting.

DR. HARGREAVES said:—

What is mental health work? Perhaps it is easiest to start by saying what it is not. It is not the provision of psychiatric medical care. That is "mental sickness" work. I do not intend by that phrase to suggest that the provision of such medical care is unimportant but to prevent a common confusion; for in many countries the term "Mental Health Work" is frequently used as a euphemism for early psychiatric treatment.

Another erroneous conception of mental health work equates it with the creation of goodwill for the concept of mental health. To create "a demand" for mental health without spreading an understanding of what needs to be *done* to foster it will create frustration and disillusionment.

In other words, mental health work consists in *doing* as well as *talking*; it depends on action rather than "evangelism." It is directly analagous to public health work. It should consist in the attempt to remove from the human environment those factors which are harmful to health, and, on the other hand, to provide those factors which support and promote health.

Let me quote two examples from the history of physical hygiene. The first is typhoid fever. The last century has seen the triumph of the public health worker over this disease in Western Europe and North America. If we follow the history of that triumph we see that the first step toward it was taken by the clinician and his colleague who, in treating the disorder, discovered the typhoid bacillus. From them we learnt how to prevent this disease by keeping human sewage out of drinking water and food. It was not, however, the clinician who carried out the preventive steps, but a host of others, ranging from the sanitary engineer to the restaurant cook. Here, then, is an example of the removal of a noxious influence from the human environment.

Let me take as my second example the disease of rickets, which was once widespread in the Western world in which it is now a rarity. Here again we owe our knowledge of how to prevent this disease to the clinician and his colleague in the biochemical laboratory. It was they who discovered that this disease resulted from a deficiency in food of a substance essential for the normal growth of bones.

But again prevention depended on community and individual action. The theme, therefore, of the preventive action in these two examples was not "Health is very important," but, in the first, "Human sewage in food or drink causes typhoid," and, in the second, "Children need Vitamin D for normal growth." Similarly in our field the theme, "Mental health is very important," on which much current propaganda is based, is inadequate and even dangerous. We need instead, as our theme, specific action based on ætiological knowledge; and here we must recognise that we have much less knowledge of the ætiology of psychiatric disorders than of the organic disorders in general and the infectious diseases in particular. Nevertheless, we have some knowledge, and it is on that that we must base our action. Here again we can learn from the history of public health, that often we shall face great resistance in bringing about the necessary changes. We must not be surprised if we sometimes find some of the less progressive members of the medical profession in the opposition, when we remember the remark made to Florence Nightingale by the Director of the Army Medical Services: "And what, Ma'am," he said, "might the soldier want with soap?"

This is especially so since it is probable that mental health considerations, if seriously acted on, would necessitate changes in our societies much more extensive than the provision of soap for soldiers.

Let us start with one item of ætiological knowledge and see what implications it has for action in our own societies. It is now, I believe, proven that a human infant needs for normal development a continuous relationship, from the sixth month of life to the age of about four years, with his mother or a permanent mother-substitute. If children do not receive this continuous maternal care their mental and physical development is damaged. In a proportion of cases the damage is permanent and produces the type of character disorder which has been called "the affectionless psychopath." This type of character disorder is found with great frequency among criminals and social delinquents (*e.g.* prostitutes). We can say, therefore, that infants need this continuous relationship with a mother or mother-figure, and that if deprived of it may suffer from permanent psychological damage.

Here we begin to see some scientific facts. What are their implications for the societies in which we live? Each country must assess these implications in terms of its own social structure and its own ways of living, and it is the mental health movement which can take the lead in provoking that assessment. If the child is to be protected from deprivation of maternal care, we need to know the common causes of such deprivation. Why are children in orphanages? In many countries we shall be surprised to find that it is not, in the majority of cases, because they are orphans. Illegitimacy and broken homes are the principal causes of deprivation of maternal care in the Western World. We must then ask ourselves what causes broken homes and what is the ætiology of illegitimacy. Only very recently have national mental health movements begun to press for study of these problems, and the studies begin to shew that in both cases they are, in essence, problems in preventive psychiatry.

Another important cause of separation of young children from their mothers is the practice of medical care. Doctors, we might say, are the "great separators." It is for the mental health movement to bring home to the general physician and the hospital administrators the need of the child for the unbroken relationship with the mother in the first few years of life, so that only grave clinical necessity should be permitted to override this developmental need of the child. There are at present far too many "elective separations" which medical and surgical ingenuity, and the development of home nursing services, could prevent. With this in mind, therefore, the mental health worker must scrutinise in his own country the practice of pædiatrics, the care of infectious diseases, and the practice of obstetrics, and must work to bring about any modification of these fields of health work which can reduce the separations they at present cause.

If, however, we are to take seriously the implications of this one item of ætiological knowledge that I am taking as an example, the mental health worker must scrutinise all aspects of the society in which he lives which may increase the likelihood of separation experiences for children. What, for instance, are the implications of the taxation system? In the well-developed countries children are now the principal cause of poverty, and an income tax system which makes inadequate allowance for this in fact places pressure on the mothers of young children to go out to work. "Equal pay for equal work" will have the same effect unless balanced by family allowances for the mother who stays at home to look after her young children. So if we are to apply in our societies this one piece of ætiological knowledge that children need a continuous relationship with a mother in the first few years of life, we begin to see that it may need some extensive modifications in our societies and their ways. We may assume that there will be strong resistance to those changes and that the mental health worker will often hear the present-day equivalent of "And what, Ma'am, might the soldier want with soap?"

So far I have spoken of the countries of the Western World and the implications of this one piece of ætiological knowledge for those countries.

We must not assume that the implications are the same for those countries which are

economically less developed. In the Western countries our problem appears to be how to prevent the separation of young children from their mothers, and how to find the homeless child a permanent mother-substitute. But in the Eastern countries homeless children are rare. The extended family and the strong mutual loyalty of its members ensures that there is almost always a mother-substitute for the child who loses his own mother.

What I have described as "elective separations" are uncommon. But as economic development takes place, the Eastern countries tend to follow not only the technological development of the West, but also its social practices. A few years ago I was visiting a hospital in tropical Africa. The doctor who was showing me round said, "Now we'll go to the children's ward. I'm almost ashamed to show it to you." "Why?" "We just can't keep the mothers out." It seemed a strange remark when I thought of the efforts of the more progressive pædiatricians in my own country to *get the mothers in* to the children's hospital. Dr. Chisholm, the Director-General of the World Health Organization, was recently visiting an obstetric hospital in Asia; the babies were all in cots beside their mothers. The obstetrician apologised: "We want to build and equip proper nurseries," he said, "so that we can get the babies out of the wards and just bring them in for feeding. Do you think the World Health Organization could help us?" These two examples seem to me to exemplify what may be an important difference between mental health work in the Western countries and those which are at an earlier stage of economic development. Our problem in the latter may be how to undertake economic development in a way which does not damage certain valuable aspects of social life in general, and the pattern of relationship between mother and infant in particular.

To do so may mean that we shall have to try to help these countries, as they develop, to avoid some of the mistakes which the Western countries made. This may well prove difficult, because it is only now that a realisation is spreading in the Western countries that the maternal and child health work of the last half century—although it may have reduced malnutrition and infection—often did so in a manner which flouted the principles of the mental hygiene of childhood. This recognition is not yet by any means general, and it is therefore unfortunately true that the hospital administrator in the less developed country who wishes to banish mothers from his children's ward, or babies from his maternity ward, can still find powerful professorial support in the Western countries, for his intention of copying some of the errors of those countries.

It will be seen, from what I have said, that I believe that mental health entails social action, based on ætiological knowledge, and that although the principles of ætiology may remain the same, the social action will vary from one community to another. It is important to note also that the prevalence of psychiatric disorders, and their type, varies also. This must lead us to another aspect of mental health work, namely, research, and particularly research of an epidemiological type. It is only when one begins to look at some of the facts of the prevalence of psychiatric disorder, and events which may be associated with them, from an international and comparative point of view, that certain subjects for enquiry become evident. The prevalence of psychiatric disorders, for instance, among tribal Africans, appears to be very much lower than in the Western countries. France, a wine-producing country, appears to have a rate of alcoholism about five times that of Italy, also a great wine producer. Suicide is about eight times as frequent in the U.S.A. and Denmark, for instance, as it is in Ireland. In Finland, nearly five times as many men commit suicide as women. In the "Stress disorders," as Sellye has called them, there are equally startling facts which merit study. Peptic ulceration, which was a woman's disorder fifty years ago, is now a disorder of men.

Only by an epidemiological approach can some of the factors which influence these differences be delineated, and only as they are delineated shall we fill more of the gaps in our ætiological knowledge.

Our task, then, in mental health work is two-fold. Firstly, we must act on what ætiological knowledge we have, to protect

individuals, and particularly children, from experiences which are noxious, and to provide experiences which are necessary, or supportive, to the fullest and healthiest development of the individual. Secondly, and concurrently, we must press on the study of ætiology of psychiatric and psychosomatic disorders, using the concepts and techniques of epidemiology. Only so can we hope that mental health work will diminish the sum total of mental sickness which afflicts our communities, and see in the field of mental hygiene victories over disease comparable to those which our colleagues in physical hygiene have won over the epidemic diseases in the Western world.

The CHAIRMAN invited Professor Cameron to speak.

PROFESSOR CAMERON said:—

I esteem it a great honour to talk before the members of this distinguished organization and, in particular, to contribute to the discussion upon what is the frontier and the ferment of all our work: namely, research and development.

Research and development are two related aspects of the broad processes whereby we achieve knowledge and, hence, control over events. Research, so long neglected, has now such prestige in our eyes, that we are apt to forget that very considerable expansion of human knowledge has taken place without any planned research, by the slow accumulation of experience and its continual refinement in practice. Much of the vast expansion of our control over our world has been, and still is, of this indirect nature, for the human species is both adaptive and given to action, to a remarkable degree.

Research is the planned expansion of knowledge by the use of techniques designed for this end, in contrast with developmental procedures, in which new knowledge comes as a by-product of their operation. Research is a more intensive, rapid and recent method of human adaptation, an invention of societies pressed by the urgent need to achieve rapid and successful adaptation to a series of crises in living, too complex and perhaps too threatening to be left to slower, more incidental processes.

We are moving into a period of quickening change in our history, to an exceptional degree: sweeping breakdowns in social institutions, vast population movements with attendant insecurities and hostilities have arisen from forces which have also rendered possible, but not inevitable, the spread of strong and liberating ideas, the reshaping of belief and custom.

At no time has research into our mental and social welfare been so urgent, nor has it been based upon such a powerful and world-wide determination that it must succeed.

I should like to discuss four major premises from which we may set out to attack the problems of world mental health.

i. Research into mental health problems of world-wide relevance constitutes, as it were, a new dimension in research.

The novelty of this undertaking is illustrated by the extraordinary fact of the immense diversity of cultural patterns. The essential similarity from one society to another of such functions as oxygenation, neural transmission and enzyme activity contrasts with the amazing differences in behaviour. Such functions as child rearing, hostility control and social motivation differ so radically that they may even appear contradictory, yet they are operative and, in varying degree, may constitute effective ways of living within their own setting.

Such extraordinary diversity of behavioral patterning calls for a recasting of thinking and planning when we pass to mental health research on a world basis.

It is clear that comparative studies constitute a most powerful tool, and that such studies can be best carried forward by groups of workers from a number of disciplines, based on institutes considerably larger and more extensively staffed and equipped than is commonly found in local centres.

Centres which are purely local in their organization and function are essential components of the network of mental health facilities now taking form around the earth. They cannot, however, respond adequately to a

problem affecting a range of cultural groups across the world; nor can they develop sufficiently flexible training facilities to prepare men to work in the greatest possible range of cultural groups.

To the old truism that the whole is greater than the part must be added the fact that the whole has functions, and hence presents problems, beyond those possessed by the sum of its parts; and facilities and plans must be developed accordingly, and must include studies of the adaptation of general basic principles to local situations.

There is a need for intensive research on training procedures and their modification from one cultural group to another, and upon the techniques of application of our mental health information. Such research will represent a departure from anything previously known and must be boldly built and boldly executed. Its conception and design must not be determined by what has been found adequate for local developments.

ii. Large world mental health research and training centres should be set up as pivotal points in a network of research facilities to integrate the work going on in all areas and centres concerned with mental health.

(a) These institutes should serve as the headquarters for field study teams, for the study of mental health problems as they occur in communities, particularly social classes, industrialized areas, areas of special stress—such as, arctic and equatorial regions, or socially unstable regions.

(b) Such institutions should provide laboratory space for research which does not require field studies—such as, some aspect of investigations into stress, or ageing, or small group interactions, learning, or psychosomatic interactions. But neither the enhancement of mental health nor the prevention of mental ill health can be achieved *in vacuo*. The people concerned need to be studied in their environment; but these people may also have physiological and biochemical reactions causing mental health problems which may be treated, on occasion, with favourable results. Statistical and recording departments would also be needed.

(c) They could constitute centres for the compilation and integration of relevant data sent in by field teams. The range and diversity of available data requires the facilities of specially equipped centres.

The institutes should also undertake the important study of the process of scientific discovery itself. This is the prize of all prizes—the acquisition of knowledge of the nature of scientific creativity.

With more than one world institute established, it could be anticipated that their work would need co-ordination through, say, a Council of Institutes, and possible subsequent differentiation of function.

And lastly, these world institutes could also set up training facilities for the great diversity of personnel required in the mental health field. While much of this training must be with respect to local understanding, basic training courses undoubtedly can be developed in world institutes. One problem of training is that of devising methods of instruction of people with immensely different experimental backgrounds.

iii. World mental health research and training centres should work in collaboration and structural integration with universities with interests already extending beyond their own locality.

It should be unnecessary to emphasize that research in this immensely complicated mental health field must be multi-disciplinary; or that the universities are the natural centres for such inter-disciplinary work, and that their co-operation is cardinal to the whole program.

iv. These world mental health institutes should work not only in the field of applied research, but also in the field of basic research. Not only is there not enough basic and fundamental knowledge upon which to set up any extended system of applied research, but, moreover, we should not succeed in attracting first-class minds to purely applied research.

The kind of problems which should engage the attention of such institutes must be deter-

mined by the situation which confronts them, and will have to be revised periodically to meet a changing situation.

The report of the Expert Committee on Mental Health of the World Health Organization, in May, 1950, indicated the need for research in the following fields:

(a) in the biological, psychological and cultural determinants of personality structure;

(b) the relationship between individual personality structure and patterns of group structure and behaviour;

(c) the effects of rapid changes of cultural pattern upon mental health;

(d) the extent to which the incidence of psychosomatic affections is influenced by social, economic and cultural factors, and by individual characteristics and personality structure.

(e) the relationship between psychological disorders or states, on the one hand, and infective processes, nutritional deficiencies and biochemical disturbances, on the other;

(f) the etiology and treatment of psychiatric disorders.

The Chairman declared the Meeting open for discussion.

Summary of Discussion

DR. C. A. SEGUIN (*Peru*) said that research on problems of separation of young children from their parents had implications going deep into society and family life; for example, when a home is breaking up, is it better for children to be with maladjusted parents, or somewhere else and at peace? To what extent are parents to sacrifice themselves for their children?

In the setting up of international research into these problems, the investigations needed to be made "on the spot," in the different countries, leaving the comparative side of the work to the international setting.

DR. P. J. REITER (*Denmark*) declared his great contentment with the stress both speakers had put on the urgency of providing basic scientific facts. In order to promote the necessary research team-work on a scale big enough for an international effort, he proposed that a central bibliography, concerning all fields and branches of mental health work, should be started. This would be a great enterprise, but not unrealisable. Better still would be a central library from which microfilm copies could be borrowed, established under WHO or UNESCO, or some other UN Agency.

DR. JARL WAGNER SMITT (*Denmark*) expressed thanks to Dr. Hargreaves for his brilliant exposition of the task for mental health of today.

He said that it was difficult to see how we could succeed in such action without a great deal of public education; in order to get the public to co-operate, the problems must be presented to it and discussed thoroughly.

Mental health is, so to speak, a new way of looking at life, and it needs the whole apparatus for public education. That apparatus is WFMH and all its national member-associations. We could hardly hope to succeed by going directly to the few important individuals in each country and asking them carry out the wishes of WHO.

We need WFMH and our national organizations to make an impact on public opinion, through the radio, the press and the cinemas, and not only on the public but also on the older professors and other important people who control the situation. These people are not impressed by seeing a scientific mental health article in their professional journals now and then; but what they hear on the radio and read in their daily newspapers, or hear at dinner parties—well, that has some effect.

Therefore, it is not enough that mental health research should lead up to important practical conclusions. We shall have to do a lot of "talking" before we can get society to swallow the bitter pills of mental health.

PROF. F. KERIM GOKAY (*Turkey*) said that the evidence now available about separation of child from mother must lead the United Nations Agencies to teach women to remain at home.

Dr. A. A. Weinberg (*Israel*) expressed his appreciation of the fact that WFMH had, by this discussion, stressed the importance of research. Not only the problem of the separation of children from their families; but the international problem of the separation of adults and whole families from their homesteads, are also in urgent need of basic research, and stress should be laid on the latter, without which no responsible mental health work can be done.

It is desirable indeed to contact the universities for co-operation, but why should we restrict ourselves to them? Both state and private institutes, and experienced research workers should also be approached. We should not forget that men such as Freud, Adler and Jung, to whom we owe so much, did not carry out their investigations at a university. The point arises as to whether, especially in view of available funds, one should not start with one central institute and only at a later date establish regional institutes.

Dr. Gajic (*Yugoslavia*) said that she had been greatly impressed by the results of recent research on the effects on young children of separation from their mothers. By means of a press campaign and meetings of doctors, etc., an attempt had recently been made in Yugoslavia to avoid separation whenever possible, and this had been effective within three months. After the visit of Dr. Lemkau, when these dangers had become generally known, the regulations had been altered, so that instead of an expectant mother being guaranteed her wages for 6 weeks before and after birth as had been the case hitherto, she would now get her entire pay for from 6 to 8 months, according to necessity.

Dr. Hargreaves (*WHO*), in reply, said he was in favour of active propaganda of the work of national societies, but this must be based on facts—not just vague slogans, but items of knowledge. An analogy could be drawn with the uselessness of saying "Health is important," compared with saying "It is dangerous to drink bad water," provided one is sure of the facts.

As Dr. Seguín had suggested, it is better, sometimes, to remove a child from a home which is breaking up, for divorce laws are rarely concerned with the child's interests but tend to use his removal as a punishment of the "guilty party." It is preferable to use therapy on the home and try to prevent the break-up. We must be aware of the "vested interest" in separation, of those who think that they can bring up other people's children better than the parents themselves.

Prof. Cameron (*Canada*), in reply, agreed with Dr. Reiter's suggestion that facts already known should be centralised, and with Dr. Weinberg's emphasis on basic research. The war had caused a shift from basic to applied research, but basic knowledge was never more needed than now. International research institutes should be pivotal points, but national bodies working in association with them would be vital to their success.

The Chairman then adjourned the Session.

PLENARY SESSION

Wednesday, August 27th, 1952, 11.00 a.m.

SOCIAL CASE WORK

Chairman: DR. J. DE BUSSCHER (*Belgium*), *Professor at the Universities of Brussels and Ghent.*

Speaker: MISS ROBINA S. ADDIS (*U.K.*), *Advisory Department, National Association for Mental Health, London.*

The Chairman, introducing Miss Addis, spoke of her great experience in psychiatric social work, and asked her to address the Meeting.

MISS ROBINA S. ADDIS (*U.K.*) said: (*abridged*)*

Social work is a new profession with no generally accepted standards nor training; it has developed from alms-giving to a profession, under the changing pressure of social and economic factors which gave rise to new needs, as well as to the growth of ideas. In more simple communities, the sick and needy will look for aid to the social structure of their time and place, but in industrialized areas a more specialized form of social work is needed. Aid to individuals or groups is always dependent on the social setting and, even in an international meeting, we must translate the theory and practice into terms of our own community. Though it may be tempting to imagine that the more highly skilled and technically qualified the social worker, the better could she cope with vast social problems and intense human need, it would be folly to expect her to practise elaborate techniques on individual cases in a primitive community. These techniques need a backing of developed health, welfare and educational services to be fully effective.

My subject today must be based on social work in the mental health field in the United Kingdom, where there has been an unprecedented spate of legislation since the War, which has created the so-called "Social Welfare State." The main Acts have been:

1944 *Education Act*, which brought up to date the provision of free education for every child according to his age, ability or aptitude, in boarding or day school as his needs require; and extended the provision for maladjusted and educationally subnormal children.

1944 *Disabled Persons (Employment) Act* for the re-settlement in employment of men and women suffering from psychiatric as well as physical disabilities.

1946 *National Health Service Act* which gave free medical service both at home and in hospital to patients suffering from mental as well as physical illness.

1948 *National Assistance Act* which re-organized the granting of monetary aid to the indigent, and added services for persons suffering from any substantial and permanent handicap, whether mental or physical.

1948 *Children Act* which unified the services for children deprived of family life.

Widely though the forms of social work differ, they are all concerned with case work, which involves a personal relationship between the worker and the person in need, who is seen as an individual reacting to his environment. It includes study of the problem, the present situation, the individual's history, his personal relationships and his setting and prospects. The worker therefore deals with the whole situation and seeks to use her relationship with the client to work towards a satisfactory adjustment of his difficulty. Case-work may be superficial or intensive, but it is the essence of social work and brings with it the principles of preserving confidence, or respect for the individual whatever his plight and of responsibility for dealing with the problem. Case-work may be taken as the characteristic of all the professions which deal through personal relationships with the needs of the total individual in his social setting.

A social worker who is asked to visit and report and never follows up, nor knows the result of her enquiry, is violating the principles of case work.

With the expansion of the social, health and educational services in the United Kingdom has come the publication of important

* A complete and unabridged edition of this paper has been published in *Journal of Psychiatric Social Work*, January, 1953, and reprints are obtainable from WFMH, 19, Manchester Street, London, W.1, price 1/6, post free.

public reports: on Employment and Training of Social Workers, 1951;[1] on Social Workers in the Mental Health Services;[2] and on Medical Auxiliaries.[3] All indicate current interest and the many immediate problems to be discussed. Demand greatly exceeds supply in social work and the field is wide. Ten different categories of social work are described. Between 1945 and 1949, 2,912 joined the various social work services in the U.K. and of these, 1,133 were known to have qualified as Social Workers. In the United States, the Hollis report states that only 20% of the 75,000 social workers in employment have had one or more years of professional training and that 18 states have no schools of social work. The International Committee of Schools of Social Work in 1950 had 200 schools with approved standards in 24 countries, affiliated to the international body.

In the United Kingdom and Eire there are 22 universities which offer courses of preparation for social work. The principle of providing an educational rather than a vocational training may be in conflict with the employing body's need for persons with special applied knowledge and skills, and has given rise to numerous *ad hoc* non-university courses for particular professions. However, use of untrained staff is not due to failure to appreciate the worth of qualified personnel, but because of the overwhelming shortage of trained workers.

There would be obvious advantages in having a common basic social work training from which students could opt for specializing in a third or fourth year. This would allow an interchange of personnel between professions and would further co-operation. Is it possible or desirable for all workers in the field to receive university training? Emphasis on a suitable personality has sometimes led to underrating the need for intelligence and, while allowing for acceptance, during the transition period, of experienced workers of proved worth (and special short courses might be arranged for them), we should seriously consider whether those who do not reach a required minimum educational standard should not be more strictly rejected. Selection is essential to raise the standards of social work and intellectual factors should be taken into account, though no satisfactory technique has yet been evolved for this selection. Grasp of the essentials of the case situation, power to communicate them and ability to be research-minded and learn to generalize from a series of cases, are all essential qualifications of the good case worker.

It is from this background of social work that the specialist in the mental health field must be drawn, and it is for that reason that those who wish to improve the standards, press for greater emphasis on case work teaching and supervised case work during the preliminary two years. There is a suggestion that a third or fourth year might be spent in a " generic case work " training of which the major subjects could be taught at a university level so that the whole course be sponsored by the university. At present, in the U.K., the prospective psychiatric social worker specializes and starts her theoretical and practical training in child guidance and adult work in the third year. (Throughout the paper, the social worker is referred to as " she," although, whereas in 1939 the proportion of male social work students at a London school of social work was 1.35%, in 1944 it was 25%.)

Armed with her social science certificate, entry to the Mental Health course at over the age of 22 years depends on satisfactory case work, a personal interview and a written examination. The personal development of the student in relation to her professional work is the concern of her tutor and of her supervisor in case work. The learning of how to give help, yet economize resources, how to tolerate frustration and anxiety, how to bear the possible hostility or apathy of patients, often involves great strain on the student and always demands personal adjustment. In certain centres a personal analysis is required, but whatever the degree of conscious study of the student's reactions, it would seem desirable that the student's aggression or fears should be dealt with as they appear in the case work situation and not finish up in a semi-analytic interview with the supervisor.

The function of the psychiatric social worker is complementary to, yet distinct

(1) The Younghusband Report. (2) The Mackintosh Report. (3) The Cope Report.

from, that of the psychiatrist. Her material is the patient in his social setting, so that she is concerned with the effect of his illness on his environment, as well as studying the factors in the environment affecting his illness. The psychiatrist is primarily concerned with the intricate interplay between external and internal forces which make up an individual's experience, with the factors which work from within outwards. The psychiatric social worker's approach is in the opposite direction.

An example may help to make my point clear. "A young man is being treated for 'black-outs' in which he wanders for several days and commits irresponsible acts. He tells the doctor of his sheltered life until war service, his dominating mother and elder sister, the social restrictions of the superior suburb in which he lives and the disgrace he felt when rejected for a commission in the Air Force. The sister who also sees the doctor, gives details of the brother's career and reveals the sacrifice which she has willingly made for the only boy. The doctor gets a picture of the way the patient has felt the restriction and emotional demands made on him, and realizes that the family setting is something to which the patient has to adjust his personality, and treatment will be directed towards that end.

The psychiatric social worker gets the same story from the mother and sister, but sees it from another angle. The mother, bored with a mediocre husband, has set all her frustrated ambitions on her son. She tries to buy a response from him by gifts, and by sheltering him from the consequences of his misdeeds. The patient's sister, 12 years older than he, has adopted the same attitude and had willingly sacrificed her chance of training for a profession so that he might have every educational advantage. She shows a certain satisfaction that he steals from her as well as from the mother. The psychiatric social worker's task thus lies in trying to modify their attitude towards the patient and in attempting to find constructive outlets for him in the environment. She has not merely listened to the family, but entered into the dynamics of the situation. Adjustments in their attitudes and in the environment will be her contribution to treatment."

Between the two partners in the team, in this way a complete picture should be built up. In child guidance work the team-work principle is well established, and standards of case-work are kept high; but in the adult field, over-work and understaffing may allow the psychiatric social worker only to collect social histories for a psychiatrist whom she seldom sees.

Failure to realize the special contribution the psychiatric social worker can make, leaves her services unused in many fields where she could make a real contribution. Not only should she be able to add to the efficiency of treatment but she can carry out far reaching preventive and after-care work. Her special understanding of human relationships should fit her to hold administrative and co-ordinating posts from which she could influence a whole service.

In January, 1952, there were only 523 qualified psychiatric social workers in Great Britain with an annual intake of 60 or 70. Some 1,500 are required, but there are only 331 in active practice. Over 100 vacancies are at present advertised and, were the supply forthcoming, many more would be made public. Psychiatric social workers are needed for child guidance services, psychiatric out-patient clinics, for the 201 mental hospitals, and a few are employed in Mental Deficiency institutions. The National Health Service responsibility of Health Authorities to provide for the care and after-care of patients, and for the prevention of mental illness, gives an opportunity for "community care" to bridge the gap between the end of hospital treatment and the patient's full reinstatement in the community, and for pursuing a positive mental health policy.

If this community care were carried out adequately, it has been suggested, one or two psychiatric social workers would be required per 100,000 of the population. This may appear fantastic in the present situation, but there is a strong case for giving psychiatric social workers supervising and consultant functions in the community care service where they could work with a team of selected social workers. Certainly, unless better salaries and status are offered to persons holding these onerous posts, they will be unlikely to attract the more highly qualified workers.

There are far more numerous social workers in Mental Deficiency or Social Welfare Departments who had to be absorbed into mental health work at the time of the N.H.S. Act, without psychiatric social worker's qualifications, or any specific training. They date from the social services following the 1913 Mental Deficiency Act and have gradually extended into the psychiatric field. Now the National Health Service Act has created the " Duly Authorised Officer " who takes the initial statutory proceedings in securing care and treatment for persons suffering from mental illness, and may have also functions to perform for mental defectives, the aged, the homeless and the blind.

There is a welcome tendency to bridge the gap between work for mental defectives and for cases of mental illness or disturbance, for many of the problems are the same, particularly those to do with helping the family to bear the burden of having a member who is afflicted " mentally "; for there is still a social stigma attached to any form of " mental " trouble.

This large body of relatively untrained social workers have to deal with human relationships and many of these workers are clamouring for a training and for established standards. The Government Committee (Mackintosh Report) has recommended a common basic course in social science at a university and based on case work training, on which any necessary specialities could be built. The Report also suggests that the " Mental Health Course " for psychiatric social workers should include more training in mental deficiency work, especially community care, and should be provided by more universities.

Two schemes have been advanced to increase the numbers of qualified workers, while allowing for payment during training. First, an " in-service training " for mental welfare workers already employed by official bodies in mental deficiency work and community care and who could benefit from such a course. It would include supervision of case work by a psychiatric social worker or experienced mental welfare worker. A proportion of the students might then take a Mental Health Course. It is proposed that new entrants should assist an experienced worker for some time to demonstrate their suitability for in-service training. This form of apprenticeship with its hope of promotion avoids the disadvantage of creating a second grade of workers who will be permanently at a disadvantage. To maintain standards it may be necessary to face a high rate of rejection, such as that in the post-war recruitment course of the Hospital Almoners in which 880 of the 1,200 applicants were rejected.

Secondly, to encourage recruitment for the profession of psychiatric social worker, an interim trainee scheme is advocated, in which selected candidates will become assistant mental welfare workers under the supervision of experienced psychiatric social workers or mental welfare workers, for a period of two years. The trainee should be paid and at the end can apply to enter the Mental Health Course.

The Association of Psychiatric Social Workers has been trying out such a scheme. Most of the candidates hold a social science certificate or a university degree in another subject.

The majority of students accepted for psychiatric social work training in Great Britain are now supported by a grant from the Ministry of Health, or from the local education authority, or are already in the employment of a local authority and have been seconded for training on the understanding that they will return to the area.

Further recommendations of the Mackintosh Report include the part-time employment of married women and of more men, and economies in the use of trained staff. Too much skilled time is wasted on clerical duties, travel by public conveyance or general administration. It is also recommended that the term " Psychiatric Social Worker " should be restricted to persons having qualified as such, so that the function and standards of a psychiatric social worker may be recognised.

In addition to the difficulties of communication of a technical subject to the public and to officials, another difficulty faces the social worker in the mental health field, in that modern casework derives from psychoanalytic teaching. The concept of the influence of the unconscious, psychoanalytical theories of psychological development of an individual, and the possibilities of repression and regression are all fundamental to case

work, as well as the conviction that human nature is modifiable. Emotional antagonism is often aroused within and without the profession by misconceptions of this teaching ; the social worker must face this, as well as the fear associated with the word " mental."

She also has to adjust to the peculiar dangers of her position in her power to grant or withhold interviews, to allot time and service to a patient. This demands a rigorous self discipline and understanding, and a scale of values or philosophy of life which can give steadiness when torn by conflicting claims. She must respond with feeling to the patient's situation, but always appropriately, in perspective and with due consideration to the whole of her field of work. Because of the maturity which this demands, we insist on case-work training in which an experienced supervisor can help with the requisite adjustment of personality.

To what end are we steering? The future will be shaped by social and economic forces which give rise to new demands for service, as well as by the ideas which we are formulating of what aid can be given and how it should be carried out. Even without further major changes in the social structure, it will take years to implement all the new public legislation for the promotion of mental health, prevention of mental ill-health, and for effective treatment and care.

If we can define her function and recognise appropriate schools of training which will ensure accepted standards of skill and responsibility, we may establish what could be the most generally useful of all the professions. It took Florence Nightingale a lifetime of struggle before the nurse attained her present respected position. Social workers need another such genius to win popular acclamation of the " Lady with the Notebook " and to convince administrators that social work is a responsible profession of recognised training and status.

With full recognition of the psychiatric social worker and the allied social worker, her services may also be needed for certain other aspects of welfare work and child care. It is significant that all the tutors in charge of the newly organised courses in Child Care (started in 1947) in university social science departments, are psychiatric social workers. The social worker whose skill lies in dealing with human relationship is particularly needed on the staffs of institutions, in community organisations and in universities, as well as in her own sphere of individual adjustment, guidance and counselling. She should contribute to planning of health and welfare services and participate in research. Her task may be focussed on the individual, but from his needs she learns to generalise and again may apply her general principles to the particular case, checking her work by experience.

The growing influence of the mental health aspects of social work is shown also in the realm of the family case-worker. Now that the State has taken over so much of the work of relieving material want, voluntary bodies can concentrate on assistance towards full living as an individual and as a member of society.

The Family Welfare Association, one of the oldest voluntary welfare bodies, is enlarging its co-operation with psychiatric social work and has started a small experiment in training staff for its Family Discussion Bureau, with psychiatric help. Here is the " family case worker " entering the psychiatric field. Marriage Guidance counsellors are also leaning towards psychiatric aid. Health Visitors have introduced mental health teaching into their syllabus and some would claim that they should be the general factotum social worker since they can enter every home where there are children. Their function is to promote health, and mental health should be given due weight alongside physical health so that they may well be the spearhead of preventive work. Hospital training, however, does not seem an appropriate basis for social work, and experience of the care of sick persons in an institution is not as useful for community case work as applied special teaching and practice in dealing with persons in their normal setting. A few Health Visitors have trained as P.S.W.'s and hold posts as specialist H.V.'s.

The good Health Visitor knows when to call in the specialist case-worker, who in her turn should co-operate with the Health Visitor. However, in less advanced social services, Health Visitors and case workers may be combined, but this would make for a prolonged training and the different functions

might detract from each other. If case work is sound, it carries responsibility for the total problem and therefore respect for other workers as well as for the client. The psychiatric social workers and the other social workers in the mental health field should be the first to make this relationship easy, though unfortunately in the past, their own insecurity has often made them mistrustful and mistrusted.

Our social worker studies the individual reacting to his environment and matches his needs with the available resources. The widest variety of demands is made on her through the whole gamut of disturbance in mental health and in mental disability, in cottages in the country and in slums in town, amongst old and young, by the single who wish they were married and the couples who wish they were single, calls coming in working hours and out of them. She needs technical knowledge, a clear concept of her aim and function, and, above all, a certain maturity of personality; and she must have worked out her own philosophy of life if she is to enjoy the rich experience and the deep satisfaction which may come to her through her profession.

The Chairman declared the Meeting open for discussion.

Summary of Discussion

PROF. ISABEL LAIRD (*Canada*) paid a warm tribute to Miss Addis's address. She urged that all present should seek to contribute to the success of social work, if not by joining in, for which they might not be qualified, at least by securing, in their own districts, proper conditions of work. Social workers need suitable transport, telephone services, facilities for maintaining records, many of which are invaluable later for research purposes, opportunities to meet other research workers at home and abroad, and access to libraries. Further, social work can present many opportunities for service to people of good-will—visiting the house-bound, reading to the blind, befriending the deaf, and so on.

MLLE. SIMONE DE NAVE (*Belgium*) said that though social workers have a common basis in "human relations," their actual functions must vary widely, country by country and class by class. Their work takes them into social groups, families and individual situations of great diversity.

Individual casework is, therefore, a specialised form of social work, and is concerned with all the difficulties which may beset families or individuals. It demands a technique and a knowledge of psychology which will give the worker that attitude of respect and understanding of human beings which, in turn, will secure the active collaboration of the individual in the solution of his own difficulties.

Such an attitude and rôle seem to be different from that of the psychiatric social worker, whose training needs to be more thorough in the realms of psychology and psychiatry, and to whom special cases will be directed by other social workers.

Psychiatric social work is, therefore, another specialised form of social work, and should be reserved for those who possess the qualities necessary for success and, as has been said, careful selection is required of the right type of person to enter this profession.

MLLE. MORITZ (*Belgium*) said that the need for a knowledge of mental hygiene among social workers could be seen clearly, because mental and moral factors were manifest in this work. But in many other professions a knowledge of mental as well as bodily hygiene is necessary, and we should look forward to mental hygiene training in all the learned professions, not only among doctors, nurses and social workers, but also among judges and advocates, high officials, and among all grades of the teaching profession, including teachers of young children.

DR. ELISE DAGONI-WEINBERG (*Israel*) asked whether the training of social workers, to which Miss Addis had referred in passing, should not be studied more seriously, in order to prevent the emergence of a dilettante pseudo-profession, and to give support to a movement to provide a proper university training in this sphere.

At the close of the discussion, the Chairman declared the Session adjourned.

PLENARY SESSION

Thursday, August 28th, 1952,
10.45 a.m.

CO-OPERATION BETWEEN UNESCO AND WFMH

Chairman: THE PRESIDENT.

Speaker: DR. W. D. WALL,
Department of Education, UNESCO.

The President welcomed Dr. Wall to the Meeting, which he invited him to address.

DR. WALL said:—Among the many programmes of UNESCO, there is a small but interesting programme concerning the border line between psychiatry and education. Recently UNESCO has asked WFMH for a report on the Chichester Seminar and has made a number of day-to-day requests for information from WFMH. In particular, information is needed about the pre-school child.

A Conference has been planned to take place in December (1952), on the Mental Health and Education of Children in Europe, at which the object will be to study the impact of European educational systems on the development of normal children. Some 30 psychiatrists, educationalists, and others, have been asked to provide summaries of information bearing on the impact of education on children. There will be one official representative from every European member state of UNESCO. The qualifications asked for in these representatives are that they should know their country's educational system thoroughly, have professional qualifications in the mental health field, and be aware of problems and recent developments in their own country.

In addition to official representatives, there will also be 12 people present chosen for their personal qualifications, which will be varied, ranging from public health officials to comparative educationalists. Each of the other four Regions of UNESCO will send a representative. It is intended to work as a series of small expert groups, each with an expert secretary. Among the various NGOs, WFMH, the International Union for Child Welfare and the International Federation of Children's Communities have been invited to send representatives and documentation.

Problems of teachers and teacher training and the effect of examinations on children will also be among the questions studied, and at the end of three weeks it is hoped that valuable results will have been obtained from the discussions of all these experts. These results will be incorporated in a document synthesizing the evidence and suggesting solutions to common problems.

There are a number of other small projects in this field, such as researches in the U.S.A. and the U.K. on the problem of reducing the prejudices of children in schools. The International Children's Village conducted a camp in France for children of from 12-15 years of age, in 1952, to which UNESCO sent a team of psychologists to observe and analyse data on an international basis. A seminar is planned in Germany on teaching, in schools, on the Universal Declaration of Human Rights. UNESCO also plans to study patterns of insecurity in children through observation in the International Nursery Schools attached to international organizations, such as ILO and WHO.

Looking into the future, UNESCO does not wish to undertake things that are better done on a national scale in the countries concerned. Perhaps UNESCO's best line may be to undertake comparative studies based on information produced in or by the individual countries. The idea that an institution can be exported is, perhaps, outdated; nowadays it seems best that technical progress should be adapted to the needs of the country being subjected to it. At bottom, UNESCO depends upon NGOs and individuals to keep it informed of what is going on throughout the world.

The President thanked Dr. Wall for his address and asked him to convey the good wishes of WFMH to the Director-General of UNESCO.

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GENERAL SESSION

11.15 a.m.

Chairman: THE PRESIDENT.

OPENING BY THE PRESIDENT

THE PRESIDENT, DR. M. K. EL KHOLY (*Egypt*), offered a warm welcome to all representatives of member-associations and others present at the General Session of the Annual Meeting. He said that the Federation wanted comments and constructive criticism, and he hoped that all delegates present would give of their best in this regard.

PRESENTATION OF ANNUAL REPORT FOR 1951 AND ADDRESS BY THE CHAIRMAN OF THE EXECUTIVE BOARD

PROFESSOR DR. H. C. RUMKE (*Netherlands*) presented the Annual Report for 1951, copies of which were available for distribution to members.

He said: In addition to the matter contained in the last Annual Report we shall hear shortly from our Director, Dr. J. R. Rees, about the activities undertaken by WFMH during the current year. This leaves me free to consider with you, as I did at our Annual Meetings in Geneva and Paris, some more general aspects of the Federation's work. I would like to give you some of the impressions which I have gained in my term of office as Chairman of the Executive Board for its first four years. I should like to present the balance of the good and the bad, and can say in many respects that the balance is not at all unfavourable on the credit side. To begin with, the Federation has been formed and it has consolidated its own way of working. The multi-disciplinary approach and the high value set upon working in groups, which the Federation has to a large extent pioneered, is accepted very widely by all who are working in groups to-day. The Federation's headquarters in Manchester Street have become more and more the real centre of our work.

From the beginning I have been very interested in seeing whether the Executive Board would really become what many of us hoped it would become, an experimental laboratory. The question was, what way of working would develop; what would be the inter-relationships among this group of men and women coming together from all over the world, from different nations with their different culture patterns? It is a deep impression of mine that in a very short time our Board has come together as a real "group." We have been able to handle our inter-personal tensions in a very open way, and it is interesting to note that in these first four years of working, the Board has never had to vote in order to arrive at a solution. All resolutions have been taken by agreement. The group-mindedness has been so great and so plastic that newcomers have been quickly integrated; and the atmosphere in which our work has been done has remained constant throughout. In other words, the Board has established spontaneously its own style of procedure.

A second conclusion has been that, though we often speak about the differences between various patterns of living, I have found much more striking that which we all have in common. We have enough in common to build up a strong sense of unity and it is perhaps my most profound experience on the Board to have realized this possibility. Some of us who are accustomed to these international contacts may not find this a very striking conclusion, but many people all over the world are continually accentuating the differences between, for example, people on different sides of the ocean. Many of them honestly consider that these differences are so great that they cannot be overcome, that European people have nothing essential in common with people overseas, that our cultural patterns separate us rather than unite us. The experience of the Executive Board has taught me that we are much more alike than we had thought. After experiencing this identity of all "*hommes de bonne volonté*," I believe that there are many more men of good-will than many people think. In this realization we have come to one of the deepest aims of our *World* Federation.

I agree with Dr. Hargreaves in saying that we can do little unless we first stimulate effort at a national level. Deeper than this lies our aim to build the World Federation as a forum, as Prof. Line said in his remarkable address at the Annual Meeting in 1950, in Paris. Seen in this way, mental

health is an attitude to life. If we all have this in the background of our minds, and if we are aware that this is one of the functions of our Annual Meeting, then, clearly, the Federation is on a very firm foundation. Then our way to the promotion of mental health in its broader sense is through discussion and the open exchange of ideas with each other. If we should ask from our Annual Meetings only new information on methods and techniques, or on scientific results, we shall be disappointed and we shall miss perhaps the most valuable part of our Meeting—although I must say for myself that in respect of new information I have learned many things at each Meeting.

Even with such a positive opening I cannot ignore matters which are more on the negative side. For example, neither in the Executive Board nor among mental health workers in general is the rôle of psychiatry quite clear. My personal view is that the psychiatrist must be the leader in an interdisciplinary team concerned with mental health problems, which are essentially medical problems. But in the field of mental health in the broader sense, it is otherwise, for there the psychiatrist has to lend his aid but he is not necessarily the leader. During the first four years I have come to realize that most people are interested in the broader sense of the term mental health, and so psychiatry tends to be placed in the background. Should psychiatry remain too much in the background, this will be dangerous for psychiatry as well as for the psychiatrist's patients. It is a favourite notion of mine that this danger arises largely from a misunderstanding of the real nature of psychiatry. I cannot help noticing not only on the Executive Board, but elsewhere, a distrust of psychiatry, even perhaps what might be termed a slight "professorophobia."

It is evident that there are many tensions in this field, and I think that a new "Tensions Project" might very well enquire into the relationships between mental health workers and psychiatrists. If, on the one hand, people really think that a psychiatrist only exists to give electric shock therapy or to decide when pre-frontal leucotomy should be performed, or to give some kind of sedative, they are missing the real concept of the psychiatrist. If, on the other hand, it is thought that dynamic psychiatry comprises the whole of psychiatry, this is equally far from the mark. Dynamic psychiatry is very important but the whole subject is much more than that. Clinical psychiatry must be the forum where all new findings are tried out. For example, the whole problem of neurosis has had to be revised in terms of clinical practice.

There are many other things that I would like to discuss with you: why, for example, in the Executive Board and in our Annual Meetings we so often start afresh, quite forgetting that highly elaborated material is available from our own resources while we overlook the remarkable statement of the International Preparatory Commission in 1948. I think all newcomers to our Federation will be well advised to read this little book very carefully, and also many of the articles to be found in the Proceedings of the International Congress on Mental Health in London, 1948.

Mention of the IPC Statement takes me on to the Inter-Professional Advisory Committee. During all my four years in office I have much regretted the impossibility of giving full support to this Committee. If the Executive Board has to be practical, the IPAC has to be equally the theoretical basis of our work, so to create a genuine science of mental health. It has a duty to warn the Board if it is going too far in its practical enthusiasm. It has always been a source of great interest to the Board to have members of IPAC sitting with it.

In concluding my statement, may I express the hope that these considerations have helped to give you some insight into the complicated structure of the Executive Board. For my part, I wish to thank all the members of the Executive Board for all that they have taught me in these four years, for all the warm friendships which I have experienced in the midst of them; and most of all I have to thank Dr. Rees, Dr. Soddy and Miss Thornton. Without their help it would have been impossible for me to have carried out my duties.

The President asked for comments on the Annual Report for the year 1951 and, in the absence of comment, received the Report on behalf of the Annual Meeting.

PRESENTATION OF THE DIRECTOR'S INTERIM REPORT FOR 1952

The PRESIDENT said that copies of the Interim Report for 1952 had been distributed to all delegates, and he called upon the Director, Dr. J. R. Rees, to comment on it and on the work of the recent session of the Executive Board.

DR. REES said: I would like to draw your attention to some of the more important happenings in the recent past. At the end of the last working year of the Federation, the 4th International Congress on Mental Health, which was held in Mexico City, proved a great success. This was the first Congress of its type in Latin America and fully justified the work which had been put into it. The Congress was distinguished by the relatively high degree of participation in group work and the high standards which it reached. Our very hearty congratulations are due to Dr. Millán and his team of helpers for the success of their work. We hope that the Proceedings will be published before the end of the present year.

We have been feeling our way towards the foundation of Institutes of Mental Health and, during the last six months, discussions have been proceeding with McGill University as to the conditions under which it would be possible to establish an international institute, possibly in Montreal, under joint University-Federation direction. From Mexico City have come encouraging reports from Dr. Millán about the Institute, which it is hoped to establish there. I understand that one of its first tasks will be to enter the field of student mental hygiene, and that professorial mental hygiene, too, will not be neglected. There is progress to be reported about the Hague Institute of Social Studies which, though it concerns the Federation less closely, is also of great interest to us.

Of more immediate concern to the Federation, I have to report on the highly successful International Seminar on Mental Health and Infant Development, which was the subject of a report to this Annual Meeting, on the first day, by Dr. Soddy. In addition to the valuable results of this Seminar in getting together a body of influential students for the study of mental hygiene of the first period of infancy, we are hoping that the experience gained will guide us towards more permanent teaching projects in the future.

The Film Section has been busy, and our friends in Holland have just produced their first report, and what you may regard as the first draft of the Mental Health Film Catalogue to which we have all been looking forward. I have also to report on the appointment, by Mr. Trygve Lie, of an Expert Advisory Committee on Mental Health to assist the Medical Director of the Health Services of the United Nations in New York, with problems arising in the Secretariat.

There are a number of points not mentioned in my summary which arise from the recent Executive Board meetings. First, the 5th International Congress on Mental Health will, by kind invitation of our friends in the Canadian Mental Health Association and the Canadian Psychological Association, be held in Toronto from August 14th-21st, 1954. We hope that, with this advance notice, it will be possible for a great number of you to make arrangements to be present on this very important occasion. Secondly, we are hoping to undertake a series of meetings on mental health in Latin America and we shall give every assistance to our friend, Dr. Pacheco e Silva, in his plans for a Mental Health Congress in Brazil.

Thirdly, although hitherto the bulk of the stress in our work has been laid on mental health, rather than disease, some of us have felt that there was room for an improvement of our services to the mentally ill. Therefore, we welcome the initiative of one of our member-organizations, the American Psychiatric Association, in its scheme to extend its mental hospital services, to other countries. We hope also to compile a directory of mental hospitals throughout the world.

Fourthly, the *Bulletin* remains a constant preocupation and, though we are handicapped by our lack of staff and, therefore,

cannot attempt anything very ambitious, we would welcome all positive criticisms and constructive suggestions for making our journal more representative.

Finally, the Executive Board, in its search for means of giving a greater number of people some share in our work, have agreed to the proposal that there should be a new category of "Affiliated Organizations" added to our membership, and the meeting will later be asked to vote upon a resolution to this end. We think that there may be many small professional organizations and also perhaps some non-professional bodies, such as groups in industry and so on, who might like to join us in a more direct capacity. It is not intended that these bodies should vote in Annual Meetings; this should remain the privilege of representatives of full member-associations, as at present. The subscription due should vary in different countries according to local circumstances. Such members should have some rights and privileges, they would receive the literature of the Federation, and they would be invited to send representatives to our meetings. Their chief rôle would be to spread interest in the Federation and consequently in our local member-societies, and to help give us that solid backing of citizen support in many countries, which we so much need and which we so conspicuously lack at present.

The PRESIDENT said that the Executive Board was keenly aware of the indebtedness of the whole Federation to its Director.

DR. FRANK FREMONT-SMITH (*U.S.A.*) said that he hoped that the reception of the Report by acclamation would be some expression of the Meeting's appreciation of the Director's work. The Report was then received by acclamation.

The PRESIDENT added an expression of thanks to all those who had co-operated in the many negotiations taking place in the course of the Federation's work.

NOTE:—*The contents of the Director's Interim Report to the Fifth Annual Meeting are included in his Report for* 1952, *printed on Page* 9.

PRESENTATION OF THE TREASURER'S INTERIM REPORT FOR 1952

In the absence of the Treasurer, DR. GEO. S. STEVENSON (*U.S.A.*), the President called upon Dr. Leo H. Bartemeier (*U.S.A.*) to present the Report, which had been previously circulated to delegates.

In amplification of the Report, DR. BARTEMEIER said: The current year is perhaps chiefly remarkable for the terminal payments in some of the grants we have been enjoying from the Foundations. For example we have received the last of the Josiah Macy Jr. Foundation's grants of $15,000 for three years, which they have capped with a terminal grant of $10,000 (*applause*). The Milbank Memorial Fund grant of $5,000 for 1952 is also perhaps the last we shall receive, though there is some possibility of further support in the future. There has been one, non-recurrent, source of income in the Flying Seminar organised in the U.S.A. in connection with the recent Congress which has turned over a surplus of over $6,000 to Federation funds (*applause*). Two other grants given in 1951 for use in 1952, are those of the Field and Grant Foundations, earmarked for the Division of World Affairs in New York, which acts as the American office of the Federation.

Of our 68 member-organizations, about 40 have renewed their subscriptions up to date; others appear to be reluctant or to have difficulties in paying each year. We have a great need for more individual participation for, in spite of extensive lobbying at this meeting, which has brought in 19 new Associates, the total number is no more than 864. We feel that this should be at least 10,000. I can draw attention to fund-raising activities, such as the newly-formed British Trust for the World Federation and the U.S.A. Committee, which has the same purpose, but it is no good expecting all our fund-raising to be done by bodies such as this. Bearing in mind that our *minimum* annual expenditure is of the order of $64,000, you will all see the need for a long-term programme of money raising. Dr. Bartemeier then read the last paragraph of the Interim Report amid applause.

* * *

The PRESIDENT called for comments on the Report and then accepted the Report on behalf of the Federation.

He remarked that every member should make it his duty to see that the Federation could go on with confidence, and expressed the deep gratitude of the Federation to all the Foundations in the United States and the private donors in the United Kingdom, for their continued support of its work, and particularly to the Josiah Macy Jr. Foundation and its energetic Director, Dr. Frank Fremont-Smith.

NOTE:—*The contents of the Treasurer's Interim Report to the Fifth Annual Meeting are included in his Report for* 1952, *printed on Page* 24.

The PRESIDENT called upon the Assistant Director, Dr. K. Soddy, to add a comment about the financial situation of the Chichester Seminar.

DR. SODDY said:—Normally the financial report of a special Federation activity would form part of the Treasurer's Interim Report, but the Seminar has been held too recently (it closed less than two weeks ago) to enable it to be included in the Report which has been circulated. My purpose in mentioning it here is to record the gratitude of the Federation to all those who made the Seminar possible, financially. Our main benefactors were the World Health Organization, whose grant of $10,000 for services to the Seminar, and whose undertaking of the travel and maintenance costs of nearly all the participants by means of Fellowships to a total of not less than $35,000, represented a very handsome scale of support. In addition, the National Mental Health Advisory Council of the United States Public Health Service gave $15,000 for the preparation of materials; the Grant Foundation of New York $6,750 towards the travel of U.S. members of the Faculty; and UNESCO, $3,500, for which we are to supply them with material relevant to their conference on education and the mental health of children, at the end of the year. The International Children's Centre of Paris very kindly undertook to pay the travel and maintenance costs of one member of the Faculty and one participant. All this was very munificent support, and made it possible for the Federation to hold this Seminar. Our own contribution has been in time and thought and personal energy. I am able to report that the Seminar balanced its budget and hopes to have a small surplus of something like $1,500 on its general funds and $3,000 on its funds for preparation of materials, which we hope can be devoted towards the publication of the report on the Seminar next year. We are very happy to have made no call on the general finances of the Federation, and I should like to place on record our very great gratitude to our many friends.

ELECTION OF OFFICERS AND MEMBERS OF THE EXECUTIVE BOARD

Notice of the elections had been sent in advance to all member-associations, and nominations for the vacant positions had been invited, to reach the Secretariat not later than the evening of August 26th.

Nominations were required for the offices of Vice-President and Treasurer, for four members of the Executive Board, to replace those whose term of office had expired, and for six substitute members of the Board.

Vice-President, 1952-53.

The PRESIDENT said that, having received only one nomination, he had very great pleasure in declaring Prof. Dr. H. C. Rümke (*Netherlands*) duly elected Vice-President, 1952-53, and therefore President, 1953-54. He congratulated Dr. Rümke and the Federation on this election, which was a fitting consequence of his four years' service as Chairman of the Executive Board. Dr. Rümke's election was greeted with loud and prolonged applause.

Treasurer, 1952-53.

The PRESIDENT said that, having received only one nomination, he had great pleasure in declaring Dr. George S. Stevenson (*U.S.A.*) to be re-elected for a further period of one year. (*Applause.*)

Executive Board.

Before proceeding to the election of Members of the Board, the Meeting considered two further items of the agenda.

PROCEDURE FOR THE ELECTIONS

The Secretary-General informed the Meeting that the retiring Members of the Board, who were not eligible for re-election, were:—

DR. M. K. EL KHOLY (*Egypt*)
PROF. DR. H. C. RUMKE (*Netherlands*)
DR. J. D. GRIFFIN (*Canada*)
DR. ALAN STOLLER (*Australia*)

As President, Dr. el Kholy would become, *ex officio*, a Member of the Board, and a vacancy would thus not occur for the continental region of Africa. Such a vacancy would occur, however, in respect of Australasia, owing to the retirement of Dr. Stoller.

In accordance with the recommendation made by the 8th Meeting of the Executive Board, the voting procedure would be as follows:—

(i) Nominations must include at least one candidate from each continental region in which a vacancy occurred on the Executive Board at the time of the election.

(ii) Voting would take place on a single list of candidates, each delegation being asked to vote for as many candidates as there were vacancies.

(iii) With respect to the vacancy for a representative of Australasia, the candidate from that region who received the most votes would first be declared elected irrespective of his position in the ballot list as a whole; the remaining vacancies would then be filled in the usual way, according to the votes cast.

PROPOSED REVISION OF ARTICLE 32 OF THE ARTICLES OF ASSOCIATION

The SECRETARY-GENERAL, in presenting the following proposition to the Meeting, said that Article 32, which referred to the term of office of members of the Board, simply stated, with respect to substitute members, that " each substitute member of the Executive Board shall serve for a term of one year and shall be eligible for re-election.

In order to make the rule governing the election of substitute members of the Executive Board consistent with that governing the election of full members of the Board, the Executive Board proposed that the last sentence of the present Article should be replaced by the following:—

> " The substitute members of the Executive Board shall each serve for a term of one year, and thereafter shall twice be eligible for immediate re-election. After three consecutive terms of office, they shall not be eligible for re-election until the next Annual Meeting to be held after the end of their term of office."

After some discussion, the following amendment was agreed, to replace the last sentence of the present Article:—

> " Substitute members of the Executive Board shall serve for a term of one year, and thereafter shall twice be eligible for immediate re-election. After three consecutive terms of office, they shall not again be eligible for re-election until the next Annual Meeting to be held after the end of their third term of office. Full members of the Executive Board on retirement shall not be eligible for election as substitute members until the next Annual Meeting after the end of their term of office; but substitute members shall at any time be eligible for election as full members of the Board."

The Meeting then proceeded to the elections, which were by secret ballot. The President appointed Dr. Curman (*Sweden*) and Dr. Argüelles (*Philippines*) to act as scrutineers.

A roll call was taken of the member countries represented at the Meeting, and of their delegates empowered to vote, with the following result:—*Austria*, Dr. W. Spiel; *Belgium*, Dr. M. Alexander; *Brazil*, Dr. A. C. Pacheco e Silva; *Canada*, Professor Isabel M. Laird; *Denmark*, Dr. P. J. Reiter; *Egypt*, Dr. S. Girgis; *Finland*, Dr. R. Lagus; *France*, Dr. Marcelle Geber; *Holland*, Dr. G. Kraus; *Israel* Dr. A. A. Weinberg; *Italy*, Professor C. de Sanctis; *New Zealand*, Dr. W. Ironside; *Norway*, Dr. P. J. Reiter; *Peru*, Dr. C. A. Seguín; *Philippines*, Dr. M. V. Argüelles; *Spain*, Dr. J. Pelach; *Sweden*, Dr. H. Curman; *Switzerland*, Dr. H. Bersot; *South Africa*, Mrs. Gericke; *U.K.*, Dr. Doris Odlum; *U.S.A.*, Dr. D. Ewen Cameron. (Full roll: 66 Member-Associations, 37 countries.)

The following nominations had been received for membership of the Executive Board:—

Miss Daisy C. Bridges, *Executive Secretary, International Council of Nurses.*
Dr. D. F. Buckle (*Australia*), psychiatrist.
Dr. Frank Fremont-Smith (*U.S.A.*), psychiatrist.
Prof. Dr. F. Kerim-Gokay (*Turkey*), psychiatrist.
Prof. Dr. Hans Hoff (*Austria*), psychiatrist.
Dr. Eugenia C. Lekkerkerker (*Holland*), psychiatric social worker.
Prof. Douglas R. MacCalman (*U.K.*), psychiatrist.
Dr. Carlos Nassar (*Chile*), psychiatrist.
Dr. Paul J. Reiter (*Denmark*), psychiatrist.
Prof. Dr. Carlo de Sanctis (*Italy*), psychiatrist.

There being only one nomination for the Australasian region,

Dr. D. F. Buckle

was first declared elected to the Executive Board, to serve from 1952-55.

The following candidates were then declared elected to the Executive Board, to serve from 1952-55:—

Prof. Dr. Carlo de Sanctis
Dr. Paul J. Reiter
Dr. Frank Fremont-Smith

The following nominations had been received for election as substitute members of the Board, to serve for one year:—

Miss Daisy C. Bridges, *Executive Secretary, International Council of Nurses.*
Prof. Dr. Hans Hoff (*Austria*), psychiatrist.
Prof. Douglas R. MacCalman (*U.K.*), psychiatrist.
Dr. Ignacio Matte Blanco (*Chile*), psychiatrist.
Dr. Carlos Nassar (*Chile*), psychiatrist.
The Lady Norman (*U.K.*), non-professional.
Dr. Wilhelm Solms (*Austria*), psychiatrist.
Dr. Walter Spiel (*Austria*), psychiatrist.
Dr. Helgi Tomasson (*Iceland*), psychiatrist.

The following candidates were duly elected for the period 1952-53:—

Miss Daisy C. Bridges
Dr. Hans Hoff
Prof. D. R. MacCalman
Dr. Carlos Nassar
The Lady Norman
Dr. Helgi Tomasson

ADMISSION OF NEW MEMBERS

The President announced that the Executive Board had scrutinized, and recommended for admission to membership, the following associations:—

Association Catholique d'Hygiène Mentale (*Belgium*).
Liga Paulista de Higiene Mental (*Brazil*).
Deutsche Arbeitsgemeinschaft für Psychische Hygiene (*Germany*).
Mental Hospital Matrons' Association (*U.K.*).
National Association of Parents of Backward Children (*U.K.*),
Psychiatric Forum Group (*U.S.A.*).
American Group Therapy Association (*U.S.A.*).

The admission to membership of two Trans-national Associations:

Ligue Européenne d'Hygiène Mentale
Asociación Latino Americana pro Salud Mental

was also recommended, subject to their producing a written constitution.

These recommendations of the Executive Board were unanimously Agreed by the Meeting.

The Secretary-General reported that the application for admission to membership, of the American College of Neuropsychiatrists, had been referred back to the Executive Board by the 4th Annual Meeting (Mexico City, 1951). The Executive Board, after careful consideration, had decided that this body was not eligible for admission as a member-association of the Federation, and had, therefore, decided not to recommend its admission to the Annual Meeting.

DR. SCHULTE, on behalf of the *Deutsche Arbeitsgemeinschaft für Psychische Hygiene,* expressed the appreciation of his organization at the honour of membership of the Federation.

PROPOSED ESTABLISHMENT OF A CATEGORY OF "AFFILIATED ORGANIZATIONS"

The PRESIDENT invited discussion of this proposal, described by the Director in his Interim Report. There being no discussion, it was agreed that a new category, of "Affiliated Organizations," should be admitted to membership. These organizations should be those which are in general sympathy with the aims and purposes of the Federation, but which, for one reason or another, do not desire or are not eligible for full membership of the Federation. They should pay such dues and enjoy such privileges as the Executive Board should determine from time to time.

6th ANNUAL MEETING OF WFMH, 1953

An invitation to the Federation from the Burgomaster of Vienna and the *Oesterreichische Gesellschaft für Psychische Hygiene,* to hold the 6th Annual Meeting in Vienna, was accepted with acclamation, and the dates provisionally suggested were August 16th to 22nd, 1953. The President voiced the thanks of the Federation for this kind invitation and expressed the hope that the Meeting in Vienna would prove to be a highly successful one.

In the absence of further business, the PRESIDENT *declared the General Session to be closed.*

PLENARY SESSION

Friday, August 29th, 1952
11.00 a.m.

Before the proceedings began, the Director, DR. REES, announced that a member of the Meeting, who wished for the time being to remain anonymous, had been so much impressed by the Federation's work and need for financial support that, at considerable personal sacrifice, he had decided to give the Federation £500, £250 of which would be paid in 1952 and the remainder in 1953. This announcement was greeted with warm applause.

DR. REPOND then made an appeal to all present to do their best to enlist support for the Federation among their own friends and acquaintances.

It later became known that the generous anonymous donor was ALDERMAN W. J. GARNETT (*U.K.*).

* * * *

MENTAL HEALTH PROBLEMS OF OLD AGE

Chairman: DR. MARCEL ALEXANDER.

Speaker: DR. L. VAN DER HORST (*Holland*). *Professor of Psychiatry, Amsterdam.*

The CHAIRMAN invited Dr. van der Horst to address the Meeting.

DR. VAN DER HORST said (*abridged*):

The first international meeting on gerontology held in Belgium, two years ago, had such an intensely stimulating effect that an international gerontological congress was organized in St Louis last year.

It has become evident that it is impossible to promote effective care of the aged without making a thorough study of gerontology.

Among human beings, age is a predominant expression of life-experience. We age mentally as well as bodily. Human existence, the mode of being, is expressed roughly by age.

There are three possible ways of explaining the psychic state and mental health problems of old age:

First, the psychological phenomena are part of the somatic processes;

Secondly, the mental manifestations are psychological reactions to disturbances of old age;

Thirdly, the phenomena are understandable reactions of the aging individual to his own personal life.

Biological investigators emphasize the great significance of the endocrine organs to the psychological aspects of aging, and we assume the existence of general involutional change in the endocrine system. Moreover, we know that in aging the speed of mental processes decreases—a direct biological function of nerve tissue.

There is no doubt that the changes in old age are the result of a general biological variation accompanying increasing age, due to changes in nerve tissue.

However, even those who hold that gerontological problems are basically medical and biological, by no means ignore the great significance of the socio-economic and psychological aspect. Aging man and woman are obliged to accept the inevitable, a certain resignation develops; the character is no longer capable of modulation, the individual gives up the attempt to alter it. But consciousness of being no longer able to swim with the stream often evokes a feeling of inferiority with such variants as resignation, depression and false serenity.

It is obvious that these mental changes may not escape the notice of the ageing person. He has reached the highest point of his life, his experience and knowledge have continually increased, he has employed his powers to the full, he has learnt to lead and to command and now he may notice that his mental mechanisms no longer run so smoothly and sometimes fail him in certain situations. These are the first signs of a process of deterioration and he becomes aware of the decay in quality of his organism.

Closely connected with this is the third principle mentioned above; aging is a reaction of the individual to society and to his own personal life. Whether an individual experiences the conscious knowledge of being old depends also upon the structure of society. The increasing amount of official action guiding our lives, due to the handling of great masses of people, may entail a growth of formalization. Certain functions become linked with age-limits, and the concept "old" becomes associated with a certain number of years. Industrialization and urbanization play important rôles in this process; e.g., the former establishes a certain production-rate on which wages are based; but this production-rate is also connected with aging.

So there occurs something like a problem of aging. No wonder that there is the tendency in human behaviour, in style of dress, to delay growing old.

Growing old also presents problems in social psychology, for there is no place for the older man and woman. Their usefulness declines and they are condemned to loneliness. In some ways, old people know that old age is an incurable disease; it brings sickness, is inseparable from death and loneliness.

The tragedy of aging is that growing old means also becoming more full of wisdom, the opposition of the qualities of decay and maturity; of loss of activity and growing up to wisdom; of being put aside, of being ripe for leadership. And when the possibilities of life are at their greatest the tide of life ebbs.

Some of the world's great figures reach their highest point at an age at which other men are preparing to pass their last years in peaceful retirement. Vondel wrote his best tragedies after his 63rd year. Gladstone had a career of 50 years behind him when he crowned his labour by becoming Prime Minister at the age of 84. Goethe's literary greatness reached its climax with "Faust" when he was over 80. Michel Angelo was 70, when he completed the dome of St. Peter's in Rome. Foch was 66 when he undertook the supreme command of the allied forces in the first world war.

Some of Shakespeare's finest creations were made when he was over 50. Voltaire was 64 when he wrote Candide. Pasteur made his great discovery at the age of 64.

On the other hand many never reach the age of 60 and yet attain full development and maturity. Many of the great who became famous in youth, declined and died early, exhausted. Their age forms a complete whole with the life they lived, and growing old was the consequence of living.

Aging is essentially a quality of our personal life. We come to our *own* old age, in our own time, independent of calendar years.

The individual's attitude to life often influences the decay of vitality ; the course of his life is connected with suffering. A simultaneous decline in fortunes and health is well illustrated in the lives of great men such as Briand, Hegel and many others. Their deaths are not merely accidental events, but are bound up with the course of their lives.

Not only can a psychological event set decay in motion ; but it can have such an effect in the reverse direction that longevity may be believed to be a question of will-power.

The essential fact of growing old is that the aged person has passed his zenith ; he has seen many disappear around him, he is no longer of the present time, but is isolated. In the aged person there is a mystery of existence ; a presence surrounded by "non-being." He exists only through his belief in his own being and no longer in and for others, or others for him. Besides psycho-somatic decay, the pathology of involution causes loneliness and its fear—Sartre's *"angoisse, c'est la crainte de ne pas se trouver au rendez-vous de l'autre côté de cette heure."* The tragedy of the aged individual is absence of contact with others, he is outside the community.

The span of life, and, therefore, the number of the aged, has steadily increased ; and the needs of the aged have become a more urgent consideration because of their longevity. The years added to the lives of the aged do not always bring them happiness, and our central question is, what we can do to increase the happiness of these individuals?

International meetings can propagate a specialised knowledge among field workers not engaged in research and among the public at large ; and they provide an opportunity of establishing personal contacts between research workers and practitioners.

In the Netherlands, according to statistical data of 1950, 5% of the Netherlands population aged 65 or older are living in homes for the aged and receive the care they need. The care of the remaining 95% depends upon friends and neighbours, religious societies, private nursing-homes, etc.

Before the second world war there was no separate agency engaged in gerontological activities. The Federation for Social Assistance and Social Welfare, after the first world war was very active in the care of the aged because of their housing difficulties, but later on problems in connection with youth and unemployment were considered more important. After the second world war, the Netherlands Society for Social Welfare studied the housing and problems of human relations of the aged ; and the Dutch Society for Gerontology studied biological and medical aspects, while maintaining contact through the National Committee for Care of the Aged.

This committee is undertaking a nation-wide investigation into the needs of the aged. We believe that unorganized private help is a wasteful form of aid, while essential work remains undone for lack of enough specialists in this field and of an agency which can discover all the aged persons who may require help. We therefore advocate the combination of all forms of help into scientific and expert team-work.

In order to achieve this purpose, local committees must be formed to include the churches, social welfare organizations, medical services, trade organizations, etc., with an appropriate regional and national organization for co-ordination.

The National Committee in Holland has a responsibility for dividing up the work among the sub-organizations, and making concerted action possible ; investigation and selection of cases requiring help ; stimulating the extension of their activities ; direction and execution of the work. Both professional and voluntary social workers are required, and the necessary funds must be raised voluntarily, though governmental aid will be indispensible.

One of the most important among the problems to be investigated is the age of compulsory retirement. All of us know examples of persons who yesterday were active workers, today, receive the thanks of their employers and their well-deserved pensions, and, tomorrow, will have nothing better to do than to walk in the park carrying an umbrella and accompanied by their dog. It is as though their activity in society had kept them, before their retirement, on a higher level of capability.

Some time ago, interesting statistical data were published regarding the distribution of

the population among the various political parties. The proportions of manual workers, employers, university graduates, etc., were found to be about the same in the various political groups but the Communist Party had the highest percentage of pensioners. This may be a matter of economics, but it is conceivable that the loss of active contact with the social system causes these people to join the group most critical of the present social order.

The study of gerontology should begin at middle age, in order to study the *process* of ageing as well as its *product*. A new branch of science needs pilot studies to determine the problems for subsequent closer investigation.

In a much-needed, comprehensive long-term research programme, precedence should be given to the life-long investigation of individuals studied at regular intervals, and the investigation must be of a representative sample.

The following subjects for research may prove to have considerable immediate and long-term advantages:

(i) *Determination of cognitive-intellectual powers*

Though certain mental faculties deteriorate in old age, others do not; such mental faculties as do not deteriorate may be of use in replacing the others and so their determination may be of special significance.

The present tests in use are not always suitable for older people and more appropriate ones should be devised to test strength and speed of reaction and to test acquired knowledge and skill.

(ii) *Study of social rôles and their alteration in old age*

Every community encourages elderly people to fill certain social rôles and discourages them from others. What rôle do elderly people actually play; and does the community approve? How do these rôles relate to the personal adjustment and happiness of the elderly?

(iii) *Study of individual life patterns*

It is important, especially in long-term studies of people, to map out the patterns of the individual's life as a whole.

(a) The relation beween adjustment earlier in life and later on;
(b) Change of values in age;
(c) The gradual change of the individual's image of himself in aging;
(d) His attitudes towards the process of aging as revealed in his social and intellectual behaviour;
(e) The nature of rigidity in aging;
(f) Individual adjustment to various crises: compulsory retirement, bereavement, loss of health.

(iv) *Study of the individual in relation to the social environment*

The individual's happiness and abilities are largely dependent upon his inner resources and partly upon community sanctions and expectations. Studies of social conditions and individual reactions should include:

(a) The conditions and social rôles of elderly people in various contrasting communities, e.g., a rural and urban residential environment, and an industrial environment; small towns and large cities, etc.
(b) The relative significance of work and spare time activities to individuals passing from middle age into old age.

I must not omit mention of the housing problem, the provision of work for retired people, the determination of the retiring age. Those wishing to retire must be allowed to do so; those still willing and able to work must be encouraged, and their right to do so preserved and extended. Chronological age is not a proper criterion for enforcing retirement.

My own research work and study of the scientific literature leads me to conclude that aging is one of the most characteristic patterns of human life. Neither vitality nor decay are entirely dependent on biological events. Aging contains the tally of life experience, it is not only a biological problem but a fundamental feature of human existence.

Though in many countries, the aged are assumed to be in distress, the extent of their need is not recognized, and planned collective research is needed to gain insight into this problem.

At the present time, we have only individual experiences and theoretical evaluation of the possible needs to go on, and individual experiences vary in rural and

urban districts. On a basis of experience and theory we can make the following postulates:

(a) That the aged individual is faced with problems of bodily health;

(b) That the aged individual is faced with psychological problems pertaining to his outlook on life, e.g., worries about the hereafter, feelings of loneliness and uselessness;

(c) That the aged individual is in need of information and help about possible financial difficulties;

(d) That the aged individual requires various services, ranging from the more important household help, food, and housing, to seemingly insignificant assistance in shopping, selection of reading-matter, etc.;

(e) That the aged individual needs suitable occupation.

Unfortunately, I have propounded more problems than I have solved; may our combined efforts carry us further in relieving the need of the aged.

The CHAIRMAN congratulated and thanked Dr. van der Horst for his most interesting paper, which he invited the meeting to discuss.

Summary of Discussion

DR. S. HIRSCH (*Belgium*) said that the relative increase in the proportion of old people in the population which had been seen during the last ten years in nearly every country was not due to the prolongation of life by advances in medical science and improvements in hygiene. It was, rather, a disquieting result of the social upheaval during the present century, following on industrialization, the drift from the country, the operation of Malthusian principles, modern developments in the structure of the family, and the mortality of two world wars.

This serious situation required urgent treatment by methods more far-reaching and effective than the traditional help given to old people in need. All who are interested in mental hygiene must collaborate with gerontologists and geriatrists in the necessary remedial measures.

MME. N. ARCANGEL-STIEVENART (*Belgium*) said that for many years she had been campaigning to protect old people from neglect by the generation which they themselves had raised. She had sought to prove that if old people were given that care which was their right, their mental health would be conserved, and that in spite of bodily age, the whole race could benefit from their wisdom and experience.

The need for an organization based on fair-mindedness and armed with scientific knowledge, rather than a charity, had led her to form a society for the defence of the aged (*Protection de la Vieillesse*), and a "Youth Circle" (*Ronde de la Jeunesse*). Through the latter she sought to forge again the links between the generations, regarding the increasing separation which occurs between parents and children as they get older as anomalous, as a malady to be cured as quickly as possible. If young children suffer in development and temperament through separation from their mothers, the latter in their turn will suffer from depression and other mental troubles, seeing themselves as abandoned by their children.

She had found that the attitude of adolescents made it necessary, rather than by preaching at them, to give them opportunity to deploy their energies, their desire to become important, their wish for responsibility and a chance to show initiative in working for the amelioration of the life of those who are getting older. They could seek out lonely or badly cared-for old people, and having studied their needs, report them to the *Société pour la Protection de la Vieillesse*. In visiting these old people they relieve their solitude and bring them a little comfort.

She had also suggested to scholars who were getting old physically, to get together in groups called "*Foyers de l'Esprit*," in which they might live, relieved of material worries and well cared for, and continue to contribute to humanity out of their knowledge and wisdom. Her efforts had been crowned with success in the recent official formation of these two organizations, and she hoped to form a section entitled "*Assistance Morale*."

The Society would seek to form local committees and to appoint correspondents and representatives in every country, and would gladly affiliate with WFMH if it were found that the Society's aims and works were in conformity with the requirements of the Federation.

MLLE. SIMONE DE NAVE (*Belgium*) said

that she wanted the Meeting to know about an enquiry undertaken through the initiative of a voluntary Gerontological Commission, into a large number of organizations which undertake domiciliary visits to old people in need of help.

While waiting for the Gerontological Society, which proposed to conduct a scientific sociological survey of the whole of the elderly population of Belgium, to get the necessary money for the enquiry, she hoped that this modest enquiry, with a minimum of expenditure, would yield worth-while results. It had for its aim to study the family, social and psychological situation of those old people who were the most in need, and, with the co-operation of the old people themselves, to seek for the best and most practicable remedies for their condition.

These remedies might not necessarily be costly, because old people often preferred a little help in their own homes to removal to institutions, which were very expensive to build and to run. In this way it was hoped to show for old people the consideration to which they had a right, as well as to arrive at practical solutions of their difficulties.

DR. JOHN BURTON (*U.K.*) welcomed the unsentimental and balanced approach of the speakers and added that, since the major social problem was due to an increase in the numbers of the aged, they were becoming a considerable political force. While the aged have a vote, the young have not, so that pressure of the aged was likely to be important in political decisions. There was only a certain amount of money that the community could spend on welfare; who was going to get the largest slice of this cake?

Conferences on the problems of old age often concluded with dangerous resolutions such as "Youth must serve age." The adoption of such a policy would be suicidal to the community adopting it.

Lord Beveridge, in his report on Social Welfare in the United Kingdom, laid down, as a principle, that in no case should extravagant provision be made for old age until all the needs in nutrition and social services had been provided for infants and youth. This might be a bitter pill, but it was sound preventive medicine.

The CHAIRMAN *then declared the session closed.*

PLENARY SESSION

Saturday, August 30th, 1952

9.00 a.m.

REPORTS OF WORKING GROUPS

Chairman: THE PRESIDENT.

Half the working time of the Annual Meeting was available for Discussion Groups, of which there were fifteen, composed of representatives of member-associations in the following twenty-three countries:—*Austria, Belgium, Brazil, Canada, Denmark, Egypt, Finland, France, Israel, Italy, Mexico Netherlands, Peru, Philippines, Portugal, Spain, Sweden, Switzerland, Turkey, Union of South Africa, United Kingdom, U.S.A., Venezuela.*

There were also participants from *Germany, Iraq* and *Yugoslavia,* in which countries there were, as yet, no member-associations of WFMH.

The professions represented included the different branches of psychiatry; clinical, educational and industrial psychology; general medicine; public health; public administration; university, school and nursery-school teaching; sociology; nursing; psychiatric social work; social work; child nursing; law; industry; voluntary social work; religion and journalism.

Chairmen had been selected beforehand to start the work of the groups, but it was understood that the groups were free to elect a new Chairman if they should so desire. The *Ligue Nationale Belge d'Hygiène Mentale* appointed one of their members to act as rapporteur or liaison officer to each group. About half way through the Annual Meeting, the Group Chairmen held an informal meeting to exchange impressions about their progress. A feature of the group work at this Annual Meeting was the interest taken in it by Belgian social workers, nurses and teachers, who were not, however, able to attend the group meetings regularly, on account of their own work. This, naturally, entailed a certain amount of interruption in the work of the discussion groups, but it was generally recognised that, in the circumstances, the groups must accept these condi-

tions. Groups used in this way have a different function and require a different technique from those of discussion groups with a more stable membership.

The groups had been asked to present a short report at the last Plenary Session of the Annual Meeting, but it had been emphasised that there was no need to present resolutions in the conventional manner. The group reports, as presented at the final session, represented the consensus of opinion of each group, but not necessarily the views of all individuals; and, similarly, they were not adopted by the Annual Meeting as a whole, and should not be taken to represent the views of WFMH. The reports were finally passed to the Executive Board for their consideration, and any action which might seem appropriate.

NOTE:—*The text of the Working Group Reports will be found on Page 82 of this Annual Report.*

* * *

Summary of Discussion

MRS. ASENATH PETRIE (*U.K.*) said that, in connection with the report of Working Group 9 on Mental Health and the Work of the Nurse, it might be of interest to make known the results of a recent research, in London, into the variable qualities of personality which could be measured objectively, which are found in a good nurse.

It was shown that provided a nurse had enough intelligence to pass her academic examinations, intelligence tests on their own were not a good guide in selection. Other variables than intelligence, relating to temperament and character, were more important guides. Indeed, the use of intelligence tests alone would, in this group, have led to the selection of the poorer, rather than the better, nurse.

This experience added to the existing doubt about the use of intelligence tests alone in selection projects.

DR. SEGUIN (*Peru*) and MR. ROTH (*Switzerland*) also contributed to the discussion.

CLOSURE OF THE ANNUAL MEETING BY THE PRESIDENT

DR. M. K. EL KHOLY (*Egypt*) said:—

I hope you have enjoyed attending this Annual Meeting.

For the last four years we have been feeling our way towards the best and most fruitful form that our Annual Meeting can take. In the present Meeting we have had three plenary sessions, at which five major addresses were delivered (including that of the representative of UNESCO at the General Session) and useful discussions followed. In addition to the films and discussions, there have been fifteen discussion groups on different aspects of mental health, which have furnished us with the reports and recommendations just received and passed to the Executive Board for consideration and suitable action.

As we have said before, the Executive Board welcomes constructive criticism or suggestions to improve our Annual Meetings. To my mind, we gain from these meetings at least an opportunity for the exchange of ideas and opinions, for the stimulation of our thinking. It is a remarkable and encouraging experience in itself to meet people here from so many lands and representing different cultural patterns, come together in a spirit of comradeship and brotherhood, together devoting themselves to the study of problems of common interest. I think that we all find that we gain something out of the Annual Meeting and, if this is so, it is a good omen for the future activities of the Federation. I wish you all a safe return home for the continuation of your useful work, and I hope to see you and many others of your fellow-countrymen in Vienna next Summer.

I want, also, to thank you all for your hard work and to express our sincere gratitude to all those who contributed to the success of this Annual Meeting, including the Director, the Assistant Director, the Secretary-General and the staff of the Secretariat, without whose loyalty and diligent effort under many difficulties, the Federation would not have reached the standing it has today. Finally,

I repeat our indebtedness to Dr. Marcel Alexander and his colleagues for all they have done to make this Meeting possible and so congenial and comfortable.

DR. DORIS ODLUM (*U.K.*), on behalf of the Annual Meeting, thanked the Belgian League for Mental Hygiene for its hospitality, and mentioned the work done for the Meeting by Dr. Alexander, Mlle. Kaeckenbeeck, Mme. De Thière, Mme. De Craene and Mme. Detière. She also thanked those who had given their patronage to the Meeting, particularly the very distinguished Patron, Queen Elisabeth, the Queen Mother of the Belgians; the University authorities for the facilities placed at the disposal of the organizers; and the interpreters.

DR. TORSTEN RAMER (*Sweden*) thanked M. Staelens and the staff of the *Cité Estudiantine* for their kindness and courtesy, and also all who had entertained members of the Meeting privately, mentioning particularly Mme. de Craene, Mme. Alexander and the members of the Ladies' Committee.

DR. MARCEL ALEXANDER (*Belgium*) returned thanks and said that the people interested in mental health living in the provinces, as well as in Brussels, had tried to show the Meeting something of their work and had all been hosts to the Meeting. There had almost been competition to show who could do most for the Meeting, which he thought had been noteworthy for its atmosphere of friendliness. He concluded by thanking Dr. el Kholy personally for his energy, elegance, cordiality and tact.

The PRESIDENT said how much he appreciated Dr. Alexander's kind remarks and then declared the Meeting closed.

ENTERTAINMENTS AND VISITS.

On Saturday, August 30th, participants in the Meeting had the honour of being received by the Rector Magnificus of the University of Louvain. They were afterwards shown over the very interesting University buildings, and the famous Library. Later they visited the Institut Salve Mater, the University Clinic, at Lovenjoul, where they were entertained to refreshments.

On another occasion participants were received by a representative of the Burgomaster of Brussels, who was unavoidably unable to be present, at an evening reception in the *Hôtel de Ville*. They were shown over the beautiful building and later were taken by coach to view the illuminations of the city and the *Parc Josaphat*. The Curator of the *Musées Royales du Cinquantenaire* personally conducted a party round the museums one evening; and other places of interest visited by members of the Meeting, who were greeted and shown round by the Directors on each occasion, included the *Ferme Ecole Provinciale de Waterloo; Institut St. Norbert, Duffel; Institut Marguerite de Cortone; Institut St. Joseph, Cortenberg; Institut Ste. Elisabeth, Rixensart; Colonie de Gheel; Colonie Provinciale de Lierneux; Dispensaire Central d'Hygiène Mentale; Laboratoire d'Anthropologie pénitaire; Annexe psychiatrique de la Prison de Forest.*

PARTICIPANTS

5th Annual Meeting, Brussels, 1952

** The asterisk denotes that the name of the delegate also appears in the list of Observers.*

AUSTRIA

Dr. Wilhelm Solms
Dr. Walter Spiel

BELGIUM

Dr. Marcel Alexander
Dr. Charles Andersen
Mme. Francine Apostel
Mme. Nadia Arcangel-Stiévenart
Mme. Irène Becquart
Mme. A. M. Benoit
Mme. le Dr. Bertholet-Decroly
Mlle. Marie-Madeleine Bihet
Mlle. Madeleine Blariaux
Mr. Gerard Boon
Mlle. le Dr. Marie-Th. Callewaert
Mlle. Alice Claret
Mme. Cornelie Collard-Fassin
Mr. Jean Comblen
Dr. J. V. Corbisier
Dr. Jean Cordier
Mr. Eugène Cousin
Mlle. Marthe Damman
Prof. Dr. Jacques De Busscher
Mlle. Marguerite Declercq
Prof. Ernest De Craene
Mme. Christiane de Galocsy-Giblet
Mlle. Léona Dekeukeleire
*Professeur M. de Laet.
Mr. L. C. F. P. Deleu
Prof. Dr. René Dellaert
Dr. Albert Delvaux
Mlle. Jeanne Demoerloose
Mlle. Yvonne Demol
Dr. Pierre Demoulin
Mlle. Simone de Nave
Mme. le Dr. Sylvie Deroy-Pasteel
Mlle. E. L. M. De Smedt
Mme. Madeleine Detière
Mr. Emile Devlaminck
Dr. Achille Dourlet
Mme. Dourlet
Mr. Hector Duflot
Dr. Joseph Gilles
Mlle. Elisabeth Gillessen
Mr. Pierre J. Gobert
Mr. Fernand Goffioul
Mlle. Geneviève Halflants
Dr. S. Hirsch
Dr. Henri Hoven
Mlle. Simone-Audrée Huynen
Mme. Zoja Jurzynska
Mlle. le Dr. Alice-Marie Laporta
Mlle. Christine Leclercq
Mlle. Annette Lempereur
Prof. Dr. Auguste Ley
Mr. Noël Maréchal
Mlle. Germaine Marichal
Dr. Charles Massaut
Dr. Roger Matthys
Prof. Dr. C. Mertens de Wilmers
Mlle. Denise Michel
Prof. Paul Moies
Mlle. Elisabeth Moritz
Mlle. Cornélie Mutsaers
Dr. Gilbert Myle
Prof. Ernest Natalis
Mr. Jean Nihon
Prof. René E. J. Nyssen
Mme. Marie Petroff
Mr. Marcel Pirotte
Dr. H. J. F. Rademaekers
Dr. Jac. Raveschot
Mme. le Dr. Eugenie Recht
Mlle. G.-E. Revelard
Prof. Dr. Charles Rouvroy
Prof. Dr. René Sand
Dr. Jacques Schurmans
Mlle. Marie-Jeanne Sergent
Mlle. Marie-Rose Smets
Prof. Marcel Staffe
Mlle. Josephine Stilmant
Mlle. Martha Sunaert
Mme. Suzanne Thomart
Dr. Raoul Titeca
Mlle. Geneviève Torchin
Mr. Hector Uyttersprot
Mlle. Rita Van Beeck
Mlle. Berthe Van Dantzig
Mme. Yvonne van den Wouwer
Mme. le Dr. Jeanne Vandervelde
Prof. Dr. Paul van Gehuchten
Mlle. Jeanne Van Herrewegen
Mlle. Lucie Van Keerberghen
Dr. Gommaire Van Looy
Dr. Raymond Van Swieten
Mlle. Marthe Veekmans
Mr. Raoul P. Vermeire
Dr. Paul Verstraeten
Mlle. Gabrielle Wielemans
Mlle. Gabrielle Willems

BRAZIL

Prof. A. C. Pacheco e Silva
Dr. Anibal Silveira
Miss Elisa Dias Velloso

CANADA

Prof. Isabel M. Laird
Prof. William Line

DENMARK

Dr. G. Magnussen
Dr. Paul J. Reiter
Dr. Jarl Wagner Smitt

EGYPT

Dr. Sabry Girgis
Dr. M. K. el Kholy
Mrs. Zoë Trampidis

FINLAND

Miss E. K. Kajatsalo
Dr. Maija-Liisa Koski
Dr. Reino Lagus
Dr. Martti Paloheimo

FRANCE

Dr. Marcelle Geber
Dr. Cyrille Koupernik
Mlle. Germaine Mercier

GERMANY

Prof. Dr. Bürger-Prinz
Prof. Dr. Karl Coerper
Prof. Dr. C. Riebeling
Dr. Annelore Schulte
Prof. Dr. Heinrich Schulte

Frau Emma Schulze
Prof. Dr. Werner Villinger

IRAQ

Dr. Moammar Khalid Shabender

ISRAEL

Dr. Elise Dagoni-Weinberg
Dr. Abraham A. Weinberg

ITALY

Prof. Dr. Carlo de Sanctis
Dr. Thomas Detré

MEXICO

Dr. Edmundo Buentello
Dr. Jose Fausto Diaz
Dr. Francisco Garza
Mrs. Verna Millan
Dr. Alfonso Quiroz Cuarón

NETHERLANDS

Prof. Dr. Gerard Kraus
Dr. Eugenia C. Lekkerkerker
Prof. Dr. H. C. Rümke
Dr. Petrus A. F. van der Spek
Mr. H. van Wieringen
Dr. M. Vromen

PERU

Dr. Baltazar Caravedo, Jr.
Prof. Dr. C. Alberto Seguín

PHILIPPINES

Dr. Manuel V. Argüelles

PORTUGAL

Dr. Jorge Baeta Neves

SPAIN

Dr. Joaquin Pelach

SWEDEN

Dr. Hans Curman
Mr. Bertil Magnus Gillqvist
Mrs. Aino Berta Graece Gillqvist
Miss Ingeborg Nyblaeus
Mr. J. O. Pihlgren
Dr. K. Torsten Ramer

SWITZERLAND

Mme. le Dr. Anne Audéoud-Naville
*Dr. Henri Bersot
Dr. A. Friedemann
Dr. Elio Gobbi
Dr. André Repond
Dr. Jean Albert Roth

THAILAND

Dr. Phon Sangsingkeo
Dr. P. Serirat

TURKEY

Prof. Dr. F. Kerim-Gökay

UNION OF SOUTH AFRICA

Mrs. Irene E. Gericke

UNITED KINGDOM

Miss Robina S. Addis
*Dr. A. F. Alford
Miss Mary Applebey
Dr. Leonard F. Browne
Dr. John Burton
Dr. Mary Bell Ferguson
Dr. Rachel D. Fidler
Alderman W. J. Garnett
*Mr. Reginald Howlett
*Dr. Wallace Ironside
Mr. A. J. Lilliman
*Dr. the Hon. Walter S. Maclay
Dr. Adam Milne
The Lady Norman
Dr. Doris M. Odlum
Mrs. Asenath Petrie
Miss A. Powell
Dr. T. A. Ratcliffe
Dr. M. Hemingway Rees
Dr. E. D. Taylar

UNITED STATES

Capt. Nathan Adelsohn
Dr. Andre K. Allen
Prof. Harold H. Anderson
Mrs. Harold H. Anderson
Dr. Alice F. Angyal
Dr. Ray M. Balyeat
Dr. Leo H. Bartemeier
Miss Betty Barton
Dr. Charles Beck
Dr. Leopold Bellak
Prof. Ethel G. Berl
Dr. Charles Bluemel
Prof. D. Ewen Cameron
Capt. E. M. Carini
Dr. Thomas F. Dwyer
Dr. Marynia Foot Farnham
Dr. Frank Fremont-Smith
Mrs. Del Harris
Dr. Elsie L. Haug
Dr. Ivan C. F. Heisler
Dr. Edith B. Jackson
Dr. Hans J. Kleinschmidt
Prof. Ruth S. Lerner
Dr. Robert Levy
Dr. Basilia B. Lipetz
Dr. Hayward C. Maben
Miss Sylvia Maynard
Mrs. Jessie L. Miller
Capt. Leota M. Moore
Dr. Donald A. R. Morrison
Dr. Edith Nachmansohn
Mr. Jak Palaci
Dr. Frances S. Pizitz
Dr. Dallas Pratt
Dr. Lorine L. Pruette
Dr. Ernest A. Rappaport
Dr. Wally Reichenberg-Hackett
Dr. Morris D. Riemer
Dr. Bertram H. Roberts
Mr. Roger C. Roy
Miss Mary E. Ryan
Dr. Irving Salan
Dr. Robert B. Sampliner
Dr. Bertram Schaffner
Dr. Rae Shifrin
Dr. Joel Shor
Miss Lilian Snyder
Dr. Rose Spiegel
Dr. Genevieve Stewart
Dr. Sonia S. Stirt
Dr. Ross Thalheimer
Mrs. Ruth S. Tolman
Dr. Richard E. Troy
Dr. Blanche C. Weill
Miss Irma Weill
Dr. Norman Zinberg

VENEZUELA

Dr. E. Quintero Muro

YUGOSLAVIA

Mr. Leo Baric
Dr. Marija Gajic

TRANS-NATIONAL MEMBER-ASSOCIATIONS OF WFMH

International Council of Nurses, represented by the Fédération Nationale des Infirmières Belges
Mlle. Cecile Mechelynck, *President*
Mlle. Odile Bodarwee
Mme. B. M. Crutzen de Velden

Ligue Européenne d'Hygiène Mentale
Dr. André Repond (Switzerland), *President*
Dr. H. Bersot (Switzerland), *Secretary*
Dr. Doris Odlum (U.K.), *Vice-President*

* * *

OBSERVERS

UNITED NATIONS SPECIALIZED AGENCIES

United Nations Educational, Scientific and Cultural Organization
Dr. W. D. Wall (*Department of Education*)

World Health Organization
Dr. G. Ronald Hargreaves (Chief, Mental Health Section)

GOVERNMENT REPRESENTATIVES

Government of Belgium: M. le Professeur Dr. M. De Laet

Government of New Zealand: Dr. W. S. Ironside

Government of United Kingdom: Dr. A. F. Alford (*Chief Medical Officer, Ministry of Education*); Mr. Reginald Howlett (*Under-Secretary, Special Services Branch, Ministry of Education*); Dr. the Hon. Walter S. Maclay (*Ministry of Health*).

INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS

League of Red Cross Societies, represented by the Belgian Red Cross Society
M. Edmond Dronsart (Director-General).
Prof. Max Adant

World Medical Association
Dr. Pierre Glorieux (Belgium) (Chairman of Council)

SECRETARIAT

Dr. J. R. Rees, *Director*
Dr. Kenneth Soddy, *Assistant Director*
Miss E. M. Thornton, *Secretary-General*
Miss W. H. Duncan, *Finance and Administrative Officer*
Miss N. Rice-Jones, *Assistant Secretary*
Mlle. N. Sixtel, *Executive Officer for Switzerland*
Miss D. M. Fowler
Miss W. J. Holmes
Miss D. F. Smith
Miss M. Watherston
Mr. T. C. G. Thornton
} *Administration and Secretarial*

NOTE:—*This list contains the names of all who registered their attendance at the Meeting.*

MEMBER ASSOCIATIONS

The following Member-Associations were represented at the Fifth Annual Meeting, either by delegates or observers:—

Austria: Oesterreichische Gesellschaft für Psychische Hygiene.

Belgium: Ligue Nationale Belge d'Hygiène Mentale.
Association Catholique d'Hygiène Mental.

Brazil: Liga Brasileira de Higiene Mental.
Centro de Estudos Franco da Rocha.
Liga Paulista de Higiene Mental.

Canada: Canadian Mental Health Association.
Canadian Psychological Association.

Denmark: Landsforeningen for Mentalhygiejne.

Egypt: Egyptian Association for Mental Health.

Finland: Suomen Mielenterveysseura.

France: Ligue Française d'Hygiène Mentale.

Germany: Deutsche Arbeitsgemeinschaft für Psychische Hygiene.

Israel: The Society for Mental Hygiene in Israel.

Italy: Lega Italiana di Igiene e Profilassi Mentale.

Mexico: Liga Mexicana de Salud Mental.

Netherlands: Nationale Federatie voor de Geestelijke Volksgezondheid.

New Zealand: New Zealand Council for Mental Health.

Norway: Norges Landsforening for Mentalhygiene.

Peru: Liga Peruana de Higiene Mental.

Philippines: Philippine Mental Health Association.

Portugal: Sociedade Portuguesa de Neurologia e Psiquiatria.

Spain: Asociación Española de Neuropsiquiatría.

Sweden: Svenska Foreningen för Psykisk Hälsovard.

Switzerland: Comité National Suisse d'Hygiène Mentale.
Pro Infirmis

Turkey: Turkish Society for Mental Hygiene.

Union of South Africa: South African National Council for Mental Health.

United Kindom: National Association for Mental Health.
British Psychological Society.
Leeds Regional Psychiatric Association.
Mental Hospital Matrons' Association.
National Association of Parents of Backward Children.
National Union of Teachers.
Royal Medico-Psychological Association.
Scottish Association for Mental Health.

United States of America: National Association for Mental Health, Inc.
American Association of Psychiatric Social Workers.
American Group Therapy Association.
American Neurological Association.
American Nurses' Association.
American Orthopsychiatric Association, Inc.
American Psychiatric Association.
American Psychoanalytic Association.
American Psychological Association, Inc.
American Sociometric Association.
Menninger Foundation.
National League of Nursing Education.
Society for Applied Anthropology.
Society for the Psychological Study of Social Issues.

Venezuela: Liga Venezolana de Higiene Mental.

INTERNATIONAL SEMINAR ON MENTAL HEALTH AND INFANT DEVELOPMENT

Report presented to the 5th Annual Meeting of WFMH,

by

KENNETH SODDY, M.D.,

Assistant Director, WFMH, Director of the Seminar.

The World Federation for Mental Health conducted a residential Seminar at Bishop Otter College, Chichester, Sussex, England, from July 19th to August 10th, 1952, and though perhaps we are too close in time finally to assess the value of this Seminar, yet I am confident that those who shared in this experience will agree that they took part in something of immense significance to the mental health movement as a whole, and to the life and future of young infants all over the world. The Seminar was a residential training course lasting over a period of three weeks, in which some 51 persons from 30 different countries were brought together, with a teaching staff of 16 resident and 7 visiting members, to learn about the phenomena of family life in the first two years of a baby.

The idea behind the Seminar was foreseen in the report of the International Preparatory Commission to the Third International Congress on Mental Health of 1948, which stated that it would be valuable to gather together key people in inter-professional, international training courses; but it took on a more precise shape when the Inter-Professional Advisory Committee of the Federation, at its meeting in Dublin in April 1951, seriously commenced the planning of International Institutes for Research and Training in Mental Health and, as a first step, suggested the organization of a series of short term training courses, or seminars, a suggestion which the Executive Board of the Federation eagerly embraced.

It was decided to base this Seminar on a series of clinical studies of actual children and to invite a faculty of highly qualified people with special experience in this field to teach around this material and to conduct group work. The object, as now seen in retrospect, was to gather together people of good professional qualifications holding influential positions in the public health and child welfare fields in their own countries, and to subject them to this international mutual learning experience, in the hope that on return to their own work they would have an enlarged horizon, an enriched experience and, perhaps, more insight into the personal and cultural problems of the people for whom they were working and planning. There were other subsidiary aims, such as an experiment in a fairly untried method of education, an attempt to establish some consensus of opinion on highly controversial matters, and so on, and, of course, the improvement of the life of the child and his family. But the main aim was a modest and practical one of enriching the experience of people actually in positions of responsibility now.

The idea found immediate and magnificent support in the World Health Organization and particularly from Dr. G. R. Hargreaves, Chief of the Mental Health Section, who had also been one of the inspirers and planners of the idea, and from Dr. N. D. Begg, the Director of the Office of the European Region of WHO. In brief, WHO undertook to provide sufficient short-term fellowships to ensure that there would be an adequate attendance of the kind desired, and in addition some $10,000 towards technical services of the Seminar. The total expenditure incurred by WHO in support of the Seminar cannot have been less than $45,000, including the travel costs of participants coming from far distant countries, so that the organisers feel that they have a heavy burden of responsibility to show that this money was not wasted.

Of course, such a project costs more than this, and since the ultimate risk had to be borne by the Federation, I must pay a

tribute to the Director, Dr. J. R. Rees, and the Secretary-General, Miss Thornton, for their vision and courage in support of the project; and to the Executive Board which, as usual, served the Federation well in knowing when a gamble might be taken, in spite of meagre financial resources. These people, and Dr. Margaret Mead and Dr. Frank Fremont-Smith, did more than take the risk—they went actively in search of more funds, and, as a result, we received a grant of $15,000 from the U.S. National Advisory Mental Health Council (U.S. Public Health Service) for the preparation of case material in such a form as to be available for teaching purposes later; $6,750 from the Grant Foundation of New York for the travel and maintenance costs of U.S. members of the teaching faculty, $3,500 from UNESCO, to include the ultimate provision of material suitable for their own Conference on Education and the Mental Health of Children in Europe; and $831 from the International Children's Centre in Paris for the costs of one member of the Faculty and one participant from France Outre-mer.

An immense amount of time and labour was willingly given to planning and to collecting the teaching material. Perhaps the many whom I cannot mention, will forgive me if I select for special mention, in addition to those already named, Prof. William Line of Toronto, Prof. Otto Klineberg of Columbia University, Prof. Bingham Dai of Duke University, Mrs. O'Neill and Miss Helen Speyer of the NAMH of New York, and Dr. George Stevenson its Medical Director, Prof. Ferguson Rodger of Glasgow, Prof. Max Gluckman of Manchester, Prof. Daniel Lagache of Paris, Dr. Rhoda Métraux of New York and Dr. Gerald Caplan of Israel for their help in planning. It may be of some satisfaction to them to learn that the plans which they laid were so realistic that very little last minute alteration had to be made.

It had been decided that case material should be collected from three countries, France, the U.K. and the U.S.A., in all of which there was already a considerable volume of work in this field, so that studies could be presented which would have value for comparison.

Dr. Margaret Mead, with characteristic energy, secured the co-operation of some 15 institutions in the U.S.A., for case material, and 6 groups of completely documented studies of 13 children were selected from existing research projects, one of which had been going for more than 20 years. Anonymity was so carefully and modestly preserved that even I do not know whom to thank for all this material, but I know that we are particularly indebted to Prof. Edith Jackson of Yale University, Dr. Sybille Escalona of the Menninger Foundation, Topeka, Kansas, and Dr. MacFarlane of San Francisco. In addition we had many carefully documented film records from Dr. Mead, Prof. Joseph Stone of Vassar College, Dr. Margaret Fries and Dr. René Spitz of New York.

In France, Dr. Jenny Roudinesco of Paris organized the collection of French case material, and nine children were specially studied for the occasion. Psychiatric studies were supplied by Dr. Roudinesco herself, social investigations by Mme. Laurette Amado, developmental testing by Dr. Marcelle Géber, and pædiatric histories by Dr. Cyrille Koupernik. Many others co-operated under the initiative of Dr. Yves Porc'her. Three social milieux were selected —a group of young parents with university education, a group of industrial artisans and a group of rural workers. In each group a study of early childhood was made—the first named by Irène Lézine and Geneviève Massé; the second by Odette Brunet and Marianne Leguay; and the third by Pierrette Brochay and Louis Massé. A study of parents' attitudes and the behaviour of young children in the three social settings was made by René Zazzo and Hilda Santucci, and of social environments and the attitudes of parents towards children during infancy by Prof. P. Chombart de Lauwe. An account of the observation and treatment of a case of psychogenic retardation was compiled by Myriam David and Geneviève Appell, and the film of this child, specially prepared by Dr. Roudinesco as part of her research into the effects of maternal separation on the young baby, was presented.

In England, the preparation of material was entrusted to Prof. D. R. MacCalman of Leeds, who, with his technical colleagues, presented four children, two of whom were

considered "normal" and two "difficult." They also undertook an ambitious psychosocial investigation into a group of parents in Leeds by means of a questionnaire in which the Professor of Psychology, Prof. G. P. Meredith; the Reader in Anthropology, Dr. Fernando Henriques; Prof. A. K. C. Ottaway of the Department of Education, and Dr. Sutherland of the University Department of Public Health, all co-operated. Most of the questionnaire work was undertaken by Mrs. Louise Mestel, a psychologist of Prof. MacCalman's Department. This group, with Mr. Arnold Joselin of the Department of Psychology, and with an impressive list of co-operators, public and private bodies and individuals in the district, also produced a documentary film specially prepared for the Seminar, to show the mental health provisions for children in Leeds and the background to life there.

I have given this list at length in order to show how wide was the circle of co-operation around this Seminar and how the professional disciplines have fitted into the general pattern, but it would not be fair to pass on without reference to the great army of translators—the Seminar being conducted impartially in English and French—typists and mimeographers who produced the scores of thousands of words in our preparatory material.

The Faculty.

Although distinctions were minimised at the Seminar, a group of people had been invited to prepare the main bulk of the teaching material. They were selected on a basis of professional discipline, but all came from one of the three countries in which case material was being prepared. To enumerate the professional disciplines of the resident members of the Faculty (in alphabetical order): *anthropology*—Dr. Margaret Mead, of New York, and Dr. Fernando Henriques, of Leeds; *child psychiatry*—Prof. D. R. MacCalman, of Leeds, Dr. Jenny Roudinesco, of Paris, and Dr. Kenneth Soddy, of London, with Prof. Edith Jackson, of Yale University, combining the disciplines of *paediatrics* with that of *child psychiatry*; *education*—Mr. Alan Staniland, of Exeter; *paediatrics*—Dr. Cyrille Koupernik, of Paris; *psychology*—Prof. G. P. Meredith, of Leeds, and Dr. Marcelle Géber, of Paris, with Prof. Juliette Boutonier, of Strasbourg, in addition a psychoanalyst and medically qualified; *psychiatric social work* — Mrs. Helvi Boothe, of Topeka, Kansas; *public health*—Dr. Miriam Florentin, of London, and Dr. Kent Zimmerman, of San Francisco, who is also a psychiatrist; and *public health nursing*—Prof. Margaret Adams, of New York, and Miss Joyce Akester, of Chichester.

A number of Faculty members attended for a short period to present some special experience or piece of work: *child psychiatry*—Dr. John Bowlby, of London, and Dr. René Spitz, of New York, to talk about separation of mothers and children and about infant development; *paediatrics*—Prof. Alan Moncrieff, Professor of Child Health, University of London; *psychoanalysis*—Miss Anna Freud, to talk about special experiences of children in times of stress; *psychology*—Mlle. Irène Lézine, of Paris, Mrs. Louise Mestel and Mr. Arnold Joselin, of Leeds, to present the surveys and the film which they had made; and *psychiatric social work*—Mr. James Robertson, to present his film on admitting a two-year-old to hospital. It is to the great credit of the visitors that, unlike at some other international seminars, they all fitted in admirably to the pattern of the whole and did not in the least cause the disruption which has been noticed on similar occasions in the past.

The Participants.

The decision that all participants should come on WHO short term fellowships meant automatically that they were selected and sponsored by their own Governments. This might tend to be a complicated and inefficient method of selection but, in fact, worked out very well. The main difficulty was the long time necessarily elapsing before a decision could be made. In February the WHO sent out a letter to all European Governments co-operating in WHO and to all other WHO regions. It had been decided to aim this Seminar at Europe, but to include about one-third of members from other parts of the world, both to provide a widening of interest and in the hope that future seminars in other parts of the world might be built on foundations of those at this Seminar.

The letter outlined the aims of the Seminar and invited Governments to consider sending representatives who should be professional persons engaged in responsible positions in public health or child welfare work. All relevant professions were welcome, but it was hoped that about two-thirds would be medical. Those responsible for the training of professional workers were wanted and although senior people were to be preferred, they should not be so senior as not to have a good span of effective work ahead of them. By April enough replies had been received to show that the Governmental response had been, almost everywhere, enthusiastic, but the submission of individual names naturally took a long time, and it was not until the first day of the Seminar had actually started that we received the last nomination. This inevitably made the late stages of planning rather uncertain and confused.

I owe it to the Governments concerned to remark that they carried out our wishes in a surprisingly faithful way, and we were very satisfied with the quality of the representatives and with the distribution of professional responsibilities found among them. 16 European countries between them sent 37 participants — from Austria, Belgium, Denmark, Eire, Finland, France, Germany, Greece, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, U.K., and Yugo-Slavia. From other parts of the world we had 14 participants, making a total of 51 from 30 countries. These others came from Iraq, India, Thailand, Japan, Australia, Canada, U.S.A. (Puerto Rico), Mexico, Peru, Uruguay, Venezuela, Egypt, South Africa and Algeria; the last named being sent by the International Children's Centre of Paris. There were 22 women and 29 men. Unfortunately one of the Italian and both of the Portuguese nominees were unable to travel at short notice and could not be replaced in time.

Split by professions, we find that 37 of the 51 were medically qualified: 12 were psychiatrists in a mixed type of psychiatric practice, 4 were psychiatrists in public health work, 2 in mental deficiency work and 1 exclusively a child psychiatrist; 13 medical participants were in public health work, 8 as medical officers of health and 5 as maternity and child welfare officers; 5 were paediatricians in the public service. Among the non-medical disciplines, 5 were psychologists, 4 social workers and 1 psychiatric social worker; 3 public health nurses and 1 teacher or educationist. We found not only that the general level of seniority was high, but it included some whose personal qualifications compared well with those of members of the Faculty. However, their experience was in many fields of work and I think that all were eager to improve their knowledge of the subject of the Seminar.

The Domestic and Social Atmosphere.

Bishop Otter College, where the Seminar was held, is a Church of England Women Teachers' Training College and, in spite of any preconceptions which one may entertain about such a place, is comfortable, exceedingly well-kept and with lovely, spacious grounds.

We were fortunate in finding a college in which the inter-personal relations of the staff were so harmonious that they set us an excellent model in human relations, and in our administrator, Miss Judith Jackson, a well-known figure at the 1948 Mental Health Congress in London, we had one who was able to use to the full her opportunities to inspire confidence and content. I suggest that these things are vital to success. With a deep interest in the subjects of the Seminar, and eagerness to know more, to understand more about other people's lives, and to learn from the experience of others, a seminar can scarcely go wrong. But one must not overlook the necessity of having a teaching staff composed of people who are willing to take a calculated risk, who will allow their names to be identified with a function which has in it no certainty of success, and who can stand the possibility of many anxiety-creating situations. Permissiveness, adaptability and a willingness to alter plans radically at the very last moment are ideal qualities in the leaders.

The social side of the Seminar was lively: we started with a party and dinner attended by friends and well-wishers and we were entertained to a mayoral reception, and a dance and also a dinner attended by the British Minister of Health at the local mental

hospital, the friendliness and co-operation of which was outstanding. Visits of inspection to this hospital and to other clinics and institutions were popular and coach tours to places of natural beauty and historic interest were well used. The welcome given to us by the Bishop of Chichester, who is a noted international religious leader, contributed something very valuable to our atmosphere.

The social life of the Seminar was centred in the Federation Club, which provided a place where participants could entertain each other and their friends and where they all felt at home. Those who had wives and children able to attend were encouraged to bring them and this Seminar about young children was, I think, considerably enriched by the presence of a number of children in its midst, and, in particular, the one-year-old son of Dr. and Mrs. Henriques added a touch of reality to our study of the first two years of life.

Perhaps the most important single feature of our preparations was the work of the educationist on the Faculty, Mr. Alan Staniland, who, as an expert on visual and other educational techniques, had charge of all this side of our arrangements. I strongly advise anyone organizing a similar meeting to secure in advance the services of such an expert. Also under his general eye we had an exhibition of baby equipment and health propaganda; a library, reading room and bookstall; and the whole programme of film projection was under his expert guidance and was greatly enhanced in value thereby.

The Programme.

The first Seminar function was a social one, a reception and dinner, and the first working session was delayed to next day when, in the morning, the participants were gathered into five temporary groups, each with three members of the Faculty, for a preliminary opportunity to get to know one another. Selection was by homogeneous language and cultural groups and the real purpose of the session was so that the division into more permanent groups could be made later in the day when more was known about the participants. The permanent groups were split up as far as practicable by professional discipline, culture, and sex, to provide an even spread.

In the afternoon there was a full meeting of the Seminar at which I gave an introductory talk, outlining the general arrangements, and drawing attention to the widely varying aims and aspirations among the participants and the opportunities afforded by the gathering together of so many different types of experience in a common aim. After this the Seminar proceeded to a projection of Dr. Margaret Mead's short film *Bathing Babies in Three Cultures*. This proved an excellent start by giving an exercise in the observation of teaching material and in the awareness of matter outside our normal range of experience. Discussion on these lines was led by Dr. Margaret Mead.

After this start, the Seminar proceeded on a pattern which remained fairly constant. In the morning a lecture and question period, followed by a group discussion period of about one and a half hours, followed by a short projection of selected films. On alternate days there was a two-hour session, either in the afternoon or after dinner, devoted to a lecture and full Seminar discussion period, group reporting, or panel discussions as the case might be. Groups had approximately one discussion period each day, but every seventh day was completely free. All work was bilingual in English and French with simultaneous interpretation.

I will now attempt to pick out certain interesting points which struck me from among the lectures and discussions and from the work of the groups. In doing so, I cannot present even one-tenth of the material provided, but it may serve to indicate something of the experience in which we shared at Chichester. I would add that it is hoped to publish not only the case material and the lectures, but also a description of the Seminar procedure, in a form available to all. It should be remembered that the Seminar was a continuous process and that points which appeared to be important to me at the time of delivery and since, appeared so because of my own stage of development, and that many other points might have impressed others even more.

The Lectures.

The first lecture in the Seminar fell to the lot of Prof. Edith Jackson of Yale. This was

particularly hard on her because she had only had a few days' notice when she gallantly agreed to stand in for Dr. Sybille Escalona who was ill. She introduced the topic of child development patterns in the U.S.A. by the interesting device of comparing the advice given in the two best known and most authoritative manuals of infant care now in use. She revealed that, while these manuals were agreed in general attitude, they were widely divergent in the standards of development which they considered normal. But the general atmosphere was "enjoy your baby as he is," and this appeared to be a considerable advance from the rigid pattern of baby care in vogue in the last generation. This is quite a major social change, but an impression remained that this attitude of enjoyment was less spontaneous than in some other places.

After the first group working period, the Vassar College film *A Backward Look at Abbey's First Two Years* was shown. The technical device of showing shots in the reverse order of time appeared to be an effective method of impressing the reality of development on the audience.

Dr. René Spitz' two sessions occurred earlier in the programme than we would have wished, but this was unavoidable. A newly completed short film comparing the attitudes of five young mothers nursing their babies effectively showed the importance of minute observation of behaviour. The shots varied from complete absorption in the process to rough and brusque handling, and included one young mother who withdrew her contact with her child in the very act of feeding. The lively discussion which followed was concerned mainly with the damage incurred when the primary relationship of a baby with its mother is interrupted and the participants showed rather less shock and were less critical than might have been expected.

At his second session, Dr. Spitz showed the first half of his film *Grief*, and carried his audience completely with him by cogent argument. He was notably effective in making his scientific attitude to these human tragedies acceptable to an audience accustomed to attempting to alleviate trouble rather than studying it.

Prof. Boutonier introduced two lectures on developmental patterns in France with reference to the two to five-year-old age group, for whom the presence of adults was scarcely less necessary than for infants. Left to themselves, institutional children remain static or live at a lower level of social development than children in their own homes. In this she anticipated points made later by Miss Anna Freud and Dr. Bowlby. Without the mother, children of this age suffer frustrations which tend to enhance natural anti-social tendencies. However, this was the age of development of the incest taboo, without which no child could renounce its infantile relationship with its mother. The discussion brought out the point that when there was a group of children of nursery school age there was a necessity to allow children to experience and live with their emotions.

The French surveys of different social groups showed that, whereas social practices were remarkably similar, the atmosphere differed and the results were remarkably different. An interesting comparison was possible between the spontaneous acceptance of social practices in the French rural areas with the rather self-conscious seeking of the American middle-class, to which reference has been made. But there are differences too in problems between the French groups. The town dweller may be very anxious, for example, about toilet training; but the country dweller, said Prof. Boutonier, is used to the friendly fowl in the living room and the deposit of his offering on the floor. Why should the child not do likewise, for the natural rhythms of sweeping and washing will deal with both impartially?

On the third day the programme had its first change, for no working group declared itself ready for the reporting session. Instead, Dr. Roudinesco showed her film of *The Case of Monique*. This is a harrowing film showing damaged children in an orphanage, separation from the mother having been suffered in the first three months of life. These children are impressive by their silence, withdrawal, poverty of emotional life, refusal of contact with the world, their primitive rhythmic catatonic movements and ritualism. The film shows

the results of long term psychotherapy, in the slow return of the child to a more normal but still regressed stage of development. But what happens to the children with hyperkinetic reaction patterns to separation. Do they, because of their inherent difficulty, gravitate to mental hospitals?

Prof. Boutonier, the next morning, gave the Seminar a much needed reorientation toward normality with an admirable description of the atmosphere in many French homes. One of the foundations of stable family life is that the mother has to bring up the child to give to the father and vice-versa — each parent does something for the other. There were many examples to show that, provided social conditions were not sub-minimal, atmosphere and style of life were more important influences than socio-economic conditions.

Mlle. Lézine spoke of the work of the Laboratoire de Psychobiologie de l'Enfance and the discussion hinged on techniques of psychological investigation. In her second talk she spoke of her work in the recent surveys. It appeared that no social milieu yet studied in France had clear ideas about child upbringing, but she agreed with previous speakers that attempts to relate certain developmental phenomena to social factors had so far proved abortive. There is, however, a good deal of information now about the effect of parental values.

Prof. MacCalman had a broad humanistic approach to the subject of child development patterns in the U.K. In the industrial area under study, the notion is prevalent that life is hard and that upbringing must fit a child for a hard life. But this notion was being dissipated to some extent. In the general amelioration of social conditions, housing remains intractable. The new film *Life Begins in Leeds*, made for the Seminar, had its first showing and made a very favourable impression. It enabled a vivid picture to be gained of conditions of life in Leeds.

Prof. MacCalman continued his talks, showing how the wife who does not share in the husband's wages may retaliate by barring him from a share in upbringing the children. Amongst married people on the whole, two children are eagerly anticipated, but after this relationships in marriage tend to suffer deterioration. With babies, there is still a good deal of adherence to fairly rigid schedules, but the theme "the baby knows best" keeps on breaking through.

Prof. Jackson then talked about the American case material and referred in detail to "rooming-in," the practice of keeping babies with mothers in lying-in hospitals. This term had caused some confusion, and in countries where the majority of babies are born at home, the idea makes less impact. The discussion gave the Seminar its first experience of how to profit from the work of other countries. Although "rooming-in" does not appear on first sight to be an innovation, there is plenty of evidence of a spread throughout the world of the practice of hospital confinement, and with it, the separation of the baby from its mother, as has occurred in the U.S.A. Is it really necessary for country after country to go through this futile cycle and be forced to "discover" rooming-in for itself? A panel discussion of the U.S. members of the Faculty stressed the enormous variation in North America. One important trend was the increasing fragmentation of the social services which deal with young children and the need to reverse this in the direction of unification.

Prof. Alan Moncrieff, representing British paediatrics, paid a visit and spoke on the public attitude to public health preventive work. This talk, perhaps because of its comparatively greater familiarity to the public health participants, gave rise to the liveliest discussion yet held. Prof. Moncrieff closed by describing modern measures to get the mother's co-operation in the hospital care of the baby, and to take the hospital care into the home, avoiding hospitalisation except as a last resort.

Dr. Roudinesco traced the French family down a patriarchal line, but with the mother, like the Roman matron, supreme in the home. The stability which the French family owed to its rooting in the soil was now, perhaps, being shaken, with a consequent danger of increase of anxiety in mothers. In a discussion which sprang up on the rôle of parents, the reluctance of many American parents to be authoritarian was referred to and Dr. Margaret Mead described how some middle class parents were bringing up their children at a higher social level than their

own and the difficulty, in these circumstances, of their acting as models to their children. In many parts of the world parents needed to ask themselves how they could take up a position of authority when they wanted their children to be different from themselves.

Dr. Koupernik supplied a much needed technical review of the neurological development of the child and techniques of examination. He referred to the "luminous insight" of Freud in postulating the importance of the oral life in an organism whose neurological equipment had up to that time become organised only in respect of alimentary function.

Prof. MacCalman concluded the reviews of the case material by remarking that the best propaganda for child guidance was the efficiency of the help given, and that there should be no research without therapy and vice-versa. British families seemed more preoccupied with discipline than the others studied; it was difficult for the British to enjoy things which seemed easy and natural and not easy for mothers to enjoy their children. Parents should realise the need of the child in trouble to receive compassion and it was difficult for mothers to tolerate the knowledge of hatred in their children.

Dr. Fernando Henriques produced an interesting tabular comparison of some thirty women's weekly and monthly journals in Britain in their references to family life and the bringing up of young children. There were low-brow, middle-brow and high-brow journals. There was an interesting variety of policy in regard to the amount of space given to "human" problems, with an emphasis in the low-brow papers. Although every conceivable point of view was represented, the majority advocated "sensible" regimes with babies, allowed for wide variation, condemned rigid schedules and advocated individual care, and support of the child. Problems of sex and sexual behaviour were rigidly excluded from discussion in all these journals but, we were informed, in France in similar journals, sex problems were discussed with enthusiasm, but with a uniformly rigid moral line.

Dr. Margaret Mead introduced her film *Dance and Trance in Bali* to illustrate an entirely different cultural pattern where a child was born into a known world and where society had elaborate fixed devices to exteriorise internal anxieties in the form of stage plays. In the Western cultures, however, we attempt to strengthen children to meet the unknown future by making their primary relationships secure.

Though societies have to devise ways and means of making men want to be fathers, the broken family unit has a great inherent potentiality for reconstituting itself in society. The mother-child unit without the father is pathological and sub-human, and the substitution of social services in place of the father is a pathological phase in human society. The root of the modern situation is that in most western cultures and many others, a child who is different from the children of his ancestors and therefore less known to his parents, is being brought up to live in a world which no one can foresee. This is the characteristic of family life in changing conditions.

Dr. Géber gave a talk and later a demonstration of testing under the Gesell system and pointed to the need to make qualitative or interpretative estimates as well as a quantitative one. She produced evidence to show the influence of emotional state on the development quotient.

Prof. Meredith spoke on the intellectual development of the child, dealing with the three main abstractions of space, time and language. He considered the environment's challenge to the child and the selection and introjection required and the structuration of the child's inner space. Thus, gravity and light gave a "vertical polarisation" by which we differentiated "base motives" from "lofty ideals." In principle, one should encourage movement and associate linguistic development with it. The function of parents in this field is to maximise the child's inner opportunities.

Miss Akester outlined the development of the British Public Health service from very sketchy beginnings and the development of the work of the Public Health Nurse and the Health Visitor. She deplored the multiplication of the visiting services and wished that the nurse could become the sole front line worker in the field. In discussion the point came out again that highly developed coun-

tries seemed to be caught in a vicious circle of developing services, splitting them up and then, painfully and with all the emotional stress involved, having to put them together again. Must all countries follow this road? The aim of social services is to help the mother to grow.

Miss Anna Freud spoke out of her experience in what she termed the great involuntary experiment induced by war-time experiences. The direct effect of separating babies under one year of age from parents was a great increase in somatic illness, whereas older children showed disturbances of smooth emotional development and regressive phenomena. When mother went, no immediate real substitute relationship was possible for the baby, feelings were retracted from the outside world, and when substitute relationships were formed they were those of a much younger child. If deprived children were offered social life confined to their own age group, as was common, the price was slow development. The toddler's world is one where might is right, and single age groups of children develop a primitive morality with little of the normal identification super-ego structure.

Experience with ex-concentration camp children had led to the important conclusion that sibling jealousy occurs via the parents, and without parents there is a more complete group identification. There was the spectre of the phantasy parent and the tendency to project bad parent images on the temporary or substitute parents. All these points are of primary importance in the child welfare field. She said that she hoped that war-time experience might lead to the peace-time adoption of the principle of *no separation of brothers and sisters*. To do otherwise showed *"an absolute lack of thinking."*

Miss Freud said that children under one and a half years found it difficult to adapt to the two routines imposed by a day nursery, but for older children for limited hours and under good conditions, day nurseries had a use.

Prof. Margaret Adams opened a discussion on the training of professional workers in the mental health field by drawing attention to the duty to reassess needs, because of the difficult recruitment position almost everywhere. She asked for a reassessment of each professional rôle in this field. Nurses, in particular, needed to be more aware of the *process* of consultation. A longstanding interprofessional tension was brought into the open by a remark that nurses knew about bodies, and social workers knew about relationships, and that something was needed to bridge the gap.

Mr. Alan Staniland gave a short lecture, illustrated by slides of his own making, on visual methods of education. This lecture was a model of its kind and a perfect demonstration of the value of his subject. He suggested that the most important factor was a feeling of sympathy for the medium, and he drew an unflattering conclusion from the way in which we treated our headphones.

Prof. Meredith then analysed the process of conceptual communication.

Mr. James Robertson and Dr. John Bowlby presented the film *A Two-year-old goes to Hospital*. This is a time-sampling observation of a child's stay in hospital for a minor surgical operation and shows some of the stresses, many of them avoidable, to which the child was subjected. From this a discussion developed on the treatment of children in hospitals.

Dr. Bowlby spoke on the development of the child's early love relationships, and said that after separation there is a phase of *protest* which may pass on to a denial of the relationship—and so a repression is formed. On return, maternal-child hatred could be enacted with violence and regression. He suggested that the most important influence of heredity may be its effect on the capacity to enter into love relationships. Even neurological development may be affected by experiences, and developing functions have critical phases. Learning responses under stress are fruitful and motivated learning the most fruitful. In hospital, it was important to integrate the nurse into the "in-group" of the child, if the effects of separation were to be minimised.

Mrs. Helvi Boothe spoke of the principles underlying social casework, which must administer to the psychological needs of the client. Therefore psychiatric concepts must be interwoven into the techniques, about which she spoke in some detail. The discus-

sion came back to the rival claims of nurse and social worker. Although there were admittedly too many types of workers in the field, without a fundamental rearrangement of the training of both parties something vital would be lost if either were left in sole charge, as the so-called front line worker. Though to impoverished communities, the idea of the single all-purpose worker was attractive, yet the psychological problems of the lone and not very highly trained worker were formidable and must not be overlooked. Once again, there was no need for less developed countries to cover the same ground and make all the old mistakes of pioneer countries.

Dr. Kent Zimmerman dealt with principles of mental health work and spoke of the rapid development recently in the communication of concepts about relationships. In public health work it is important to have principles by which practice can be judged and therefore knowledge of the dynamics of the situation of children in institutions was vital. Institutions themselves need a sense of control of the situation and also need a sense that they are meeting the child's need in his own way. Hospital staffs' feelings spring from their own attitudes, they are reassured by responsiveness and disturbed by unresponsiveness in children, but they need to face the question why they expect to succeed in taking the place of the mother.

Dr. Florentin described the provisions in U.K. under recent legislation and posed a number of questions concerning trends in the public health service. Dr. Zimmerman, speaking on policies aiming at social change, emphasised the concepts of integration and internal adjustment of the individual in the community, and the continuation of his attempts to master the environment. The first task is to help key people in the community and the central thread is the focus on relationships and the need to develop. A health worker must be capable of putting up with a slow pace of advance, to start with what he has where he has it, and to go along with it, heeding more the habits and customs of the people.

In a panel discussion, a Dutch paediatrician decided that his best route of application of the principles he had learnt was in his clinical work with children; a French administrator in the maternal and child welfare services felt the need to orient her policy towards the maintenance of family equilibrium; a social welfare adviser from Greece was more concerned with elementary survival and with bringing immediate front-line help to families; a psychiatrist from Iraq considered that his country's present need was for clinical services; a psychiatrist and social medicine lecturer from Norway wished to improve interpersonal relationships in his own hospital and to concentrate on the education of medical undergraduates. In this way the variety of need and approach was shown.

Dr. Margaret Mead took the last lecture of the Seminar, which was on the effects of technological change on child development. She spoke of the way in which anthropology was examining the degree of dependence of the individual on his cultural background. As one lives in a changing environment one becomes a creature of change. For the first time Man is now self-conscious about social change and can subject details of behaviour to scrutiny. Mental health services must attune themselves to the period in which society is becoming aware of change; remembering how hard it is to give up accustomed rhythms—to substitute self-consciousness for "listening to grandma." We must make new inventions to help build a new culture of change, maintaining the balance between the inside and the outside world.

The Working Groups.

It is impossible at the end of an already over long paper to comment adequately on the work of the groups, and I will confine myself to a few comments. The groups were, of course, as heterogeneous in composition as it was possible to make them, they were led by a chairman appointed by the Faculty and they included a high proportion of people who had never before been in a continuing group discussion, even in their own country. Groups were allowed thirteen working periods spread over eighteen working days, and there were short reporting sessions at the end of the first week, the beginning of the third week and on the final day of the Seminar. They were left entirely free to work out their own method and were told that there was no question of publishing a group report or

arriving at agreed resolutions, unless the group itself demanded it.

During the first week all the groups plunged into their task with enthusiasm, and wished for more time for discussions. During the second week there was some discouragement; some thought they "were not getting anywhere," that it "was all talk," and they felt that they had neglected the case material for study, and so on. During the last week they all recovered their nerve and their morale was high at the close. It seems that there is this periodicity in all healthy groups, whatever the length of time during which they meet. There was, however, a minority who never really became appreciative of the discussion group method and who would have preferred an entirely didactic method of teaching.

At the final reporting session, a representative of each group presented a few selections from the mass of reports compiled by each group, about which I will comment briefly.

Group A produced 19 action points which in themselves were of profound importance and which, if acted upon with a moderate degree of success by a group of persons in each country, would go far to achieving a social revolution in the countries concerned.

Group B was concerned more with method, with social workers, for example, being prepared to listen rather than give advice, with carrying the services to the home rather than getting the client to the office. Even in its deliberations this group had an eye to method, "*though, of course, we did not come to any remarkable conclusions, we felt that during the week we were able to discuss more easily.*" Underlying this quotation is a self-consciousness of group dynamics and some suggestion of a process of learning under stress.

The group considered the cultural pattern as a problem in itself, and that the delegate who wanted *facts* to take home had not yet understood this. This group also provided an example of how insight may be achieved in the course of the discussion: in a sentence from an interim report this remark appears about institutions for young children, "*It looks as if one is deliberately making delinquents.*"

Group C came to more general conclusions, but contributed an idea for an "understructure" for mental hygiene. In other words, child guidance clinics are not suited to primitive countries. From this awareness also follows the conclusion that participants cannot hope to take back to their own country "ready-made on the spot" solutions, but can take back an orientation.

Group D had a more practical aim, and having decided in favour of a particular method of work, namely community centres, advocated the canalisation of social work through one type of worker, though this recommendation was perhaps unmindful of the problems of adjustment facing a lone worker in a primitive or scattered community. The mental hygiene problems of the worker himself are formidable. This group was also concerned with the limitations of child guidance curative methods when faced with the actual task in the community.

Group E gave more attention to techniques of conference and evaluated the warmth of the conference procedure and a consciousness of cultural differences and their overcoming. It is noteworthy that this group felt the need to preface its report with a defensive explanation of why it had spent its time in this way. This may have been because of a division in the group in that a minority of the group wished for a precise and directed discussion, whereas the majority wished for a free and permissive work method. The group agreed unanimously, however, on the new significance to them of what they had worked through.

Participants' Own Opinions.

Each participant was invited to send in a short paper on three questions: what he had hoped to gain from the Seminar; what he had expected to gain from the Seminar; what he thought he had actually gained. Every participant had co-operated, surely a record for such an occasion, but it is clearly impossible now to give an account of their opinions. In briefest summary I will say that the level of expectation was extremely varied, from those who had absolutely no idea of what to expect because of no information, to those who expected to gain a whole armamentarium of technical weapons to help them in their

work. I can think of one lady who baldly stated that her expectations were nil because she was a government servant and had come because she had been told to come.

The majority hoped to gain new ideas, new contacts and new international friendships, and a broadening of outlook.

The answers to the last question were on the whole most gratifying to the organisers. Nearly everyone found friendship and an enhanced international understanding, a widening of horizons and a great stimulation and inspiration for their work. The majority considered that they were also improved technically by their experiences and although a few were still sighing for more facts and figures to take home, all admitted that in the sphere of ideas and of seeing how they could transmit these ideas into action, they were much better off.

On behalf of the Federation I would like to claim that we should be among the last persons to pretend that this Seminar was perfection itself, but we do feel a sense of solid satisfaction that a good job has been well done. I think that the secret lies in the soundness of the early planning, the competences and freedom from anxiety of the members of the Faculty, and the good quality of the choice of participants made by governments. With such a combination we could well expect success, but I would like to add a few closing personal comments from my point of view, as the Director of the Seminar who found that there was nothing to direct, that there was nothing else to do but watch the thing evolve.

I had expected to be met with a great deal of irritating and confusing detailed administration of Seminar personnel and much anxiety on the part of participants. I had also anticipated meeting with some international and inter-professional tensions. My main hope had been for an enlargement of the horizons of members of the Seminar, both professionally and socially, and I had looked for friendship. I have found for myself an extraordinary enlargement of my own horizon and my own friendships. I met with far less anxiety and fewer unreasonable actions and demands than in any international meeting I have ever known. I am more convinced than ever of the value of the group learning process under pressure.

I have had two unexpected gains:—

(1) A much clearer realization of my own embeddedness in my own cultural pattern, and (2) an extraordinary amount of detailed technical information, new knowledge and new concept formation, as a result of the Seminar. By this method of study, the baby has again become vivid to me.

We have learnt many points of organization. There was, of course, throughout, the handicap of having had to make decisions, too late for convenience, to hold the Seminar, to appoint participants, and to prepare the great mass of casework. The ideal of adequate preparation of an international Seminar is possibly a theoretical one, because of the practical difficulties of long periods of notice. It might be possible in a future Seminar to do better. It was hoped to plan future Seminars of two kinds: (1) participants could themselves become centres of organization of national inter-professional Seminars on this or allied subjects with, it is hoped, a certain amount of participation from other countries, but with a main emphasis more regionally determined; (2) for future international seminars for key personnel the childhood period of two to five years was a sensible suggestion, but there are many other extremely important subjects which the World Federation for Mental Health is considering. It did not seem practicable to hope or suggest that the same group could meet together in two or three years' time, but this might be explored.

I have three present convictions:—

(1) In this Seminar we did not find a satisfactory answer to the difficult problems involved in conducting long, full Seminar discussions, especially with the language difficulties involved;

(2) I am convinced of the value of the permissive group discussion method, provided that sufficiently long time is allowed. The work in the third week was better than in the previous two weeks;

(3) I am convinced of the particular value of inter-disciplinary international groups, provided that they are under no pressure to create definite reports.

INTERNATIONAL SEMINAR ON MENTAL HEALTH

CHICHESTER,

Statement of Account as

RECEIPTS :	£	£	$	$
U.S. Public Health Service :				
Per Dr. Margaret Mead		359		1,000
Grant from World Health Organization for Administrative and Interpretation Services		3,453		9,670
UNESCO Grant for Seminar and Report ...		1,250		3,500
Contributions for Support of Faculty :				
Grant Foundation	2,416		6,750	
Centre Unternationale de l'Enfance	78		220	
		2,494		6,970
Contribution for Support of Participant :				
Centre Internationale de l'Enfance		76		212
Tuition Fees :				
World Health Organization	1,714		4,800	
Centre Internationale de l'Enfance	36		100	
		1,750		4,900
Maintenance :				
Board and Lodging		2,821		7,898
Loss on Exchange		—		17
		£12,203		$34,167

NOTE : Grants received in Dollars have been shewn in Sterling at the amounts realised. Sterling has been converted into Dollars at 2.80 to £.

AND INFANT DEVELOPMENT

JULY—AUGUST, 1952

at 30th November, 1952

PAYMENTS:	£	£	$	$
Administrative and Interpretation Services:				
Administration:				
W.F.M.H.—Secretarial Services	208		582	
Secretarial and Book-keeping Staff	261		731	
Organiser's Fee	210		588	
Printing and Stationery	102		286	
Telephone, Telegrams and Postage	76		213	
Hire of Typewriters	12		33	
Travelling and Maintenance of Director and Staff	759		2,125	
Cheque Books	2		6	
		1,630		4,564
Interpretation:				
Interpreters' Fees, Subsistence and Travelling ...	1,080		3,024	
Interpreters' Box	50		140	
Hire and Maintenance of Equipment	329		921	
Insurance of Equipment	4		11	
		1,463		4,096
Verbatim Record		194		543
Equipment:				
Hire and Transport of Projectors and other Material	126		353	
Medical Library Subscription and W.H.O. Publications	6		17	
		132		370
Hospitality		115		322
Faculty:		£3,534		$9,895
5 U.S.A., 12 U.K., 5 France:				
Honoraria	1,150		3,221	
Travelling and Subsistence	2,642		7,395	
		3,792		10,616
Fellowships and Travel Expenses:				
U.K. Participants	175		490	
French Participant	76		212	
		251		702
Preparation of Material:				
Translations	189		529	
Stencilling and Duplicating	849		2,377	
Preparation of U.K. Material	629		1,761	
		1,667		4,667
Report for UNESCO		208		582
Maintenance, Etc.:				
Subsistance	2,248		6,295	
Gifts to College Staff	9		25	
Donation to W.V.S.	5		14	
Miscellaneous	14		39	
		2,276		6,373
		£11,728		$32,835
Balance in Hand:				
London	292		819	
New York	183		513	
		475		1,332
		£12,203		$34,167

We have prepared the above Statement of Account for the International Seminar from the Books and Papers submitted to us and the information given to us and certify it to be in accordance therewith.

106, St. Clement's House,
Clement's Lane,
LONDON, E.C.4.

23rd December, 1952.

(*Signed*) HOMERSHAM & CO.
Incorporated Accountants.

FIFTH ANNUAL MEETING

BRUSSELS, 1952

WORKING GROUP REPORTS

NOTE: *These reports were drawn up by informal working groups at the 5th Annual Meeting of WFMH and do not necessarily represent the views of WFMH, nor of individual members of any group. This fact should be made clear if the reports are quoted or referred to in any form.*

An asterisk inserted at the end of a paragraph indicates that a comment on the marked passage will be found at the end of the report in question.

Group 1 (a): Techniques of Mental Health in Schools for Normal Children

Chairman: DR. A. F. ALFORD (*U.K.*).
Secretary: MR. R. HOWLETT (*U.K.*).

The Group consisted of 12 *members from* 4 *countries.*

In approaching this subject, the Group noted that, although the schools with which it was concerned would, by their very nature, contain for the most part normal pupils, there would be a minority who would show some abnormality to such a degree as to make them need special help to enable them to adjust themselves to the normal school. The Group, therefore, took as its aim the enunciation of wide principles for nurturing and safeguarding the good mental health of all pupils in these schools, including this minority of children requiring special help. These principles are in general terms so as to be capable of application in all countries.

It was clearly impossible to deal fully with so vast a subject in a few short discussions, more especially as considerable time had necessarily to be spent in clarifying confusions which inevitably arose from the differences in school organization and educational practice in the countries represented in the group. The question of sex education was discussed, but while realizing its significance, it was thought to be a subject so wide as to warrant its consideration by a special group on some other occasion.

The following general principles were agreed:

(1) Every child on entering school for the first time should have a comprehensive medical examination by a medical officer with a thorough knowledge of child health and development. He should have the co-operation of the teacher and of a social worker. It is desirable that the collaboration of a psychologist should be available, and in particular that his services should be used in cases where any deviations from normality are suspected.*

(2) Every child on first entering school should have a period of observation with a view to determining his potentialities and the extent of his social training and natural development. Teachers of young children should be sufficiently trained to enable them to conduct such observation and to assess the results.

(3) Teachers should study the needs of children at all ages with a view to making any necessary adjustments to the curriculum. To enable them to do this, the relevant results of any medical or psychological examination should always be told to the teaching staff and the availability of all therapeutic services should be known.

(4) The size of classes should be such as to enable the teacher to assess the needs of each child. Where classes are large, every effort should be made to help the teacher by providing ancillary helpers for classes of young children; in schools for older children there should be additional teachers to give their special help to those children whose abnormalities would otherwise cause them to demand too much of the class teacher's time and attention.

(5) Where a child needs special help in the ordinary school, this should be given with tact and discretion so as not to wound him or his parents.*

(6) School buildings should be designed and equipped in such a way as to enhance the development of good relationships between the teachers and the children. Particular attention should be paid to old and unsatisfactory school buildings, in order to do everything possible to mitigate their deficiencies by means of suitable equipment and decorations, and by high standards of cleanliness and maintenance.

(7) There should be a relationship of mutual confidence between teachers and parents. This should be established at the time when the child first enters a school. The parents should be able to meet the head and class teachers, and they should become familiar with the school, and its aims and methods. Parents should be encouraged to discuss freely with the teachers any problems or difficulties which may arise at any time in a child's school career. Similarly, teachers should be in a position in which they can freely consult with the parents. The aim should always be for parents and children to look upon the teacher as a friend who plays an essential part in the life of the community.

* * * *

Comment: Principle (1) *can only be applicable in countries where professional workers with the necessary skill and training are available. Its immediate application will be limited to very few countries; but it will be widely agreed that this and all the other principles are highly important, and although few of them have universal applicability at present, they must be kept in mind as objectives.*

Principle (5) *deserves particular study, as it is too commonly neglected in the most highly developed education systems.*

Group 1 (b): Techniques of Mental Hygiene in Schools for Abnormal Children

Chairman: DR. A. FRIEDEMANN (*Switzerland*).

Secretary: DR. T. A. RATCLIFFE (*U.K.*).

The Group consisted of 11 *members from* 8 *countries.*

This group was handicapped by numerous changes of its personnel; it had, however, the great advantage of representing experience in eight countries. Its major contribution was probably to the group itself by the interchange of these experiences. Discussion ranged widely but the group's general conclusions were:—

1. Whilst tests of intelligence have reached reliable standards, tests for personality disturbances are less reliable; the initial recognition of the handicapped child in school usually remains with the teacher.

2. Hence teachers and others must be trained to recognise such disturbances at an early stage, remembering that nuisance value to the class is not the only criterion. The group expressed strongly the view that such training should not consist of theoretical psychological teaching, but required a practical understanding of children and their emotional, intellectual and physical development. This in turn needed teachers of suitable personality and close personal contact and understanding between teachers and the technical specialists involved.

3. The group stressed the need to regard these children, as far as possible, as normal children with a handicap and in this connection deplored the separation of Groups 1a and 1b.*

4. It emphasised the need to regard each child individually and consider the means of helping him in the light of his own individual handicap, personality and environment.

5. The group considered that, ideally, a child in need of special help should remain in his own home and have contacts with the "normal" community.

The group deplored the administrative tendency—present in all countries represented—to support financially schemes involving removal of the child from his home, rather than projects for helping him within his own environment. Apart from its obvious mental health aspects, it could be demonstrated to the administrator that residential care was much the more expensive in money of the two.

6. The group recognised that administrative, environmental and individual factors sometimes demanded residential care for handicapped children. It therefore emphasised that such residential schools must satisfy the emotional and social needs of the child, as well as give specific educational help for his handicap. Amongst the needs of such a residential school were the existence of small groups of children with their own house-mother and house-father, the careful selection of intuitively understanding staff members who had close personal contact with, and professional support from, the technical specialists. The group emphasised that these requirements were still not met, or even recognised, in most areas of the world. The need to maintain the child's contact with the outside environment was again stressed as an attempt to externalise the handicapped child's attitude.

7. The problem of the seriously handicapped child did not cease when he reached school leaving age; he would often need skilled guidance and support, especially during the earlier adaptation to adult life. For this reason the group held three joint sessions with group 6, who were considering the social care of the adult handicapped.

8. Close contact must be maintained between a child in residential care and his own family. There was need for skilled case work with the parents of such children, since the parents had their own emotional difficulties in adjusting adequately to the handicap of their own child.

9. Despite many basic similarities, the problem of the handicapped child must vary in different countries and with different family, child-rearing and cultural patterns.

* * * *

Comment: Conclusion 3 is, perhaps, controversial, since some people will consider that there is little benefit to be gained for handicapped children in regarding them as "normal children with a handicap." They argue that the existence of the handicap makes such an attitude unrealistic and that it is better to regard the handicap as an integral part of the child's personality and to study and plan accordingly. It is recognised, however, that special provisions may, to some extent, increase the ultimate difficulties in adjustment, by marking the child out too distinctly from the normal, and that this represents one of the facets of the problem to be solved. All will agree that handicapped children need individual consideration.

Group 2: Practical Measures for the Education of Teachers in Principles of Mental Health

Chairman: Professor Isabel M. Laird (*Canada*).

Secretary: Mlle. Elisabeth Moritz (*Belgium*).

Group 2 suggests that in every country the training of all those engaged in the education of children should be based on principles of mental hygiene. The group had in mind not so much a formal course of instruction as an initiation into the art of living together in harmony, in building a better world.

With this aim, the following practical steps were suggested:

1. General

That selection of teachers for training should be by qualities of emotional balance and friendly understanding rather than by intellect. Such a choice would become possible when good conditions were guaranteed, of salary, conditions of work, security in employment and in retirement. It was considered desirable that women teachers be allowed to continue in full-time or part-time work after marriage.

2. **During Training**

Alongside the prescribed courses of study it is a good thing to have voluntary courses and small discussion groups on the subject of human relations, based on the study of books, journals, films and on personal experience.

Student teachers should secure their qualifications not only by passing examinations, but more important, by proving their capacity for good human relationships in the classroom and in their personal life. Conditions of work during training should be of the best, but students must also be prepared for working, later, in the type of conditions which they will actually find. Students and their teachers should have access to counsellors of their own choice for the resolution of their mutual difficulties.

3. **After Training**

The young teacher should have the opportunity of choosing from among his colleagues or elsewhere, a counsellor competent to help him in his early professional life. He should have close and easy contacts with the doctor, the psychiatrist, the nurse, the social worker, the minister of religion and the family of the child. He should have opportunities for taking further specialised training or refresher courses while on the job. Later, training courses for newly appointed head teachers would be of great value.

Conclusion

Every mental hygiene organisation can help in spreading these ideas by holding lectures, conferences, demonstration films, etc., but the greatest contribution they can make, is by helping to improve the standing of the teaching profession in the general population.

Group 3: Education of Professional Workers in Mental Health, with special reference to Social Workers, those concerned with Delinquency, Prisons, etc.

Chairman: Dr. Elio Gobbi (*Switzerland*).

Secretary: Mme. Zoja Jurzynska (*Belgium*)

This Group was made up of psychiatrists, a lawyer, social workers and nurses. Discussions throughout were interesting and lively, and every member of the group took some part in them. The Group started by discussing the definition of terms which would be acceptable to all so that difficulties of interpretation could be avoided. It was agreed that only the terms Social Worker and Nurse should be used, and that they should be taken to denote all workers in these two professions. The Group then proceeded to discuss the minimum requirements for the theoretical and practical training of these two categories.

The following recommendations are made, unanimously:

1. Nurses and social workers, both male and female, whatever the sphere of their activity, need to have an understanding of the theoretical and practical aspects of the psychology of human behaviour and of mental hygiene.

2. In more specialised fields, such as work with out-patients and in-patients of psychiatric hospitals, or with misfits in society—delinquents of all ages and those suffering from character disorders—additional training is required, including:

(a) Courses on the theories of dynamic psychology, nervous and mental disorders and their treatment.

(b) Regular and adequate courses of practical training in psychiatric nursing and social work, in which experience can be gained under supervision, in addition to the experience inherent in practical work.

(c) Experience of working in a team of psychiatrists, psychologists, and social workers, and as opportunity offers of specialised nurses.

Courses of study planned in this manner should give an adequate background for work in all fields of mental hygiene.

With due regard to qualities of personality, organizations should recruit their staff, as far as possible, from among people fully qualified in one or other of these professions. The desirability of conducting some of this training, particularly for more highly specialised work, at a university level, is a question which needs to be examined carefully in each country.

3. For those persons engaged in welfare work, prison administration, and the like, for whom such training is not possible, but who are concerned with problems of abnormality and maladjustment, elementary training courses and *ad hoc* teaching on mental abnormalities and on methods of treatment should be regarded as a necessity.

Group 4: Education of the Public in Principles of Mental Health

Chairman: Dr. Doris Odlum (*U.K.*).

Secretary: Miss Mary Applebey (*U.K.*).

The Group consisted of 24 members from 14 countries.

The Group consisted of twenty-four persons representing some fourteen different countries. The attendance was excellent throughout, and there was little change of personnel. During the earlier sessions, members gave an account of the work in this field that was being carried out in their own countries. The Group held a joint session with Group 12, at which film strips were exhibited. On the last day, the Group discussed the special points which had emerged and also considered the relative values of different methods of public education in mental health, and the practicability of employing them.

The Group reached the following conclusions:—

1. Mental hygiene deals with two distinct aspects

   (a) that predominantly concerned with helping the public to understand the problems of mental disorders and mental defect, and to deal with them—what might be called the psycho-therapeutic aspect.

   (b) the wider field which is predominantly preventive, and is concerned with teaching the public to understand the problems of human relations.

2. There are three classes of people to whom health education should be addressed:

   (a) the general public.

   (b) those who have to handle other people, such as nurses, social workers, workers with children, teachers and, in the industrial field, shop stewards, personnel managers, etc.

   (c) the educators, i.e. those whose work it is to spread the knowledge of mental health.

3. The Group was greatly concerned by the widespread resistance, and even hostility, that existed in all countries to the mental health approach. This appeared to be specially prevalent in more complex societies, and among the intellectuals and professional classes. It was felt that it was most necessary to try to secure more co-operation with members of the medical profession. This especially applied to general practitioners.

The Group recommended that the Executive should take note of this problem and try to investigate the cause of this resistance, which presented a major obstacle to mental health education.

4. It was felt that there was considerable danger in "over-selling" mental health. It was felt to be extremely inadvisable to make extravagant claims or to suggest that more could be done than we could, in fact, hope to accomplish by practical measures. It was true that we must try to interest the public sufficiently to stimulate a demand for increased mental health services.

5. The existence of a service which was carrying out useful work was considered by the Group to be the best method of educating the public, and it was considered that, in many cases, it might be better to start in a small way and demonstrate the value of a practical piece of work, and then to follow this up by methods of public education.

6. The Group considered that it was essential to try to unify the fields of mental and physical health and not to deal with them as if they were separate entities. It was also regarded as essential to educate the public to realise that the

concepts of mental health inter-penetrated all aspects of living, and were not only concerned with mental abnormality or disease.

7. The Group considered that it was important to have in each country a national association for mental health, which was non-governmental, that is to say, one which was carried out on a voluntary basis, the functions of which would be to act as a pioneer in providing services to develop the national consciousness of the importance of mental health, to provide a centre to which the public could look for information and advice in regard to mental health problems and services, to keep the subject constantly before the eyes of the public, to keep in close relation with both local and national government, and to stimulate them to improve and enlarge mental health facilities, and to enter into close relations, preferably by personal contacts, with the leaders in all fields of the community, including the churches.

It was considered to be especially important to educate family groups, especially young mothers, in the handling of their children; and that national associations could well devote much of their energy to this objective.

The Group then discussed the relative values and practicability of the various methods of public education:—

1. **The Press**

The group stressed the desirability of:

(a) establishing personal contacts with editors of daily and weekly and special papers and journals, in order to secure their goodwill;

(b) providing an information service for the press to which they could have free access;

(c) writing letters and otherwise following up any matter of public interest which had a mental health aspect, e.g., cases of child cruelty or child neglect reported in the press (Prof. Ley pointed out that it was often possible to develop a public interest in an aspect of mental health through an indirect channel; e.g. it was difficult to get the public to take an interest in a campaign against alcoholism *per se*, but they have become keenly interested in the question of alcoholism as a cause of road accidents);

(d) providing articles suitably written for publication in the daily papers, and also in special journels.

The possibilities in this field varied very much in different countries. One of the greatest difficulties appeared to be that of finding experts who could write articles at the right level for the public press and for the less educated members of the population.

2. **Radio and Television**

This was regarded as a most valuable medium. The facilities available varied widely in different countries. The most effective methods of approach were considered to be talks on special aspects of mental health dealing with some practical issue, and the presentation of dramatic scenes illustrating some special problem, preferably associated with discussion by experts.

3. **Films**

The group were greatly impressed by the *film strips* as a medium applicable to special groups of the public. They felt that these offered a relatively inexpensive and extremely effective method of approach and they hoped that the whole question would be thoroughly explored by the World Federation for Mental Health. It was suggested that it might be possible to prepare some film strips which would be internationally applicable.

The documentary film was also felt to be of value, especially if followed by discussion.

The *entertainment film* with a strong psychological interest was also considered as extremely valuable, e.g. the film *Cry the Beloved Country*. Unfortunately, the expense of production inevitably limited the use of this type of film.*

The group noted that special films for children were being produced in England, and that a special children's theatre existed in Paris for which plays for children were being written. They felt that these were media which might lend themselves to mental health propaganda.

4. **Publications**

The group stressed the value of small pamphlets or leaflets dealing with a particular aspect of mental health, and addressed to a special public; e.g. pamphlets suitable for mothers on different aspects of emotional needs and development of the child. It was pointed out that very few satisfactory pamphlets existed, and it was decided to recommend to the Executive that they should take steps to try to get some produced. Books were also valuable so long as they were simply written and addressed to a particular group. The group noted the great popularity of so-called "confession" magazines in the U.S.A., and of the personal advice columns in some of the English daily and weekly papers — e.g. *Woman's Own, Woman, Home Notes,* etc. The advice given was usually somewhat superficial, but on the whole was fairly sound. It obviously met a public need, as the demand was steadily increasing. Up to the present, no attempt had been made by mental health associations to enter this field. The group considered that it was a subject that the Executive might take into consideration.

Children's papers. The N.A.M.H. in New York was using comic strips for children in the children's comic journals, and the Catholic Church was also putting funny strips in the children's papers.

5. **Lectures**

The group felt that lectures to the general public should only be given in association with some definite activity and should be always followed up, as otherwise the effect created by them was quickly dissipated. It was felt to be valuable to supply lecturers to speak to various existing organisations concerned with different fields of activity. Annual conferences to which members of the public should be invited were also a useful method if they dealt with some concrete problem of social importance.

* * * *

Comment: Attention is drawn to the limitations of the effectiveness in the use of films in countries other than that of their origin because of cultural differences and consequent lack of understanding, or misunderstanding.

Group 5: Provision and Management of Day Centres (Crêches) for Children of Pre-School Age

Chairman: DR. C. KOUPERNICK (*France*).

Secretary: MLLE. VAN KEERBERGHEN (*Belgium*).

This group consisted mainly of doctors and social workers from four countries. They considered three subjects:

1. **Residential Nurseries for Babies**

This subject, not originally envisaged, was brought up by general request and the discussion proved fruitful. In Belgium, because of social conditions and, notably of an influx of mobile foreign workers, more and more babies are being abandoned by their parents and consequently there are more and more residential nurseries. The emotional atmosphere and the upbringing of children in nurseries was considered by the group, and it was emphasised that to an increasing extent public authorities are coming to take the place of parents in the upbringing of children. Thus it is their duty not only to consider the present life of these children, but also their future psychological and social development. It is practically impossible in institutions as now conducted to resolve the problems involved and therefore these nurseries should either be closed down or else profoundly modified.

The group also considered the two alternative courses of action: placement with a foster mother and adoption; and concluded that both courses had advantages and disadvantages.

The group did not agree on the nature and extent of the damage caused to children by an institutional upbringing, some members inclining to the opinion that the danger had been greatly exaggerated and that the bodily needs of young children were by far the most important. The division of opinion appears to demonstrate the need for more education on this subject by means of films and lectures and a radical change of the training of those who are preparing to work with children in these nurseries; these changes should also include a reconsideration of the rôle of the profession of children's nurse.*

2. Day Nurseries (Crêches)

It is emphasised that there is a fundamental difference between residential nurseries and day nurseries, which are products of increasing industrialisation, in that the effect of the latter are infinitely less harmful because the children return home every evening.

The group discussed the daily life of children in crêches and analysed the specific problems of each age group. Ideas differed: some members advocated having visiting psychologists to play with the children and to teach their nurses mental hygiene, because of the extreme youth and immaturity of the latter; others considered that the training of children's nurses should be based on modern principles of mental hygiene and that the crux of the matter was this professional training. The establishment of a model day nursery was advocated so that the training of competent personnel might be aided by direct observation and experience.

3. Nursery Schools for Children under 3 years

Belgium is particularly concerned with this problem. Too often children of between 18 months and 3 years of age are sent to kindergartens for children of 3 to 6 years, partly because there are too few day nurseries and partly because the kindergartens are free. But in the latter there is no financial provision for very young children, nor suitable hygienic measures, daily routine, meals, rest periods, or play. This is another example of the lack of recognition by the public authorities of the importance of the mental hygiene of early childhood.

Comment: Much more exact information has now become more generally available about the effect on babies of abandonment by parents. Readers are referred to the World Health Organization Monograph Series No. 2, "Maternal Care and Mental Health," by John Bowlby, M.D.; and also to the report and comment on Group 12. *(See page 96 of this report).*

Group 6: The Social Care of Backward and Mentally Handicapped Persons

Chairman: Miss R. S. Addis (*U.K.*).

Secretary: Dr. Rachel Fidler (*U.K.*).

The Group consisted of 7 members from 3 countries.

After a short account of the professional interests and occupations of its members, this group took as its terms of reference the social care of the backward and mentally defective and those physically handicapped persons whose physical disability was accompanied by emotional and intellectual disturbances. The group's findings may be summarised as follows:

1. It was agreed that very young mentally defective children needed maternal love, care and security during infancy, as did the normal baby, and although institutional care for very young children was sometimes demanded by the parents, this was usually due to bad social conditions in the home. The practice of many doctors in advising the mother of a young mongoloid baby, for example, to send it to an institution during the first weeks of life was deprecated. It was felt that the mother had received a sufficiently severe shock at this stage in being told her child was defective without adding to her distress of mind by unfolding the whole history of its possible development and urging her to place it immediately in an institution.

Many parents would prefer to care for their child at home during these early years, provided adequate social care was given. This should include clinics specialising in the physical and mental care of these backward children, domiciliary visits from social workers or nurses who could advise the mother on early training and, if necessary, financial assistance.

2. From the age of 6-16 all handicapped children should receive proper training according to their age, aptitude and ability, but social training and character formation were far more important than attempting to attain any particular educational standard. The desirability of day occupational centres was stressed, as opposed to sending the child to a residential institution, but some form of

special transport or escorts must usually be provided. Most parents would welcome the possibility of sending the child away for 2-3 weeks every year to a Holiday Home or Camp, in order to have a short rest themselves.

3. By the age of 16, some of these children should be able to find full-time work in the community, if favourable legislation encouraged employers and Trades Unions to employ such persons, at, if necessary, modified salaries. The Disabled Persons (Employment) Act, 1946, of Great Britain was quoted as an example.

Others could be profitably employed in sheltered workshops, while in rural areas more farmers should be encouraged to employ these lads under some system of guardianship or agricultural hostels.

To prevent exploitation of the backward person in industry, some form of tactful supervision should still be exercised.

4. It was felt that it would still be possible to keep lower grade patients in the community by placing them with suitable guardians or foster parents, provided the authority concerned was prepared to make adequate financial payment. A generous payment would, even so, be usually much less than the cost of maintaining such persons in residential institutions. The necessity of strict supervision from the moral and eugenic point of view must be impressed on such foster-parents, and backed up by domiciliary visits from medical and social workers.

5. All children with a physical handicap likely to incapacitate them for any length of time should receive adequate and early psychological investigation and care. Cases of physical illness necessitating a lengthy stay in hospital should receive special teaching or training from staff qualified for this purpose. On leaving hospital these children should, if possible, return home and attend the local school, rather than be sent away to a residential school. Their presence might be used to encourage amongst normal children a sympathetic attitude towards physical disability. An exception was the child of average intelligence suffering from epilepsy, when it was felt that such a child in a normal school might be harmful to other children, but only as a last resort should such children be sent away to a residential special school, although the group did not want to be dogmatic about this, realising each case must be considered on its own merits.

6. Many high-grade defectives, capable of supporting themselves in the community, were condemned to remain in institutions or return to institutions if they had no family or relatives. For those, small hostels or family groups under a foster-father and mother were advocated.

This summary of the conclusions of this group, many of whose members had had many years' experience with the backward and defective, is interesting in underlining the importance they attach to the continued community and social care of such persons whenever possible.

Group 7: Practical Measures for Dealing with the Mental Health Problems of Refugees

Chairman: Miss Betty Barton (*U.S.A.*).

Secretary: Melle Germaine Marichal (*Belgium*).

The Group consisted of 10 *members from* 5 *countries.*

At the 3rd Annual Meeting of the WFMH in Paris in 1950, and at the 4th International Congress in December 1951, in Mexico City, Working Groups explored the problems of mental health of refugees. As a result of their work, wider interest has been stimulated in these problems. Many forward steps have been taken, also, by governments and local bodies.

Possibly the most important development during this period has been the establishment by the United Nations of the office of the United Nations High Commissioner for Refugees, with the responsibility for refugees in many areas of the world.

We are especially gratified to acknowledge the interest and encouragement in the field of mental health of refugees displayed by UNESCO through its Social Science Department.

WHO, through both the Director General, Dr. Brock Chisholm, and the Mental Health Section under the direction of Dr. G. R. Hargreaves, has made valuable contributions to knowledge in areas of refugee mental health.

Despite these favourable advances, wider recognition must be given to the fact that the refugee problem is a continuing one, and that maximum resources must be mobilized to conserve the values of the individuals who are caught up in these 20th century population movements.

Working Group 7 has prepared an extensive report of its discussions and included as appendices several interesting reports previously unavailable. This material can be secured later by those who have a special interest in the mental health of refugees.

In this report, however, we shall confine ourselves to summarily presenting our definitions and recommendations.

A. Definitions

1. Definition of Refugee

A refugee is a person uprooted from his homeland by force, by mass action, or by individual decision, who is unwilling or unable to return and who has not yet established firm new roots in another country.

2. Related Groupings

In addition to the refugee who falls within the above definition, we recognise that similar adjustment problems are to be found among people migrating by their own free will, labourers and professional workers recruited from other countries for temporary contracts, foreign students in schools and universities, children on holiday or convalescent visits in a foreign country, and others. Some of the problems involved are also present for personnel in armed forces stationed out of their own country.

B. Recommendations

The members of the Working Group on Practical Measures for dealing with the Mental Health Problems of Refugees and Displaced Persons wish to present the following recommendations:

1. That the Executive Board of the World Federation for Mental Health provide the inclusion of a Working Group on the mental health problems of refugees in the coming Annual Meetings, in recognition of the continuing occurrence of refugee movements and the importance of adequate knowledge of mental health concepts for dealing with these movements;

2. That provision be made for the continuance of our working group throughout the coming year as an interested nucleus for all members willing to participate in continuous association, correspondence and interim meetings, when possible;

3. That efforts be made to make possible the appointment of a qualified refugee expert in association with the WFMH Secretariat, whose responsibilities should include: (a) the collection, evaluation and dissemination of field reports, research studies, and other material dealing with or pertinent to mental health of refugees; and (b) the co-ordination of WFMH and member-associations' efforts with similar or related work undertaken by UNESCO, WHO, UNHCR, OEEC, ILO, PICMME, and other international governmental and non-governmental organizations;

4. That a library of monographs pertinent to the mental health of refugees be established under WFMH sponsorship;

5. That a central registry or card index be developed of scientists and expert workers in the field of mental health and related aspects of migration. Persons listed in this index should get a copy of it, and of the additions and deletions, to make possible a network of interchange of experience;

6. That universities in which special research in mental health is being carried out be encouraged to develop, on a regional basis, annotated bibliographies dealing with mental health of refugees. Students could participate in the preparation of this material under expert supervision;

7. That in every country not already having such service, there should be established a reception centre for refugees which provides not only legal registration but also orientation, counselling, and referral services by qualified workers, and adequately staffed with mental health workers;

8. That basic research on various aspects of group work as a social tool for facilitating adjustment, resettlement, and the taking of roots be encouraged, and that such basic research be carried out in different countries with different groups of refugees at various stages of movement, e.g., in transitional camps, at the point of reception in the new country and in the community of final resettlement;

9. That standardization of reports and record-keeping should be developed in such a manner as to permit the comparability of findings for use by competent research workers. Such standardization should provide for a wide range of flexibility according to varying psycho-sociological, psychopathological and ecological conditions.

Finally, and off the record, we should like to encourage all persons here having information about research projects and bibilographical material related to this subject, to send a brief report to the WFMH Secretariat in London.

* * * *

Note: The more extensive report, with appendices, referred to in the introduction to this summary report, is available from WFMH, price .30c., or 2/-, post free.

Group 8: Techniques of Mental Hygiene in the Industrial Field

Chairman: Dr. Leo H. Bartemeier.

The Group consisted of 4 members from 4 countries.

The very small number who registered for meetings of this group precluded the possibility of anything more than an exchange of information regarding psychological procedure and the interest of industry in this subject in a few countries. Sweden, Denmark, Germany and the United States were represented in the three sessions which were held during the 5th Annual Meeting of the World Federation for Mental Health. These sessions were of value for each of the participants, but it becomes increasingly evident that there is need for a careful documentation of data pertaining to the application of the techniques of mental hygiene in the field of industry in each of the countries of the world in which these applications are being activated. The acquisition of this data will likely depend upon the appointment of a small committee from a single geographical area which may attempt to collect data in the interval between now and the next annual meeting of the Federation.

It is further suggested that effort be made to select topics of international importance in the field of mental hygiene and industry and that brief presentations be prepared for discussion by the group at the next annual meeting.

Group 9: Mental Health and the Work of the Nurse

Chairman: Dr. Wallace Ironside (*U.K.*).

Secretary: Dr. M. Hemingway Rees (*U.K.*).

The Group consisted of 11 members from 3 countries.

The Group met eight times. Out of its eleven members, seven were regular participants. Valuable information, concerning selection and training of nurses, was exchanged.

The following points were discussed:

1. **Selection of candidates**

In the selection of candidates for training from the mental health angle, it was stressed that medical examination should contain a psychological evaluation to determine her level of intelligence and general suitability for nursing.

2. **Factors affecting the mental health of the nurse at work**

(a) personal, social and recreational activities,

(b) discipline and restriction and the rôle of student government,

(c) responsibility and fatigue,

(d) the relationships, nurse and patient, nurse and doctor, and the need for ethical training,

(e) preparation for psychological traumatic events, such as death.

3. **The rôle of nurse in the mental health of the community**

The nurse, because of her work, is in closer contact with the community than any other body of enlightened opinion. She should be more adequately equipped for these responsibilities by the inclusion of mental health instruction in her basic training.

4. **Grading of Nurses**

Nurses who have been trained exclusively in special—for example, mental—hospitals have in some countries not been recognised as being of the same status as those from general nursing schools. It was agreed that nurses' training should be uniform and should include theoretical and clinical experience in all the specialities. Further specialization should be provided for post-graduate training. It was decided that the continued cleavage between general and psychiatric nurses in some countries was hampering the progress of both and was contrary to the conception of holistic medicine.

5. Further opportunity for post-graduate training should be available in the international exchange of nurses. This is at present very limited.

The following are recommended:

1. Valid psychological methods of examination should be employed in the selection of nurses for training.
2. The establishment of a system of guidance counsellors would be a support to nurses in training, enabling them to solve the inter-current problems of their personal adjustment to various co-workers, medical staff, and work.
3. The initiation of a programme for a minimal basic training, applicable to any country desirous of organizing a nursing service.
4. The practice of the international exchange of nurses should be encouraged, and adequate funds should be made available.
5. In view of the nurse's unique and responsible position in the community, emphasis should be placed on instruction in mental health and the art of human relations to enable her to apply these principles in her daily life.

Group 10: The Use of Films for Professional and Community Education

Chairman: Dr. J. Wagner Smitt (*Denmark*)

Secretary: Dr. H. van Wieringen (*Netherlands*)

The Group consisted of 5 *members from* 4 *countries.*

The Group talked about the work that had been carried on by the film committee of WFMH during the last year: the visits to WHO, UNESCO, ISFA, etc., the compilation of articles and books about the correct use of mental health films, and the making of an annotated international catalogue on mental health films.

The Group agreed that film work is of paramount importance for the advancement of mental health conceptions. Films have the advantage of being *emotional, concrete* and *personal,* where the other media, like articles and speeches, are *intellectual, abstract* and *impersonal.* Thus films present real living situations, which are furthermore felt as personal experiences by the audience.

But it should be kept in mind that non-theatrical mental health films should never be shown to the general public without an *introduction* and a following *discussion* led by an able mental health worker. This holds true also for the use of mental health films presented in television.

In some cases, the use of the much cheaper film strips might be an advantage. In other cases the two media might be combined, so that the film is followed by a film strip giving in summary the most important aspects of the film; this might especially be the case for less experienced discussion leaders.

Theatrical films should not be forgotten. *Snake Pit* showed us the immense impact such films may have on society. The making of a film of the life of Clifford Beers, leading

up to the foundation of WFMH in 1948, was recommended.*

It is strongly recommended that all members of this meeting should get hold of the new WFMH international catalogue of mental health films. Special attention should be given to the introductions by Dr. J. R. Rees and Miss E. C. Lekkerkerker.

Two important items from this introduction should be underlined here. Both are projects of UNESCO, namely: (i) ratification of the suspension of import duties, and (ii) ratification of the Film (etc.) Coupon system (See International Catalogue of Mental Health Films, pages 4 and 5).

Furthermore, we would ask all members of this meeting to go home and stimulate their national mental health organisations to establish a film committee—or at least to designate a single person to take care of film problems. This would be a very great help for the Film Section (and the Film Committee) of WFMH.

* * *

During the Annual Meeting of WFMH in Brussels, the following films were shown :—

Bathing of Babies in Three Cultures (13 minutes)

Interesting anthropological film for specialised audiences, but useless without expert commentator.

Roots of Happiness (26 minutes)

Delightful film of happy family life in a relatively simple community (Puerto Rico). Commentary in Spanish.

Fears of Children (28 minutes)
Angry Boy (30 minutes)
Farewell to Childhood (23 minutes)
Steps of Age (15 minutes)

All very good films, but the first two are better suited for European audiences and more applicable to European situations than the latter two, where cultural differences spoil a good deal of the effect.

Lonely Night (1 hour)

Many people thought this an excellent film, but there were as many severe criticisms. Some people thought that two subjects were mixed up in the film and felt confused. Many psychiatrists felt dissatisfied with the way in which psycho-analytical treatment was presented. Lay observers were surprised to see how simple it was to cure patients. Others did not agree with these criticisms and so the films fulfilled their main task: *to arouse discussion.*

* * * *

Comment: A play about Clifford Beers has has recently been produced in the U.S.A.

Group 11: Formulation of the Unsolved Problems of Mental Hygiene

Chairman: DR. H. C. RUMKE (*Netherlands*).
Secretary: DR. ROBERT LEVY (*U.S.A.*).

The Group consisted of 14 *members from* 6 *countries.*

I

The group met under the chairmanship of Dr. Rümke to discuss the "Formulation of Unsolved Problems of Mental Health." However, we soon discovered that this was a rather difficult task in so far as all the problems of mental hygiene and health seem to be unsolved.

We decided, then, to begin by considering some of those problems which had been neglected or passed over in the concentration of interest on only certain areas of the mental hygiene field.

However, in attempting this we did stumble against certain other questions, not neglected, but yet certainly far from solved, which were worthy of inclusion because of their basic importance in any attempt to consider other questions.

In this report I will start, then, by listing some of the problems which arose relating to methods and basic issues, and then proceed to the more specific problems, which will be presented under two *general* groupings—first, those problems related to the study of individuals, and, second, those related to the study of groups.

II

First, (considering now basic theoretical problems) we were aware from the start that we were handicapped by the lack of adequate methodology of the various sciences concerned with personality. We were troubled

by such questions as : " What are the conditions of 'proof' of an hypothesis ?" " When can we assert confidently that a particular suspected etiological factor is really responsible for a particular phenomenon ?" " How far do the language and concepts of people from different cultures discussing any problem have the same meaning ?"

Secondly, we were concerned with some of our basic definitions. What really is " mental health "? How much of it can be defined in trans-cultural terms, and how much is a type of functioning varying in relation to the structure of the culture ?

Can we establish general criteria for evaluating the mental health of individual societies ? Is it valid to make the assertion that one society as a whole is healthier than another, and if so, can we study the factors producing this difference ? Can we say that in certain societies conformity or adjustment to the cultural norm is not optimal health ?

Next we raised some question as to how certain factors might bias and distort the theory and practice of mental hygiene. There were three concrete questions :

Firstly—The workers in mental hygiene are of certain social and personality types. How does this affect what data they are curious about, and sensitive to, and how does it affect their use of this data ?

Secondly—We all tacitly share, because of common backgrounds, certain democratic conceptions as to the nature of man, and the evaluation of human behaviour. How does this particular orientation affect our theory and practice ? Is it in any way arbitrary ?

Thirdly—A good deal of the crude data on which mental hygiene operates comes from the use of psychometric and projective psychological tests. These tests were created in certain cultures, or sub-cultures, and then often applied to non-comparable groups. We felt that there is a question as to the reliability of such data, and that there is a need for a validation and restandardization of the tests in each culture, or sub-culture.

III

The next general grouping of the problems which occupied us had to do with individual clinical problems, the investigation of which might provide basic data for mental hygiene. These were problems concerning causes of improvement or deterioration in individual mental functioning.

Firstly—The basic question as to what makes psychotherapy work. What are the actual operative factors in various types of effective therapy ?

Secondly—It was noted that acute social phenomena (the arising of a particular social movement or cult, even the outbreak of war) sometimes produce improvement in the functioning of individuals, often improvement beyond the power of psychotherapy to achieve. Why do these improvements come about, and can scientists learn anything applicable from these phenomena ?

Thirdly—We felt that more data was needed about psychopathogenic factors in the stages beyond early childhood. A good deal is known of the effects of childhood experience, but, assuming that the childhood experience is healthy, can—and under what conditions can—experience in later life produce mental and emotional disease ?

The third, and final, general category of problems were those related to groups of people—as opposed to problems to be investigated on the individual level.

Firstly—We felt that recently there had been a neglect of the investigation of pathological problems. For example, among many such problems, homosexuality and schizophrenia, in regard to such things as their prevalence among particular subgroups, public attitudes towards them, local facilities for dealing with them, and variation in incidence as related with political and economic changes affecting the groups.

Secondly—We wondered if there was sufficient information, in general, as to the varying cultural attitudes towards deviations, towards emotional illness, towards those individuals who asked for help in their emotional problems. How do these attitudes affect the expression of emotional difficulties ?

Thirdly—In our considerations of group problems, we were concerned with the pressing problem of the effect of rapid cultural change on mental health, particularly in its

effect on primitive groups who are being exposed to "westernization" and industrialization.

Finally we asked ourselves the quite concrete question as to what aspects of mental hygiene theory do we feel so certain about at present that we can derive from them definite, clear recommendations for action?

We do not feel that we should close this report without noting that of course the biggest unsolved problem of mental hygiene today is why men must destroy each other—but we hope that the progressive solution of such problems as we have touched on here will help lead towards the solution of this greatest problem of all.

Group 12: Public Health and Mental Health

Chairman: Dr. John Burton (*U.K.*).

Secretary: Melle Simone de Nave (*Belgium*).

The Group consisted of 11 *members from* 9 *countries.*

The group considered that:

1. "Public Health" is "community health," dealt with by government, local authorities, voluntary organizations and certain individual professional workers.
2. "Mental Health" is a Public Health problem.

   It consists of:

   care of mental illness,

   child guidance,

   after care,

   the promotion of healthy attitudes in the community.

The group decided to consider only the latter.

The main aim of Public Health (in that field) is to infiltrate all sections of the community with healthy attitudes.

The growing interest of parents, nurses, doctors, teachers, lawyers, clergy and social workers was particularly mentioned, but the resistance of administrators, professional people and the public to these concepts was also noted.

The question was asked: what are healthy attitudes? After considerable discussion, agreement was reached on the following points:

Democracy is the basis of a healthy attitude and the ingredients of this democracy are:

1. A sense of the dignity of man.
2. Respect for the personality of other individuals.
3. A sense of security, the components of which are:
   (a) material factors, such as health and accident insurance, job security, etc.
   (b) psychological factors, such as:
   confidence between men of all ranks,
   appreciation between individuals,
   a sense of personal importance, etc.
4. Accepted authority. This depends on the participation of all ranks in decisions taken, joint consultation, etc.; responsibilities at all levels; explanation of work in which everyone is participating; some accessible person to refer to in trouble.

Examples were given of the way in which real participation liberates latent forces in the individual and develops a love of activity. These were taken from hospitals, voluntary agencies and family life.

Lastly, much discussion took place about the need for a *sense of purpose*, and the usefulness of one's life and activities, but this purposefulness may be dangerous if not combined with a sense of humour (keep smiling!) and of the relativity of things.

In applying these principles to governments, the group considered it was the responsibility of Public Health to provide conditions under which popular movements flourish and are used, and to encourage the decentralisation of responsibility. This should not, however, preclude governments taking the initiative on the recommendation of experts appointed to advise and criticise

(such as consultant committees existing in some countries and producing very good results).

Applying these principles to family life, the group noted that in most countries authority in the family had changed, owing to the prolonged absence of the father (in war years), and the growing tendency for mothers to work, and that these facts combined to rob contemporary children of the opportunity to develop and enjoy, stage by stage, their affective life.

What can Public Health do about it?

It can set an example in its own administration and in handling of people. It can avoid procedures which are harmful, such as the thoughtless separation of mothers and infants. It can promote education in sex, parentcraft and child development. This was thought to be of particular importance for women, as the greatest stress falls on them, as the modern mother is expected to react on a primitive biological level with her children, and a sophisticated level in her professional life.

Since equality in economic status now seems inevitable, it is practically a *fait acquis* that education should insist that caring for children is part of the essential feminine rôle, and should be appreciated more by men. This education should be backed up by manifest public approval, as could be shown by privileges for mothers with regard to food, transport, and possibly entertainments, etc. (as occurs for soldiers in many countries).

The sex education of children should start with the first questions about birth, and be continued until parenthood. As the information must be taken on trust, it is essential that the educator should be respected by the child.

Discussion about the responsibility of Public Health also raised the direct question: Is the *Bowlby Affair* (so-called by the group) sufficiently proved to take administrative action? The group avoided and returned to this question repeatedly. Comments on this problem were that the possible consequences of the application of these ideas could be a life without problems and difficulties, and ultimately "the sleep of humanity."*

The group thought that the purpose of promoting mental health was to enable people to resist the stresses and strains of life, which are inevitably involved in modern cultures, and to bear suffering without psychological catastrophe. The value of suffering in deepening human experience was noted.

The group, however, agreed that the Bowlby thesis was a valuable guide to administrative action, as far as small children are concerned. Examples were given of experience in hospitals where the recovery of children was more rapid when mothers were present, and in others when doctors and nurses applied T.L.C. (Tender Loving Care). The group thought that Public Health had a great responsibility in improving the quality of mothering in existing institutions.

It then turned to the consideration of the requirements for the training of Public Health Workers. Since the training of all doctors and nurses takes place in hospitals, Public Health must interest itself primarily in the attitudes prevailing in these.

After many interesting contributions from the experience of various members of the group, it was recommended that:

1. Because the entry of a patient to any hospital, and the attitudes adopted towards him, can be a severe psychiatric blow, a suitable psychiatric consultant should be appointed to advise on all aspects of the emotional atmosphere of the hospital.
2. In order to give reality to the democracy in hospitals, joint consultation between directors, doctors and nurses should be introduced.
3. In order to underline the importance of healthy attitudes, courses of lectures and discussions should be part of the training of all members of the staff.
4. In order to avoid resistance, great care and tact should be used in the manner of introducing these plans.

In addition to this, refresher courses should be organised on mental health for doctors, nurses and social workers.

The group thought that by these measures small fires would be lit, which would gradually spread and bring about the healthy attitudes we seek.

* * * *

Comment: Bowlby writes in the conclusion to "Maternal Care and Mental Health" (p.158) about "... a lack of conviction on the part of governments, social agencies, and the public that mother-love in childhood is as important for mental health as are vitamins and proteins for physical health." The purpose of this monograph and the survey which preceded it, was to review the evidence in several countries, of the importance of mother-love to the child's capacity to withstand the stresses and strains of life.

There is nothing in the "Bowlby affair" to support a contention that emphasis on the importance of mother-love to the child's mental health can lead to a life without problems and difficulties. Indeed the report is concerned with studying the conditions necessary to ensure that the child is capable of profiting from suffering and will not merely be destroyed or damaged by it.

As Bowlby himself remarks (p.158), intellectual doubts about the reality of these phenomena may be influenced by study of the scientific data reviewed in Part I of the report.

(See also footnote to report of Group 5, page 89).

Group 13: Leadership and Authority in Local Communities

Chairman: Dr. Paul J. Reiter (*Denmark*).
Secretary: Dr. Genevieve Stewart (*U.S.A.*)

The Group consisted of 11 *members from* 4 *countries.*

The group consisted of 11 members representing four countries and the professions of psychiatry, psychology and social work. Dr. M. V. Argüelles and Dr. T. A. Ratcliffe were invited guests.

After detailed discussion, the group was convinced that the problem of Leadership and Authority was one of immediate urgency and of great magnitude.

In consequence of this, the group was of the opinion from the outset that it had to concentrate upon the practical approach. The group determined that it should first utilize the material from former groups, and the existing bibliographies and accept the definitions of Maria Rogers, published in the *Bulletin* of December, 1951.

The group agreed that it should investigate the possibilities of research into four different aspects of the problem, viz.:

1. Basic facts: especially the dynamics of family and child-rearing patterns within different cultures from various fields, particularly regarding the relationship with authority figures.
2. Historical: studying leaders and followers in their total environment.
3. Ethnological.
4. Sociological: involving investigation of the dynamics and interplay in as many different types of social groups as possible.

It was emphasised that these four aspects were closely interwoven and all must be considered dynamically.

The group discussed each of these topics in sequence. It was concluded that the only method of obtaining the facts on which to base further statements would be a long-term project.

In practice this would mean the holding of five separate multi-disciplined international seminars, each of the first four studying one of the approaches mentioned. The final seminar should integrate the total findings and should incorporate an even wider range of disciplines. A scheme for the preparation and carrying out of such seminars could be produced.

The group considered that, without this project, further study sessions in the present form could achieve no additional worthwhile results.

Group 14: Contribution of WFMH and its Member-Associations to the Work of the United Nations, its Specialized Agencies and Technical Assistance

Chairman: Dr. E. C. Lekkerkerker (*Netherlands*).

Secretary: Dr. Frank Fremont-Smith (*U.S.A.*).

The Group consisted of 9 members from 6 countries.

The group consisted of 9 members representing 6 countries: Canada, Germany, Netherlands, Sweden, United Kingdom, and United States. We represented 4 professions: psychiatry (with 3 members), psychology (with 2), psychiatric social work (2) and administration (2—one magistrate and one foundation executive). There were 5 women and 4 men. We were most fortunate to have as consultants Dr. Ronald Hargreaves, representing the World Health Organization, and Dr. W. D. Wall, representing UNESCO.

In discussing the topics under consideration, the group conceived of the term "technical assistance" as including international assistance of every kind, whether carried out on an official or on a voluntary basis. In this report the term "mental health" is intended to mean mental health and human relations in a broad sense.

The group, as a result of its discussions, desires to report the following suggestions to the Executive Board for such action as the Executive Board may consider appropriate.

(1) Emphasis should be given to the rôle of the WFMH as a non-governmental or voluntary agency at the world level, and to the importance of such international voluntary bodies to the United Nations, its agencies and commissions. (Special reference should be given here to the WFMH *Bulletin* of December, 1951, containing Dr. Soddy's article, *Relationship between* WFMH *and United Nations Agencies*.)

(2) Member-associations should be encouraged to review their own rôles as voluntary agencies in order to make the most effective use of their opportunities to influence government agencies and officials in furthering mental health. Due consideration must be given to the differing traditions in different countries regarding the functions of voluntary agencies.

(3) Any program of international assistance, involving expert consultants, fellows and seminars, should be planned as a whole, taking into account that in the long run it is the fellows coming from underdeveloped countries to study new technical advances who, on returning to their own homelands, can best adapt such technical advances to the needs of their countries with the minimum disruption of traditional patterns and cherished values. In work of international assistance it is important to begin at the level of development of the people one wishes to assist. The group recommended that seminars be held both in the "receiving country" and elsewhere, with emphasis upon the mental health implications of rapid cultural change such as accompanies industrialization and economic development.

(4) The Federation and its member-associations should study how each may most effectively co-operate in programs of international assistance. This should include both informal and official efforts to influence the planning and execution of such programs, so that mental health implications of international assistance will not be neglected. Member associations should offer all possible assistance to consultants in the mental health field who go to other lands, and to fellows in this field who are received from other countries. The Federation and member-associations should notify the appropriate international and national agencies responsible for consultants and fellows what kind of assistance can be offered, by whom, for whom, and who in each country will be responsible for implementing such offers of assistance. It is believed that assistance and guidance of fellows in the mental health field is the special responsibility of member-associations in countries receiving such fellows.

(5). The Federation and member-associations should be urged to compile (together with pertinent information) lists of consultants and experts who have had trans-national experience, for the benefit of

agencies which are responsible for the future selection of consultants for international assistance.

(6). Member-associations, wherever possible, should make personal contacts with those officials of their respective governments who are responsible for selection of delegates to the UN and its agencies—and also with the delegates themselves—to alert them to the nature and importance of cross-cultural mental health problems and to the possibility of obtaining assistance from member-associations and from the Federation in dealing with these problems.

(7). The Federation and member-associations should study how best to assist the UN and its agencies to give more consideration to the mental health implications of their programs and how best to assist government agencies in initiating and formulating their requests to the UN, to its specialized agencies and to the Technical Assistance Board for international assistance, since, under existing practice, the UN and its agencies can act only on official request from a government desiring assistance.

(8). The Federation and member-associations should bring to the attention of those responsible for training or briefing persons for international assistance, whether in universities and voluntary agencies, in governmental agencies or at the level of the United Nations, the importance of the mental health implications of international work and encourage the consideration of these factors in training programs and field work.

(9) It was felt that the member-associations in the ten countries at present most actively involved in programs of international assistance should give careful consideration to how such programs might be improved in their countries, and to report on this to the Federation, including in these reports names of persons and institutions well oriented in mental health aspects of international assistance, to whom fellows, consultants and agencies might be referred.

COMPOSITION OF GROUPS

The names of people who joined groups but did not attend their sessions regularly have been omitted from this list.

GROUP 1(A): **TECHNIQUES OF MENTAL HEALTH IN SCHOOLS FOR NORMAL CHILDREN.**

Chairman: Dr. A. F. Alford (*U.K.*); *Secretary*: Mr. R. Howlett (*U.K.*); *Belgium*: Mlle. M. Declercq, Mr. H. Dekegel, Mr. R. Deriviere, Mr. P. Gobert, Dr. A. M. Laporta, Mlle. S. Vandergucht ; *Sweden*: Mrs. Gillqvist ; *U.K.*: Dr. Mary Ferguson, Mr. A. J. Lilliman.

GROUP 1(B): **TECHNIQUES OF MENTAL HYGIENE IN SCHOOLS FOR ABNORMAL CHILDREN.**

Chairman: Dr. A. Friedemann (*Switzerland*); *Secretary*: Dr. T. A. Ratcliffe (*U.K.*); *Belgium*: Mlle. L. Dekeukelaire, Dr. A. Dourlet, Dr. H. Hoven, Mlle. C. Mutsaers ; *Egypt*: Mrs. Z. Trampides ; *Israel*: Dr. Elise Dagoni-Weinberg ; *Italy*: Dr. T. Detre ; *Sweden*: Dr. Torsten Ramer ; *U.S.A.*: Dr. R. E. Troy.

GROUP 2: **PRACTICAL MEASURES FOR THE EDUCATION OF TEACHERS IN PRINCIPLES OF MENTAL HEALTH.**

Chairman: Prof. I. M. Laird (*Canada*); *Secretary*: Mlle. E. Moritz (*Belgium*); *U.S.A.*: Dr. Reichenberg-Hackett, Dr. Irving Salan.

GROUP 3: **EDUCATION OF PROFESSIONAL WORKERS IN MENTAL HEALTH.**

Chairman: Dr. E. Gobbi (*Switzerland*); *Secretary*: Mme. Z. Jurzynska (*Belgium*); *Austria*: Dr. Wilhelm Solms ; *Belgium*: Dr. Marcel Alexander, Dr. C. Andersen, Mlle. M. Blariaux, Prof. E. De Craene, Mme. M. Detière, Mlle. Huynen, Mlle. A. Lempercur, Mlle. J. Stilmant, Mlle. G. Torchin, Mlle. E. Veekmans, Mlle. G. Willems ; *Egypt*: Dr. S. Girgis, Dr. M. K. el Kholy ; *Iraq*: Dr. M. K. Shabender ; *Spain*: Dr. J. Pelach.

GROUP 4: **EDUCATION OF THE PUBLIC IN PRINCIPLES OF MENTAL HEALTH.**

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THE BULLETIN

The chief event in the history of the *Bulletin* in 1952 was its conversion from a two-monthly to a quarterly publication. The reason for the change was principally the fact, probably not new to readers, that the Federation is unable to afford an editor or any special staff for the production of its journal; and this, coupled with the ever-expanding work of the Secretariat, made necessary some change in policy. Unfortunately, the less frequent appearance of the *Bulletin* did not, as had been hoped, prevent its late appearance on at least one occasion, the reasons for this being those already mentioned.

As was to be expected, the 4th International Congress on Mental Health, held in Mexico in December, 1951, took pride of place among the subjects dealt with in the year under review. In addition to informative articles about the Congress, the *Bulletin* published several of the papers presented at it, and participants in the Congress recorded their impressions. The papers, printed in full, or summarised, included one on "School Medical Services and Mental Health," by Dr. Arthur F. Alford, Principal Medical Officer of the Ministry of Education of the United Kingdom; "Films and Mental Health," by Dr. René A. Spitz (*U.S.A.*); and "The General Practitioner and Psychosomatic Medicine," by Dr. A. Mateo Alonso, of Venezuela. Reports on the Congress were contributed by Miss Helen Speyer (*U.S.A.*) and Dr. Leonard F. Browne (*U.K.*); and, in addition, the reports of the working groups in Mexico were published, with comments on the consideration given to them by the Executive Board, and the action suggested where any was deemed possible.

Articles especially written for the *Bulletin* included one by Dr. John Bowlby and Mr. James Robertson, on "Recent Trends in the Care of Deprived Children in the United Kingdom." This article was complementary to Dr. Bowlby's now famous "Maternal Care and Mental Health," published in the World Health Organization Monograph series, and dealt comprehensively with the care of normal, healthy, deprived children as well as of sick children, and the recent introduction of measures to lessen the possibility of psychological damage through hospitalisation. The authors noted a considerable quickening of public and professional interest in the problems of deprived children, during the previous five years, and the beginning of the introduction of radical reforms.

Dr. H. B. M. Murphy (*U.K.*) contributed an article on "Practical Measures for Refugee Mental Health in Britain," but the Secretariat was disappointed in its hope that reports on similar activities in other countries might be forthcoming.

Dr. E. E. Krapf (*Argentina*) discussed the functions of International Congresses and Annual Meetings in the programme of WFMH, and in the same number Dr. T. A. Ratcliffe (*U.K.*) considered the function of discussion groups, a topic of much interest to the Federation and other non-governmental organizations. The publication of this article led to an invitation to Dr. Ratcliffe to write more extensively on the same topic for the monthly *Bulletin* of the *Union des Associations Internationales*, whose headquarters are in Brussels, so that his views could be brought to the notice of many other international non-governmental organizations, over a hundred of which are associated with the *UIA*.*

Dr. Muriel Brown (*U.S.A.*) contributed to the discussion of conferences by compiling a list of desiderata for small residential meetings; and in an article entitled "Helping the Foreign Student in New York City," Dr. Dallas Pratt (*U.S.A.*) described an experiment in brief psychotherapy and cultural research.

Reprints from other publications included a talk by Dr. Bard Brekke (*Norway*) in the B.B.C. European Service, on "Factory Doctors and Mental Hygiene"; and an article by Mr. A. K. C. Ottaway (*U.K.*), on "Mental Health in the Training of Teachers," from the *Bulletin of Education*. This continued the discussion begun in the unsigned article entitled "Education and

**Dr. Ratcliffe's second article appeared in the* Bulletin *of the UIA, 5th year, No. 4, April,* 1953.

Mental Health," reprinted from the *Times Editorial Supplement*, in the *Bulletin* of WFMH, April, 1950.

Notices about the 5th Annual Meeting of WFMH (Brussels, 1952), appeared in several issues, and were followed by a report on the Meeting and a summary of the principal points of interest in the reports of the working groups. Similarly, an article on the plans for the international seminar on Mental Health and Infant Development, by Dr. Kenneth Soddy, its Director, was published before the event, and was followed by a critical review of the seminar by Mr. Alan Staniland (*U.K.*), and by a reprint of a descriptive WHO Press Release which appeared during its course. Mr. Staniland had a unique opportunity for estimating and evaluating the seminar as an experiment in teaching and learning, as he was a member of the Faculty, who, to use his own words, acted throughout the seminar as " stage manager . . . to Dr. Soddy's production . . . ," and represented " both the privileged spectator at the centre, and also the ignorant judgment of the outsider." It is hoped that the full proceedings of the seminar will be available before the end of 1953.

Other reports included one by Mr. Myer Domnitz, on the residential meeting for teachers on " Education for International Understanding," organized by the Conference of Internationally-Minded Schools (Holland, 1951). This account aroused so much interest that it created a record, in the history of the *Bulletin*, for requests for offprints. A report was also published of the meeting of the *Ligue Européenne d'Hygiène Mentale* (Vevey, 1951).

Relations between WFMH, the United Nations and the Specialized Agencies, and the activities of these bodies, formed the subject of a report from Mrs. Helen Ascher, who, with Miss Helen Speyer, represents WFMH at meetings of the United Nations in the United States. Information was given about the International Conventions for the Free Flow of Information and Scientific and Education Material, drawn up by UNESCO. Other notices included reprints of a review of the Report of the Sub-Committee on Alcoholism of the WHO Expert Committee on Mental Health, and a similar review of the Report of the WHO Expert Committee on Maternity Care, both reprinted from the *WHO Chronicle*.

Mental Health activities in different countries have been described in reports of visits of the Director to Cuba and Scandinavia, of Prof. D. R. MacCalman (*U.K.*), to Finland, and in notes supplied by member-associations in Chile and Turkey. An interesting activity, which seems likely to become an annual feature, is the organization of " Mental Health Tours " through the Netherlands, by the Dutch Federation for Mental Health.

Routine features have included lists of forthcoming international conferences, notes on the financial situation of WFMH, a report on the meetings of the Executive Board in 1952, and other matters of perhaps rather domestic interest to the Federation.

As in other years, it was not found possible to publish book reviews, but notices about publications of particular interest appeared from time to time; and a comprehensive bibliography on " Leadership and Authority in Local Communities," compiled by Dr. Harry B. Lerner (*U.S.A.*), was issued as a supplement to the *Bulletin* in May, 1952.

FILM SECTION

The Federation's Film Section was started in 1951, in the office of the *Nationale Federatie voor de Geestelijke Volksgezondheid*, Amsterdam. Dr. Jarl Wagner Smitt (*Denmark*) agreed to act as Chairman of a small consultative committee, the other members of which were Prof. L. Joseph Stone (*U.S.A.*), Miss Applebey and Dr. R. MacKeith (*U.K.*), Dr. Charles Stogdill (*Canada*), and Mr. Henk Nieuwenhuize (*Holland*) as part-time Secretary.

The Section's work in 1952 was handicapped by the loss of its Secretary, when Mr. Nieuwenhuize took a new post which made it impossible for him to continue to work for WFMH. Fortunately, Dr. Eugenia C. Lekkerkerker, Secretary of the Netherlands Federation, came to the rescue and most ably carried on the work, in addition to her own.

The most important activity of the Section was the production of the first International Catalogue of Mental Health Films ever to be compiled. The original issue of 200 copies was quickly exhausted, copies having been sent to all member-associations, the Executive Board, and to other organizations interested in the subject; and an additional issue of 100 copies was made for sale. Supplementary pages are to be produced as films are added to the list, and corrections received, and these will automatically be sent to all who possess copies of the Catalogue. The compilation of the Catalogue was a valuable means of taking stock of the mental health films available in different parts of the world, of their relative value and of the use made of them in various countries. They were found to be most highly developed in the U.S.A. and Canada, and to a lesser extent in the United Kingdom. The common language of these three countries contributes to this, but a more important factor appears to be that the films produced in European countries tend to be made to illustrate particular problems, or the work of particular institutions, whereas those made in the English-speaking countries are devoted to more general psychological problems and are therefore capable of wider use. It seems that no mental health films have been made in South America or in the other continents, and it is clear that the value of such films as a medium of public and professional education is not yet fully appreciated in these parts.

The future work of the Section is envisaged as: the collection of information about mental health films, their content, availability, means of exchange, etc.; continuation of work on the Film Catalogue, with a view to the eventual production of an enlarged and improved edition; production of a leaflet to keep all interested in mental health films informed about developments in the field; the showing of mental health films at international conferences of other organizations, as well as of the Federation, with a view to spreading knowledge of the mental health aspects of general work in public health, education, social service, industry, etc.; building up a technique for the introduction of films to audiences of various types, their use in countries other than that of their origin, the building up of film libraries, etc.; maintaining contact with the Social Welfare Division of the United Nations, the Specialized Agencies, and international organizations concerned with the production of films, in order to secure maximum efficiency in co-operation and co-ordination in matters of common interest.

It will be seen that plenty of work for the Section awaits the day when WFMH is in a position to provide the necessary finance for it.

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December 31st, 1952

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The World Federation for Mental Health

announces the

FIFTH INTERNATIONAL CONGRESS ON MENTAL HEALTH

to be held at the

University of Toronto—August 14th-21st, 1954

on the invitation of

The Canadian Mental Health Association and the Canadian Psychological Association

THEME: Mental Health in Public Affairs.

AIMS: To provide an opportunity for a multi-disciplinary cross-cultural examination of recent advances in the mental health field, and to assist in realistic planning for the future.

MEMBERSHIP: The Congress will be open to professional workers in the mental health field and to the members of organizations interested in such work.

Further information about the International Congress on Mental Health will be supplied on application to:—The Executive Officer, International Congress on Mental Health, 111, St. George Street, Toronto, Canada.

In association with the above Congress,

The International Association for Child Psychiatry

will hold an

INTERNATIONAL INSTITUTE ON CHILD PSYCHIATRY

University of Toronto—August 13th and 14th, 1954

THEME: Emotional Problems of Children under Six Years of Age.

MEMBERSHIP: The Congress will be open to psychiatrists and others working, or concerned, with the emotional problems of children.

Enquiries about the Programme of the Child Psychiatry Institute should be sent to:—Miss Helen Speyer, Executive Officer, International Association for Child Psychiatry, 1790, Broadway, New York 19, N.Y.

REGISTRATION FEES:

Fifth International Congress on Mental Health

Full Membership: $20.00 (or $15.00, if paid before June 1st, 1954)
Associate Membership: $10.00 (or $8.00 if paid before June 1st, 1954)

An Associate Member may attend Plenary Sessions and all social functions and special events provided by the Congress, but may not take part in discussion groups.

International Institute on Child Psychiatry

Full Membership : $10.00 (or $8.00 if paid before June 1st, 1954)

INCLUSIVE FEE FOR BOTH MEETINGS:

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THE AIMS AND PURPOSES OF WFMH ARE:

To promote among all peoples and nations the highest possible standard of mental health, in its broadest biological, medical, educational and social aspects.

To work with the Economic and Social Council of the United Nations, UNESCO and the World Health Organization, with all of which the Federation has a consultant rôle.

To help and encourage member-associations in the improvement of mental health services in their own countries.

To promote communication and understanding through Meetings and International Congresses.

To further the establishment of better human relations in all possible ways.

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An announcement of the **5th International Congress on Mental Health,** and of the **International Institute on Child Psychiatry,** both to be held in Toronto, Canada, in August, 1954, will be found on p.3 of the cover.

WORLD FEDERATION FOR MENTAL HEALTH
FEDERATION MONDIALE POUR LA SANTE MENTALE

In official relationship with the Economic & Social Council of the United Nations, Unesco, and the World Health Organization

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Inland Telegrams: Fedmensana, Wesdo, London
Overseas Telegrams: Fedmensana, London

August, 1953

Dear Percy

I am not sure how much personal knowledge you have of this Federation, even though you are probably a member of more than one member-society in the Federation. I am enclosing, with a purpose, the Annual Report which has just come out, because I hope very much that if you are not too burdened with all the other claims on you, you will be sufficiently interested to become an individual "Associate of WFMH".

The membership of the Federation is composed of societies or associations of professional people or laymen interested in mental health, as you will see from the list in the Report. We have in addition a considerable number of individual Associates whose personal interest we value greatly and whose subscriptions of course help to make the work of the Federation possible. As Director of the Federation, it should not, I suppose, be my job to ask people to concern themselves with the Federation in this way, but most member-societies are very much occupied with raising the necessary funds for their own work, and it is always far more difficult to get support for international organizations even when their importance is recognized.

From the literature you will see something of the general objectives of our work. We aim to explore more fully the scientific bases upon which good positive mental health can be built and we are trying to strengthen activities against mental ill-health. To date most of our effort has been directed towards prophylaxis rather than treatment, and we have, as you will see, achieved some small results, though we are quite conscious of how small they are.

I am writing about this to a number of people in this country whom I know, and it would give me personally very great satisfaction if you felt that you could become an Associate of the Federation. I am considerably concerned that our support so far has primarily come from the United States, and that it is so very difficult to get financial interest in the majority of the other 37 countries with which we are linked. As you will see in the Report, even in the list of Associates, the United States has 703 as opposed to the 80 in this country, although the population ratio is three to one. If all of us who are interested in carrying work in this field across international frontiers gave our own support and brought a number of friends into the same relationship, the situation would change considerably; and it would make it much easier to continue to ask for large-scale support from Foundations and other bodies in the U.S. and would further be a stimulus to the smaller countries of the world.

Yours sincerely,

M.L.