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Reasonably good mental health is a necessary precondition to orderly thought and responsible action. In human relationships, the mental health status of teacher and child interact to produce a positive or negative classroom environment. Mental health consists of (1) objective judgment, (2) autonomy, (3) emotional maturity, (4) self-realizing drive, (5) self-acceptance, and (6) respect for others. Basic needs of an individual can be divided into five categories: physiological needs, safety needs, love needs, esteem needs, and the need for self-actualization. The home and school should fulfill these needs as a minimal requirement for good mental health. Neurotic anxiety exists when a need is unfulfilled, and teachers can do things to cope with pupils' anxieties. Mental health aids for teachers are important, and schools should have counseling services. (DO)

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# WHAT RESEARCH SAYS TO THE TEACHER

24

## Mental Health

Robert F. Peck and James V. Mitchell, Jr.

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Each pamphlet in the series is designed to serve two prime functions: to suggest principles and practical procedures that may be applied directly by the classroom teacher and to provide a springboard for further study and use of research findings.

To serve the first purpose, authors of booklets in the series select from each field those research findings that promise to be of most help to the classroom teacher. However, research has not yet provided scientifically valid findings on many aspects of teaching. In such cases, the best that can be offered is expert opinion.

It is impossible, of course, to provide a complete summary of research in any field in 32 pages. To help teachers further explore research findings, selected references are listed at the end of each booklet in the series.

The series was initiated in 1953 by the Department of Classroom Teachers and the American Educational Research Association under the leadership of Frank W. Hubbard, in his capacities as director of the Research Division, secretary-treasurer of the AERA, and assistant executive secretary of the NEA. Beginning in 1966, the Department of Classroom Teachers assumed full responsibility for publication of the series, with the assistance of the NEA Publications Division. One measure of the success of the series is the use of approximately two million copies of the booklets by educators in the United States and throughout the world.

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# Mental Health

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## EXPLANATION

The authors have attempted to draw from research material on mental health the items which promise to be of most help to classroom teachers. This is not a complete summary of research. In some instances, opinion has been given which is believed to represent the views of most experts. The interpretation and recommendations are those which the authors, Robert F. Peck and James V. Mitchell, Jr., of the University of Texas, believe to be soundly supported by research. Their original manuscript was reviewed by Merl E. Bonney, North Texas State College; Virgil E. Herrick, University of Wisconsin; Henry C. Lindgren, San Francisco State College; and William W. Wattenberg, Wayne State University. Changes were made by the authors on the basis of the suggestions of the reviewers and of the staff of the NEA Information Services.

## MENTAL HEALTH

UNTIL QUITE RECENTLY, the term *mental health* brought to almost everyone's mind the vision of mental illness or of personality disturbance so serious as to cripple the individual's effectiveness. Even now, most people—including some teachers—react to the concept with a sense of uneasiness and sometimes of distaste. One of the most stubborn blocks in the way of progress toward more effective social and educational programs for the improvement of the mental health of our people is the way many of them regard the concept of mental health. The notion that mental health concerns "crazy people," or that only peculiar people would seek education or self-development in the art of living, makes it difficult to win full acceptance and support for needed mental health services in our schools.

### WHAT IS MENTAL HEALTH?

Recently a growing effort has been made to redefine mental health in positive terms. Such a view is useful for the great majority of people who are never going to suffer serious breakdown in the course of their lives. Among the positive characteristics that have been identified by numerous experts in the field are the following:

1. *Objective judgment*: the ability to look at all kinds of facts squarely and accurately, neither overlooking some nor exaggerating others. This ability is also called rationality, good sense, and even common sense.
2. *Autonomy*: the ability to deal with daily events in a self-starting, self-directing manner. Such terms as initiative, self-direction, and emotional independence are often used to convey this idea.
3. *Emotional maturity*: the ability to react to events with emotions which are appropriate in kind and in degree to the objective nature of the situation.
4. *Self-realizing drive*: the habit of working hard and purposefully to one's full capacity. People vary greatly in their physical, intellectual, and social potentialities, but it is possible to see in each case how far the given individual is putting his own particular potentialities to work to

achieve personally worthwhile results. His powers, of course, are delimited by the stage of his development. They are shaped by the opportunities he has had as well as by his innate potentialities.

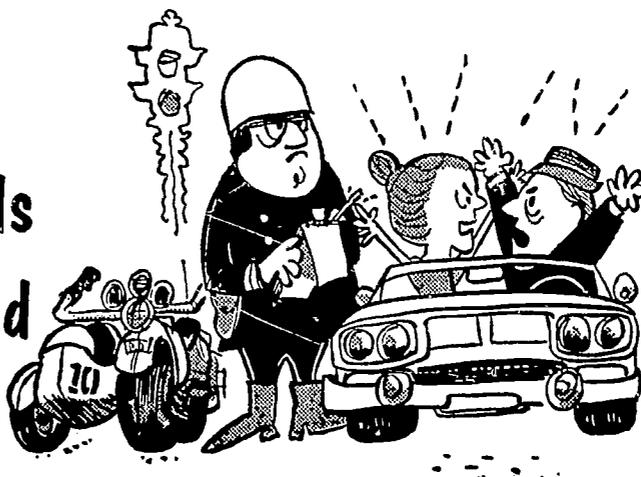
5. *Self-acceptance*: a positive, self-respecting attitude toward one's self. Conscious self-insight or self-understanding may not be absolutely essential to an attitude of self-acceptance, but either seems to enhance considerably the objectivity and the wisdom of a person's self-regard.

6. *Respect for others*: a positive, acceptant attitude toward other people.

Another point which might be added to the list is that good mental health consists in striving for a balance among these various objectives. For example, a great deal of research indicates that good mental health is the product of—and also thereafter contributes to—stable, considerate, friendly relations with other people. At the same time, “fitting in” with group standards at the expense of one's own beliefs produces detrimental effects. Many aspects of life need to be integrated into a workable, mutually reinforcing system of behavior in order to achieve maximum mental health. In every life, however, some shattering experiences occur which bring sorrow, fear, or other inescapably unhappy feelings. In such a crisis, the well-adjusted person does not escape the unpleasant impact of the experience; but he finds some way to keep it from disrupting his whole pattern of life, and he finds ways of enduring the situation until the pain or the frustration lessens.

From another viewpoint, that of our inner selves, it is evident that we all possess human imperfections. Everyone is irrational at times. Almost everyone feels actively hostile toward someone

**Occasionally  
everyone feels  
hostile toward  
others**



else on some occasions. Almost everyone has known and still knows what it is to feel anxious, fearful, and doubtful of self, at least occasionally. Nearly everyone has failed at some time or other to live up to his best capacities. There are a few amazingly complacent people to be found, it is true, but neither their judgment about themselves nor their judgment about the people and the circumstances around them is usually totally objective. Indeed, an excessive show of complacency usually turns out to be a disguise for inner doubts.

More adequate knowledge about the true feelings and actions of the really normal person is a much needed antidote for the kind of excessive, perfectionistic self-criticism which is almost an occupational vice in the learned professions. Teachers tend to define ideal standards for themselves and then proceed to feel guilty because they are not able to achieve these ideals.

The evidence indicates, finally, that there is no *one* kind of personality that exclusively deserves the designation "mentally healthy." We cannot, with accuracy and fairness, pick out one special type of behavior pattern—whether it be the "warm, outgoing" or the "thoughtful, reserved" type—and call that the "healthiest pattern." A school staff needs to accept, more cheerfully than is always the case, the existence among themselves of wide differences in personal styles of behavior. For several decades, we have recognized the "legitimacy," so to speak, of the individual differences among children and the implication this bears for giving each individual a chance to develop in his own somewhat unique direction. Teachers deserve the same consideration.

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## THE PSYCHOSOCIAL WORLD OF THE SCHOOL

There is some research on the influence of the total world of the school on the mental health and morale of its various members. From this, and from analogous studies of business organizations, it is possible to discern a few relationships between the human environment of a school and the development of its pupils.

## Varied Human Relationships

The mental health of a child is affected by several sets of people in the school system. The influence of his immediate experience with his classroom teacher is obvious. What children know, but adults often forget, is that the school principal and the school janitor weigh potently in the minds of children, too. The principal may not even be present, or may be known only by very occasional contacts, but the attitudes and behavior he shows, or is reputed to show, color the school atmosphere for the children. Another set of people who have a profound impact on the child are his agemates. Perhaps the attitudes and values of agemates are second to the teacher's in influence in the primary grades, but by high school they outweigh the teacher's influence.

There are a number of studies of teacher-child interactions and their effects on the child's mental health. Recently, there has been a growing number of studies which describe and even measure the effect of peer relations on the child's adjustment.

While there are almost no recent studies of the impact of principals and other administrators on children's morale and health, studies of management-worker relationships among adults suggest that individual school executives probably influence profoundly the happiness and the learning efficiency of the pupils under them.

If the research on the mental health of schoolchildren is still incomplete, it is vast by comparison with studies on the mental health of members of the school staff. There is a good deal of "common sense" knowledge about this area, but what research there is has focused almost entirely on the personal opinions and experiences of teachers themselves.

There are at least four different sets of people, just within the school system, whose influence on an individual teacher is great. Perhaps the most obvious relationship of importance is that between the classroom teacher and the principal. The degree to which the teacher feels supported, aided, and respected by his immediate superior has a potent influence on his morale and often on his mental health.

As many classroom teachers can testify, a second powerful influence for good or ill is the nature of the relationship the

teacher has with his class or classes. Groups vary tremendously in their attitudes toward schoolwork and in their agreeableness or disagreeableness as a group. Their cohesiveness, or lack of it, can strongly affect the satisfaction and self-respect of the teacher.

A third factor is the kind of relationships among the teachers in a school. In many instances, these are casual enough so that they do not impinge sharply on the feelings or emotional stability of an individual teacher. However, there are schools in which warring factions create chronic tension and unpleasant dissension that adversely affect many of the faculty. There are other schools where it is a positive joy to work because of a friendly, stimulating, and agreeable atmosphere.

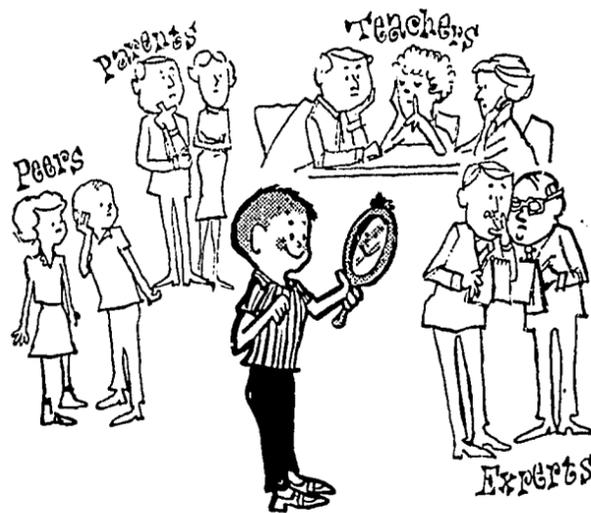
A fourth set of relationships are those which exist between the school staff and the board of education, and between the staff and the less formalized, but often strongly influential, power groups in the community. The relatively few studies which have tried to get objective measures of teacher morale, teacher turnover, community power structure, and the other strands of the web that makes up the psychosocial world of the school all demonstrate the powerful impact of community opinion on the morale and efficiency of teachers.

### **Measurement of Mental Health**

A great deal of research has gone into the measurement of the mental health of schoolchildren. As a result, it is now possible to design a reasonably economical battery of measures which, cross-checking one another, provide a quite high degree of validity in identifying the adjustment of individual pupils. These measures include teacher observations; interviews with children and parents; child self-appraisals, as by questionnaire; classmate evaluations, as by sociometric measures; free-response methods such as autobiographies, essays, and the like; and projective techniques such as the biographical form, sentence completion, and Thematic Apperception Test.

The degree of validity of classroom teacher observations varies directly, of course, with the objectivity and knowledgeable insight of the individual teacher who is making and evaluating the observations. The same may be said for interviewing. In-service

## Valid appraisal of mental health requires many judgments



training experiments have yielded procedures for improving the objectivity of observations and interviews.

Self-appraisals by children tend to be accurate in a good many cases in the early grades, with increasing "cover up" and conscious or unconscious falsification as the children move into junior and senior high school. Self-descriptive questionnaires tend to remain valid for most children who report themselves as seriously maladjusted. Not many give a gloomier picture of themselves than the facts warrant. Of course, an increasingly large portion of children paint a socially acceptable picture of themselves as they gain age and sophistication, so that high adjustment scores on such inventories cannot be taken at face value.

Of all the methods suitable for mass testing and quantitative scoring, carefully chosen sociometric questioning has shown the highest degree of validity in numerous studies. Nomination items describing healthy or unhealthy kinds of behavior, in various contexts, can yield quite complex individual portraits for the children tested. The accuracy of such evaluations appears to increase as the age of the children increases, as might be expected. The validity of peer assessments would seem to rest on two factors, at last: age-mates have maximum opportunity to observe one another in many kinds of meaningful interactions, and age-mates constitute the largest pool of judges who are simultaneously acquainted with any one child.

An equal or higher degree of validity has been reached in several studies when it was possible to have children evaluated

by a sizable number of teachers at once. Teacher ratings or descriptions do not show a very high degree of validity when taken one at a time, but when a number of teachers' evaluations are pooled, the accuracy of the group's judgment has generally proved quite respectable when compared with clinicians' evaluations and with objective behavioral indexes of adjustment.

Self-expressive devices—such as an essay on “the person I would like to be like,” autobiographies, and similar writings by children—can be a source of insight into a child's major concerns, feelings, and perceptions. Such information is susceptible to a good deal of subjective error in interpretation; but, if this is kept in mind, classroom teachers can find leads to deeper understanding than they would otherwise be able to achieve, at least in some individual cases.

Projective techniques, in principle, should be used only by people with special training. A seasoned school counselor, however, who has been trained to use such information to raise questions and provide suggestive leads which can be cross-checked through other data, can frequently reach a specificity and depth of understanding of a child that the child's surface behavior did not permit.

Ideally, a school's appraisal battery should include measures derived from each of the several sets of observers. Information from classroom teachers should be secured; information from agemates should be added; and self-descriptive information should be included. A carefully designed battery of this kind, which would require no more than a few hours of time during the school year to administer, can identify the mental health status of a large majority of the children with considerable accuracy.

## THE MENTAL HEALTH OF THE PUPIL

The dimensions of positive mental health that have been stated are, in a sense, the outcomes of healthy experiences. Moreover, these dimensions can be identified with some assurance because they appear to stem from the inherent needs of human beings. A. H. Maslow has suggested that the basic needs of the in-

dividual can be divided into five categories: (a) physiological needs, (b) safety needs, (c) love needs, (d) esteem needs, and (e) the need for self-actualization. These needs, as listed above, are conceived as hierarchical in organization, with the satisfaction of all prior needs a necessary prerequisite to the fulfillment of any one of them. Thus, self-actualization is very difficult to achieve unless the physiological, safety, love, and esteem needs have all been satisfied within the context of everyday living. Such needs are not only applicable to adults; they are equally, if not more, demanding for children, who must learn socially acceptable ways of fulfilling them while coping with all the insecurities of growing up. In facing this complex task, the growing child needs intelligent and effective guidance, and it is here that his home life and school experiences can serve as valuable resources in providing many opportunities for the kinds of need-fulfillment that are the foundation stones of good mental health.

### **The Home as a Source of Need-Fulfillment**

For each of the five needs listed above, the home has a crucial contribution to make to mental health. The fulfillment of the "safety" needs is a case in point. The safety needs are those whose fulfillment results in physical and emotional security for the child. One of the most important tasks of early infancy is the child's development of a basic and pervasive trust in his parents that will permit at least part of his life to be certain and predictable, even though much of his learning and growth will be fraught with uncertainties. This early need is extended into childhood and even into adolescence, when home is often seen as the one sure refuge against the complexities and challenges of a difficult period of growing up. This legitimate need can be thwarted in infancy and childhood by parents who are too busy to recognize the importance of the physical and emotional closeness that facilitates the development of this basic trust. The same need can be frustrated in later childhood by a tension-ridden home situation that is anything but a refuge, or by parents who indeed offer the home as a refuge, but who exact the price of absolute obedience and dependence from the child who accepts it.

Fulfillment of the safety needs contributes to mental health in other ways as well. Young children feel more secure when their

daily regimen is sufficiently fixed that they know just what to expect next. The secure child does not become overwrought when this regimen is slightly disturbed, for he is secure in his knowledge that things will eventually return to their normal state, and his parents do nothing to invalidate this faith. In a similar vein, the typical child needs to have limits set on his behavior, for without such limits he becomes anxious and confused about the kind of behavior that is expected and approved. It is not only important that the limits be set, however, but that they be set *consistently*, for consistency of discipline contributes significantly to the child's sense of order about the world. All these are important contributions to the fulfillment of the safety needs.

The home is also of central importance in helping the child fulfill his needs for love and affection. Studies of children who are deprived of this all-important kind of need-fulfillment indicate that this handicap has severe negative repercussions for all aspects of development, including the physical, mental, and emotional. Apathy and emotional unresponsiveness are the symptoms of severe deprivation. Lesser degrees of deprivation can produce children who are fearful of close human relationships, who have lost the desire to please and to fulfill cultural expectations, who are resentful or even hostile toward authority figures, or who withdraw into a fantasy world as a reaction to their rejection.

A secure affectional relationship is a blessed gift to any child not only because it facilitates and enhances the living, loving, and growing processes of the child and makes them all seem more worthwhile but also because it leads ultimately to a close identification with one or both parents. This identification is most important for the child's development. From it, he obtains a concrete guide to the kind of behavior expected of him; he gradually learns an appropriate sex role; and he achieves a sense of belonging and importance that makes him self-confident and eager to accept the new experiences and challenges of growing up.

It is unlikely that good mental health can be achieved without the fulfillment, also, of the need for self-esteem, the fourth need in Maslow's hierarchy. Just as the love needs are closely related to the safety needs, and in fact need them as a foundation, so are the esteem needs closely related to and dependent on the fulfillment of the affectional needs. In the course of growing up,

each child develops a "self-concept," which is simply his over-all perception of his capabilities, his strengths and weaknesses, his future promise—his perception of the kind of person he really is. This self-concept develops from his interpretation of the reactions of others to him as a person. The reactions of those closest to him naturally have the greatest influence. Thus, parents exercise pre-eminent influence on the developing self-concept of the child. If they show confidence in him, treat him as a worthy person, and demonstrate a generally approving attitude, his self-concept will soon incorporate self-confidence, a sense of personal worth, and a generally positive attitude toward himself. This self-concept becomes increasingly firm, or less flexible, with age.

The child who has a certain self-concept will act in ways consistent with it, even though the original self-concept may be erroneous. Thus, the child who is capable enough to learn how to read, but who just cannot see himself in the role of an effective reader, may react toward reading in ways which are essentially self-defeating. The fulfillment of the need for self-esteem, then, is not a transient affair of only temporary importance, for this fulfillment—or lack thereof—becomes cumulative in its influence on the self-concept, and the final product eventually becomes firmly embedded in the self-concept.

### **The School's Unique Role in Self-Fulfillment**

At the pinnacle of the Maslow hierarchy of needs is the need for self-actualization, which can be defined as the desire for self-fulfillment, or the tendency of the individual to want to bring to fruition what he potentially could be. Assisting the child along the rocky road to self-actualization is probably the most important single function of parenthood and of teaching. It calls for correspondingly great skills. Creative teaching, like creative parenthood, acknowledges the supreme importance of need-fulfillment in this area. Its practitioners make careful observations of a child's developing abilities and skills and provide appropriate experiences at just the right times. These are not the ones who force-feed experiences before the child is ready. They are the teachers who are on hand with exciting and worthwhile experiences when the time is ripe. Such teachers recognize the importance of encouraging the child's creativity at every turn, for they

understand that it is through his creative experiences that the child explores the possible avenues by which he could achieve his own self-actualization.

Self-actualization is not a purely intellectual process. The fulfillment of a child's potentialities also depends on whether the emotional equipment he develops has a generally facilitative or inhibitory effect on the unfolding of his special talents. For this reason, it is also important for the creative teacher (and parent) to seize opportunities for helping the child to discover and understand himself as a person. Self-understanding is not an all-or-nothing affair, for there can be various *degrees* of self-understanding, and it is not being unrealistic to expect the average child to develop a modicum of understanding about the meaning of his emotional reactions and general behavior. For him to achieve this, however, he must have teachers and parents who are not only skillful in understanding and explaining human behavior but who possess a degree of self-understanding themselves.

Self-understanding on the *teacher's* part greatly facilitates this kind of teaching. It is a necessary prerequisite to helping the child understand himself. It also enables us to be on guard against the pitfalls of illegitimate need-fulfillment through the exploitation of our children. There are many legitimate satisfactions that can be obtained in the rearing and teaching of children: the satisfaction of helping a child achieve personal contentment and fulfillment, the feeling of having made a worthwhile social contribution, the enrichment of self made possible by an unselfish and unqualified love for a child. But parents or teachers can sometimes selfishly use a child to fulfill their own needs, in ways that are essentially detrimental to the child. A mother can selfishly fulfill her love needs, for instance, by making her child feel very guilty and repentant every time he shows a spark of independence that indicates a desire to be something other than a loving, utterly dependent "mamma's boy." Similarly, a teacher's own esteem needs can cause her to drive a pupil to pursue goals beyond his capacity to achieve. Conversely, a teacher who is too anxious "to be liked by everybody" may set much too easy standards for pupils, or allow them to follow their own whims without thought for the consequences. Adult self-understanding

is one of the best deterrents to such unwitting manipulation of children.

Adequate fulfillment of the five basic needs is a minimal requirement for good mental health. The home has a very great responsibility in helping the child fulfill these needs. Some homes, however, do *not* fulfill these responsibilities as well as they should. Since the presence or absence of good mental health powerfully influences the child's learning in school, the school has a major stake in repairing damaged mental health and in enhancing good mental health.

## MENTAL HEALTH AND CLASSROOM LEARNING

One of the typical reactions to lack of need-fulfillment in one or more areas is that of *anxiety*. Anxiety of the type considered here is not a simple fear reaction to a specific threatening situation; it is rather a chronic apprehensiveness about everything in general. A normal individual is not unafraid of situations that constitute a legitimate threat to his existence or well-being. In the face of such realistic threat, his fear reaction is adjustive, in that it often can help him to mobilize his resources to cope with the threat. The same normal individual, however, is not constantly fearful of a new experience or of the ordinary challenges of his environment. He faces them with a degree of self-confidence and expectation of success.

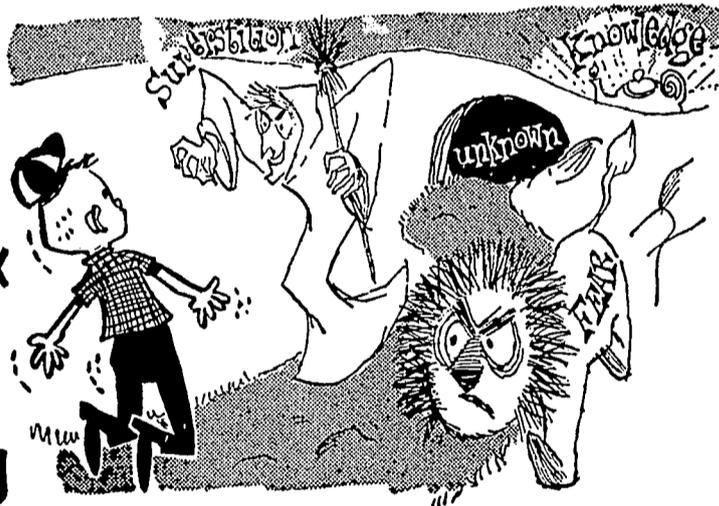
### Behavior of Neurotically Anxious Children

The neurotically anxious child is afraid of life itself. He meets all of his experiences with the same combination of subjectively experienced uneasiness and apprehension, and his anxiety often manifests itself in such signs as gastrointestinal disturbances, nervous mannerisms, sleep difficulties, heart palpitations, or other physical symptoms. As might be expected, such anxiety reactions become even more acute in those situations to which the child has become most sensitized by experiencing failure of need-fulfillment in similar or related situations. A child who does not feel secure in his affectional relationship with his parents, for instance,

is likely to feel most acutely anxious when confronted with another authority figure, like the classroom teacher, who might again expose him to rejection.

Generalized neurotic anxiety in a child's life can be quite disabling in its influence on the child's learning and personal efficiency. No person has an unlimited amount of energy available, and the anxious child invests so much of his energy in his problems that there is little left over to conduct the ordinary affairs of life. In order to cope with his anxiety, the anxious child is likely to make excessive use of the various defense mechanisms—repression, rationalization, projection, reaction-formation, and the like. Since the excessive use of these mechanisms seldom settles issues, but only serves to avoid them or render them temporarily less acute, the whole effort is largely wasted and the child is soon back where he started, despite a great expenditure of effort. Because of this continual drain of energy, and because so much of the child's attention is on his anxieties and conflicts, it is little wonder that the anxious child often does not perform adequately in the classroom. Learning takes energy, and the anxious child just doesn't have enough to go around.

## Neurotic anxieties often block the road to learning



Anxiety also has other unfortunate correlates. Anxious children are often so bound up within themselves that they are often quite imperceptive about the world around them. It is not unusual for their anxieties to render them completely ineffective in those very situations where they might fulfill needs that had previously been denied. An adolescent girl who desperately wants to belong

to a group, for instance, may so anxiously seek approval and acceptance that she will overdo her part and soon be regarded as too eager or "pushy."

The social imperceptiveness of the anxious child has its counterpart in the intellectual area as well. Research has indicated that the highly anxious child suffers considerably in his ability to accomplish intellectual and academic tasks. S. B. Sarason and colleagues at Yale University, for example, have made extensive studies of the influence of anxiety on the intellectual performance of elementary school children. Their results demonstrated that highly anxious children did not perform as well on several different intellectual tasks as children with the same average intelligence but low anxiety level. The performance of the highly anxious child was especially likely to deteriorate in a situation in which he felt he was being evaluated by authority figures who would withhold need-satisfactions from him in response to failure on a task.

Other studies suggest that highly anxious children may even perform better on relatively simple tasks than children of low anxiety, but that the highly anxious child will exhibit significantly poorer performance on *complex* intellectual and academic tasks. Perhaps one of the primary reasons for this is that anxiety seems to decrease the child's ability to reason well about the alternate choices that are typically present in a complex task. Since classroom learning constitutes a series of complex tasks involving such choices, it is readily apparent that this kind of learning will suffer not only because of the energy wasted by an anxious child but also because such anxiety actually incapacitates a child for effective problem solving.

Some effects of anxiety are even more destructive than those already mentioned. A few children, for instance, react to anxiety by withdrawing from situations that are similar or even remotely similar to the original need-frustrating situation. They may even carry it further than this by withdrawing from social relationships altogether. These children may seem to the classroom teacher to be among the most easily handled, but their solemn obedience and amenability only hide a deep inner turmoil. Other children may become quite aggressive and antisocial as a way of retaliating against a world that they feel has short-changed them. In this

case, their rejection is likely to include, *or even focus on*, school learning as a symbol of adult-imposed requirements. Their retaliation may take the form of a zealous kind of troublemaking that leaves the teacher with a feeling of exasperation and hopelessness.

### What the Teacher Can Do

The classroom teacher can regard anxiety and its behavioral correlates as one of the best general indicators of inadequate need-fulfillment and poor mental health. Such analysis, however, is not complete until one can identify the need-area which, through deprivation, resulted in that anxiety. Here, one's understanding of case study techniques can help immeasurably in ferreting out causes of behavior. This endeavor is also aided by the awareness that certain kinds of behavior are "signs" of non-fulfillment of needs in certain areas. With experience, one may come to know that the child who makes a nuisance of himself by "hanging around" before and after school, eager to help the teacher with each and every little task, may in fact be groping for a secure affectional relationship that he doesn't have at home. When a little boy displays "showoff" behavior, an understanding teacher's first response is not to react moralistically, but to consider the possibility that this *may* be the only way the boy can achieve the least measure of self-esteem. If another pupil becomes unsettled whenever new or different materials or experiences are introduced, the wise teacher may ask where the child's safety and security needs have not been adequately met.

The effective classroom teacher also knows that deficiencies at home, though critical, can be at least partially compensated in the classroom. To be sure, he attempts to prevent classroom experiences that might adversely affect the self-esteem of students; but he also tries to utilize the unique capabilities of each student so that fulfillment of self-esteem needs is maximized for his group. Where he observes a student suffering from lack of self-esteem, he does what he can to provide him with opportunities to obtain *realistic* feelings of success, however small. Similarly, although the teacher can hardly be expected to provide a completely effective antidote to a severe lack of strong affectional relationships in the home, he can provide an example of an under-

standing, kindly, and acceptant authority figure who has a genuine liking for his students.

Finally, the classroom teacher can be a very significant influence in his efforts to help each student achieve his own unique pattern of self-actualization. By encouraging the student to use his curricular and extracurricular experiences to discover and develop his own special abilities, he is making a most important contribution to the student's future mental health. Thus, the wise teacher does not stand by helplessly in the face of unfulfilled needs. Rather, he strives to establish an atmosphere for learning that will promote mental health by providing a classroom with its own opportunities for need-fulfillment.

## THE MENTAL HEALTH OF THE TEACHER

We could easily devote much time and effort to a consideration of the mental health needs of students and then conveniently overlook the very legitimate needs of their teachers. Perhaps we are all consciously or unconsciously influenced by the stereotypic conception of the classroom teacher as a more than human creature who has no right to any emotion except that of being "dedicated." Such a creature, of course, has no needs. Those of us who are teachers may naturally resent this conception. We not only try to avoid slipping into such a role; we also do what we can to correct the benighted souls who insist on holding fast to this conception.

Teachers *do* have needs, and the manner in which they satisfy these needs has a most important bearing on the kind of influence they have on their students. Much of the teacher's need-fulfillment (or lack thereof) must necessarily center on his activities with his students, and within this matrix, there is the possibility of both *legitimate* and *exploitative* need-fulfillment for teachers.

### Legitimate Need-Fulfillment for Teachers

Although there are a few teachers who feel that teaching is essentially a thankless job, there are many others who find substantial satisfaction in doing work that they feel is a significant social contribution. Not only do they obtain the usual satisfaction

from a task well done, but they have the added comfort of knowing that their satisfactions are not entirely selfish. They know they have significantly influenced the lives of their students in ways that will not only contribute to their individual effectiveness and contentment but may make them into better citizens as well. To fulfill one's self-esteem needs in this way is a legitimate and commendable form of need-fulfillment. In much the same way, the effective teacher achieves his own self-actualization by exerting every effort to provide for the self-actualization of his students. His self-actualization consists not of the simple, selfish kind of self-aggrandizement that characterizes many other occupations; rather, it is a realization of his own potentialities through the very act of getting the best from his students.

We are not unrealistic in saying that there inhere in the teaching situation itself certain positive influences that can make an important contribution to the teacher's mental health. A classroom teacher can usually plan his work in such a way as to provide a certain orderliness and predictability to his life, in contrast to the uncertainties that plague his friends in other professions. He can typically assume a degree of independence in conducting his classes, and he is relatively free to exercise his creative powers in developing new instructional techniques whose effectiveness will be immediately evident in student reactions. Although his relationships with other teachers may not be completely devoid of competitive aspects, he is not likely to experience or be the object of the more virulent kinds of competition that characterize other occupations. He and his colleagues are more likely to sense the importance of cooperative effort in their common professional endeavors. A teacher on tenure can enjoy a job security that would be the envy of many of his brethren in business or some of the professions. Finally, the typical teacher is likely to have more freedom than most in developing those skills which he feels are most likely to contribute to his own growth and contentment as a person and as a teacher.

These positive influences have a close relationship to the characteristics of good mental health that were outlined at the very beginning of this booklet. In effect, the teaching situation is one which provides many opportunities for the development of

personal autonomy, the realization of self, self-acceptance, and a respect for others. Thus, the mental health impact of the teaching situation has a good many positive influences—or it *can* have, if one permits it.

The classroom teacher whose satisfactions in life are totally dependent on his work, however, will usually fall short of achieving a sense of balance and contentment in life. No matter how rich the satisfactions from one's work, one can rapidly reach a point of satiety with any occupation if it is the *sole* focus of one's life. It is most important, therefore, that the teacher develop out-of-school interests that are a vital and satisfying part of his life. The form that these activities should take is very much dependent on the personality involved, but in most cases, these activities should probably be quite dissimilar to typical work tasks. For most people, those involving satisfying relationships with friends of their own age group are usually a major source of reward and refreshment.

### Exploitative Need-Fulfillment

The occupation of teaching is unique with respect to need-fulfillment. It can afford opportunities for an altruistic, beneficent, and constructive kind of need-fulfillment. It can, unfortunately, provide a setting for relatively vicious, destructive, or neurotic kinds of satisfactions. Even the milder forms of these neurotic satisfactions cannot be taken lightly, for their effects always extend beyond the confines of the teacher's personal life to the development and general well-being of his students.

One variety of such exploitative need-fulfillment takes the form of what we might call the "mother hen" complex. The classroom teacher who operates with the mother hen complex is the one who organizes her students like a little brood of chicks, exploiting every opportunity to suffocate them with her "mothering" and expecting a rich return in terms of their devotion. Certainly, kindness, acceptance, and even affection are important teacher assets, especially for the primary teacher, but the mother hen type often encourages her students to develop a worshipful and totally dependent attitude toward her that provides neurotic satisfaction for the teacher's need for love and affection. This situation is hardly in the best interests of her

students, who need to develop new relationships with authority and gradually achieve greater independence in their learning and living. Unfortunately, since the mother hen type seldom recognizes the real purpose of her actions, she goes blithely on assuming that her motives are above reproach.

Another kind of neurotic need-satisfaction, sometimes overlapping with the mother hen complex, may be referred to as the "habit of command" complex. Classroom teachers, continually confronted with immature minds and constantly exercising the privilege of managing groups of students, may become overimpressed with their own wisdom and power. Psychologically, it is an easy matter for a teacher to slip into the practice of using his position of pre-eminence for satisfaction of his need for self-esteem. Only too often, this conflicts with the needs of his students. Such a teacher may, for instance, become so domineering in the classroom that student initiative and responsibility are effectively quelled. The point may be reached where the insistent self-esteem needs of the teacher are routinely indulged, but those of his students are largely neglected or ignored because of the priority of teacher need-satisfaction. The fact that such a teacher is seldom consciously aware of what is occurring only makes the condition more controlled in its destructive influence.

The two kinds of exploitative need-fulfillment mechanisms described are among the types of behavior which may make the teacher less effective, or downright destructive, in his efforts to accomplish the essential purpose of his teaching. The only effective antidote to such conditions is the kind of self-understanding that develops from a combination of objective self-observation, a thorough knowledge of the dynamics of adjustment, and perhaps a strong helping hand from school administrators or colleagues who can give understanding and human support while working to correct the exploitative pattern.

### **On-the-Job Hazards to Mental Health**

There are certain on-the-job hazards to the mental health of the teacher that can vitiate all of his attempts to achieve constructive need-satisfactions. These hazards are not simple problems that can be solved overnight. Many conditions are remediable in the sense that intelligent planning by classroom teachers

and school authorities can certainly go a long way to alleviate many of the frustrations caused by them. For instance, classroom teachers who serve in a school with a principal who seldom demonstrates an understanding of, and appreciation for, their work are likely to be thwarted in achieving any sense of accomplishment. A creative and dynamic teacher may even appear to be a threat to some principals, who react by erecting formidable barriers to the realization of such creativity. A lack of adequate teaching resources can be discouraging to the most dedicated of teachers and can often result in reduced motivation to exert the extra effort necessary to achieve anything other than mediocre results. Poor relations between teachers can create extra frictions that dampen enthusiasm for teaching and lower school morale.

Conversely, the able school administrator knows that a little insight into the dynamics of human relations can be very beneficial. For example, required attendance at what they perceive to be "useless" meetings erodes the morale of many teachers. Administrators might well take a few extra minutes to reflect on whether a planned meeting is simply a matter of form, and a consequent waste of time, or whether it can honestly be expected to accomplish something. The investment of large amounts of time in clerical chores is likewise discouraging to many classroom teachers, who feel that a little money spent on clerical assistants would increase the effectiveness of teachers with their students. Last—but far from least—is one of the most potent of all morale busters: discipline problems. A classroom teacher who can count on help from an understanding supervisor, a consulting school psychologist, an immediate superior, or a fellow teacher can face the difficult discipline problems with more optimism and creativity than one who must face the threat alone.

The mental health of teachers thus depends on many practical problems in instruction and management, as well as on the nature of the psychological mechanisms teachers characteristically employ to satisfy their needs. In terms of the amount of effort required to effect a change for the better, the practical problems are more amenable to immediate remediation, while the latter is a matter of deep-seated personality dynamics that are more resistant to change.

## EFFECT OF TEACHER'S MENTAL HEALTH ON PUPIL LEARNING

The manner in which a classroom teacher characteristically fulfills his needs has implications not only for his own mental health but for the mental health of his students as well—a relationship which is particularly evident in the case of exploitative need-fulfillment. There are still other ways in which the teacher's mental health can have a bearing on student learning and adjustment.

### Good Mental Health Is Contagious

One of the most important generalizations that can be made about the mentally healthy, well-adjusted teacher is that such a person is free to be child-oriented and problem-oriented. We say that he is "free" to be this way because he is not laboring under the burden of his own personal problems, which could sap his emotional strength and leave him little time or energy for anything else. He enjoys solving classroom problems because he has not been whipped by his own personal problems. He has patience because it has not been severely tried by his own personal exasperations. Such a teacher creates a desire for learning and an eagerness for life in the minds of his students because he himself feels this way about learning and life. And he communicates these feelings to his students not just by word but by

**Good mental  
health is  
contagious**



his every action; he literally advertises in his own person that life is eminently worth living and eminently worth learning about. Because he is confident of his own learning and teaching abilities, he inspires confidence in his students that they can cope with relatively complex intellectual tasks and feel the thrill that comes with accomplishment. For students who are struggling to achieve their own patterns of self-actualization, he exemplifies the worthwhile values that can result when self-actualization is actually attained.

### Poor Mental Health Has an Influence

Exploitative need-fulfillment has already been discussed as a possible deleterious effect of poor mental health in the teacher. We have suggested previously that an overload of frustrating personal problems can serve as a drain on energy and as an inhibitor of teaching effectiveness. In addition to these negative influences already mentioned, there are other unfortunate consequences of poor mental health in the classroom teacher. It happens only too often, for instance, that the maladjusted teacher characteristically interprets each classroom problem as a personal threat, reacting with feelings of anxiety and insecurity when he should be performing at his clearheaded best. Not only are his thought processes generally disrupted under such conditions of threat, but when the threat involves a breach of discipline, he is only too likely to react in a personal, retaliatory manner rather than to consider the causes of such behavior in a fairly objective and analytical manner. Also, a teacher who suffers from anxiety and lack of self-confidence usually cannot avoid somehow communicating his feeling to the students. Students may react by becoming anxious themselves or by interpreting the behavior as evidence of weakness. In the latter case, they may then behave aggressively so as to create the soul-satisfying spectacle of an authority figure squirming in discomfort. Both of these student reactions are often quite unconscious in operation, and both, of course, are unwholesome reactions that are quite avoidable in the classroom of the reasonably well-adjusted, normally healthy teacher. It is risky to generalize that poor mental health *always* affects teaching behavior adversely, but it is not an exaggeration to say that some such repercussions as those described

are quite likely to appear in teaching as the concomitants of poor mental health.

## HOW TO TEACH MENTAL HEALTH PRINCIPLES

If the qualities of mental health are to be taught at all, they can be taught largely by personal example. To a much greater degree than is true of learning such things as reading and arithmetic—although even those are powerfully influenced by the teacher-pupil relationship—the mentally healthy attitudes and ways of acting are primarily produced by an adult who demonstrates precisely these qualities in the way he or she treats the child. Preaching or lecturing, alone, are quite ineffectual in achieving these objectives.

At the same time, such healthy practices as objective thinking, emotional balance, self-respect, and the like can be explicitly set forth as skills for children to learn. A teacher who understands behavior can explain specific, practical ways for a child to meet his own problems, just as clearly as he explains how to solve an arithmetic problem. Both children and teacher can—and often do—reach a clear agreement on these mental health goals as objectives for classroom learning.

A teacher's impact on pupils' mental health is exerted in a hundred incidents a day, in which his attitudes and basic values about people are expressed. Probably few classroom teachers can or should take much time during the day to talk specifically about mental health as a separate topic, although a teacher can try to give children insight as they learn. On the other hand, no teacher can escape responsibility for the way his personal behavior affects his pupils during the day. Thus, if a classroom teacher is to help his pupils gain increasing emotional maturity, he must himself react to the events of each moment with appropriate emotionality. If he wants to teach genuine self-direction, he must be able to exemplify it by his own behavior, or the pupils will not be able to see or understand what he is getting at. Perhaps more important, they will not have a human model to emulate, with all the attractive power and incentive that a model provides. Certainly, a teacher cannot foster in his pupils a positive respect for other people if he treats them in a disrespectful

or hostile manner. In short, in the area of mental health, as in so many other areas of teaching, one can teach no more than he, himself, personally understands and exemplifies.

Research is making it possible to develop and use improved methods of teacher training so as to help future teachers maximize their adjustive capacities. A mentally unhealthy teacher is a disturbing experience for children. Still, even a very unhealthy teacher is not likely to have a permanently deleterious effect on most children's personalities, if this effect is balanced by other experiences or by limiting controls. On the other hand, a mature, self-actualizing, considerate, interested teacher can often effect lasting improvements in the self-respect, good will, and personal adjustment of a good many students.

The American school is not a center for therapy for severely maladjusted children. However, the school is the only organized institution in our society which has an opportunity to become acquainted with every child and to influence every child for a period of years. Therefore, there are a good many conscious and unconscious pressures on the school to take over a diagnostic, and even a therapeutic, function which schools were not originally designed to perform. As one mother said, almost in caricature, "Well if you can't handle my son here in school, how do you expect me to do anything with him at home?"

Nonetheless, entirely within its traditional purposes and methods, the school is perhaps the one great potential source of help for millions of young Americans in the following ways:

1. A classroom teacher is in a better prepared position than many parents to help the child learn *to think* in an organized, objective fashion. This skill is, after all, one of the most ancient objectives of intellectual training. In many cases, more than the average adult, the teacher is inclined to tackle problems in a clear, realistic fashion because of his personal inclinations and because of years of training in just this approach. Perhaps equally important, the teacher—at least the mentally healthy teacher—takes the child's behavior much less personally and less emotionally than does the typical parent. To say this is not so much to be complimentary to teachers as it is to describe the less intensely personal nature of his relationship with the thirty or more children in his classroom.

2. For a great many children, the school provides the only planned, continuous experience in learning to set, and go after, goals. Goal

setting is a specific skill and involves attitudes about oneself and the world which require a great deal of practice to perfect. Many studies of American children and adults suggest that the most prevalent mental health problem is not psychosis or neurosis, but the lack of skill and initiative in identifying specific goals independently and pursuing them in a purposeful manner. Certainly, children need a great deal of guided practice in setting goals for themselves and pursuing them. They also need to succeed often enough to encourage them to keep going, and thus develop habits of genuine intellectual and emotional independence.

3. The school, and only the school, is in a position to teach all children the basic facts and principles which account for human behavior. Although it is true that we would like to know a great deal more than we now know in this field, there is enough knowledge to help anyone make sense out of his own and others' behavior. Considering the importance of such understanding in everybody's life, it is surprising that, until now, it has been given little or no room in the curriculum of American education as a worthwhile subject for study.

4. Learning facts about human behavior does not necessarily make anyone—child or adult—more able to be objectively self-appraising and self-understanding. In addition to knowledge, it requires that the person be *willing* to look at himself. A classroom teacher who treats children in a friendly, emotionally supportive manner can foster such a willingness, along with the necessary knowledge.

5. Out of the same context can come an attitude of *wanting* to understand other people rather than just blindly reacting to what they do. To understand people requires the highest order of intellectual skill. It requires a great deal of factual information, a great deal of practical, disciplined imagination, and a great deal of practice in making interpretations and checking their accuracy. There are many more factors to be considered in evaluating or understanding a given piece of individual behavior than are at issue even in a complicated algebraic equation. It takes a correspondingly greater degree of intellectual training and discipline to make accurate judgments about human behavior.

If it is worth teaching mathematical reasoning from the primary grades onward, it would not seem too much to start teaching children to reason about human behavior, in simple ways at first, no later than the intermediate grades. Several trial programs of this kind have been carried out experimentally at the elementary school level, but much more work waits to be done.

## MENTAL HEALTH AIDS FOR THE TEACHER

However short our practices may fall of the desirable goals we can envision, the fact remains that many school systems provide a number of aids to the teacher who is interested in maintaining and promoting the mental health of his pupils.

### School Counseling Services for Children

Within the past few years, there has been a notable expansion in the number of teachers who are taking special training to do school counseling. It soon becomes evident to counselors that high intelligence is of no value toward a scientific career unless the child has a healthy degree of self-realizing drive.

A classroom teacher will have done an excellent job if he can identify the degree of drive and autonomy of each child in his room. (Even these work-connected attitudes are not always easy to identify accurately, in every case.) Thereafter, the teacher, *if* personally interested, can often devise ways of challenging or inviting underachieving students to muster more effort and *learn* to find study worthwhile.

In many of the more complicated cases, however, a classroom teacher is rarely in a position to effect a deep-going attitudinal change of the necessary kind. If there is a counselor in the school, he can refer the more difficult cases to the counselor. Other mental health problems that require skills different from teaching, or facilities beyond those available in the classroom, can be referred for appropriate handling if the school system has an expert staff for this purpose.

But the maximum benefits of having a trained counseling staff in a school come when classroom teachers and counselors can discuss, explore, and work out together methods for systematically meeting the particular needs of the children in that particular school. The relatively small number of action studies in this field indicates that when communication of a two-way kind is established between teachers and counselors, an almost dramatic improvement takes place in the identification of children who have either great promise or great problems, and much more efficient help is marshalled for such children.

## **Counseling Services for Teachers**

The place where our schools, as a whole, lag far behind other institutions, such as industry and the armed forces, is in the provision of facilities to help school employees themselves. For example, there are special consultative services provided for employees in many business organizations which are not as large as the average school system. There are men specially selected for their skill in fostering good human relations within the company staff. A great deal of research and management thought goes into a careful study of the differential potentialities of each employee.

By contrast, these vitally important decisions and actions are handled in an almost offhand fashion in most schools. From a teacher's point of view, this means that there is almost nobody to whom he can turn with any assurance that he will receive an interested willingness to spend time with him or to supply him with appropriate knowledge.

## **Teacher Participation in Decision Making**

Another place where the mental health of teachers themselves could be enhanced, but seldom is, is in the making of educational policy decisions. In many, if not most, communities, major educational policies are made at the administrative level, either by the school board or by superintendents and principals. In such instances, the only time classroom teachers even hear that an issue has been raised is when they are told how they are to handle it in the future.

There are many issues on which teachers do not particularly care to have a voice, or on which it might not be appropriate to have them carry the major weight in policy decisions. However, from the standpoint of teacher morale and mental health, it is probably not irrelevant that almost every study which involves interviewing teachers about their professional lives brings out the same phenomenon, in system after system: a mild, but pervasive, uneasy anxiety and doubt about what "the administration" may be thinking or what they might do. This fog of anxiety, based on ignorance, historically has led to many instances of employee unrest in industry and government. Such techniques as morale surveys, suggestion systems which are really followed, brain-

storming sessions of the whole staff where every idea is given genuinely equal hearing—such devices, and numerous others, have the effect of increasing the staff member's sense of participation, of belongingness, of respect from the organization, and of self-respect.

### **Individual Self-Discovery and Responsibility**

Like perhaps 90 percent of the American public, many teachers show a deep, uneasy reluctance "to go to a psychologist" or a psychiatrist. Teachers who do not already know and believe it need to learn and emotionally accept the fact that to seek skilled help on personal problems is a sign of the mentally healthy person. Since everybody has personal problems of one kind or another and since, by their nature, such problems can rarely be solved alone, the wisest people are those who seek help. This statement does not recommend a pathological dependence on others, or some kind of special immaturity. A basic fact about human nature, however, is that the components of mental health require human relationships in order to effect a solid development or, as the case may be, a real change.

If the day ever arrives when normal people, with their normal imperfections and unsolved problems of living, come to view a period of self-discovery and self-development as an investment in the future, equal in cost to what they pay for their automobile for one year, this would at once be a sign and an insurance that the positive definition of mental health had taken firm root, and was understood and used by all. Logically, classroom teachers may be among the first to recognize the validity of this view.

It will certainly never be practicable, even if it were desirable, to offer depth psychotherapy to all staff members. Most teachers, like most children, do not need it. Perhaps the chief need today is to elevate "a knowledge of human behavior" to the dignity of the academic school subjects. If skill in this difficult art of understanding ourselves is once recognized officially as the intellectually demanding operation that it is, perhaps much else will fall into place to encourage the practices which research indicates are effective ways to promote mental health in our schools. Since intellectual efficiency and application are so powerfully affected by each pupil's mental health, even the raising of academic per-

formance standards in our schools and colleges will require increased attention to these precursors of the clear, informed thinking we would all like to promote in our children. Reasonably good mental health, it turns out, is a necessary *precondition* to orderly thought and responsible action.

## SELECTED RESEARCH REFERENCES

1. Caplan, Gerald. "Opportunities for School Psychologists in the Primary Prevention of Mental Disorders in Children." *Mental Hygiene* 47: 525-39; October 1963.
2. Cowen, E. L., and others. "A Preventive Mental Health Program in the School Setting: Description and Evaluation." *Journal of Psychology* 56: 307-56; 1963.
3. Delp, H. A. "Mental Health of Teachers: Still a Problem?" *Journal of Teacher Education* 14: 142-49; June 1963.
4. Heil, Louis M., and Washburne, Carleton. "Brooklyn College Research in Teacher Effectiveness." *Journal of Educational Research* 55: 347-51; May 1962.
5. Ojemann, Ralph H. "Investigations on the Effects of Teaching and Understanding and Appreciation of Behavior Dynamics." *Prevention of Mental Disorders*. (Edited by Gerald Caplan.) New York: Basic Books, 1961. pp. 378-97.
6. Peck, R. "Measuring the Mental Health of Normal Adults." *Genetic Psychology Monographs* 60: 197-255; November 1959.
7. Peck, R., and others. *The Psychology of Character Development*. New York: John Wiley & Sons, 1960. 267 pp.
8. Peck, R. F.; Bown, O. H.; and Veldman, D. J. "Mental Health in Teacher Education." *Journal of Teacher Education* 15: 319-27; September 1964.
9. Sarason, S. B. *Anxiety in Elementary School Children*. New York: John Wiley & Sons, 1960. 351 pp.
10. Schmuck, Richard A.; Luszki, Margaret B.; and Epperson, David C. "Interpersonal Relations and Mental Health in the Classroom." *Mental Hygiene* 47: 289-99; April 1963.
11. Sontag, L. W., and Kagan, J. "The Emergence of Intellectual Achievement Motives." *American Journal of Orthopsychiatry* 33: 532-39; 1963.
12. Tyler, Louise L. "The Concept of an Ideal Teacher-Student Relationship." *Journal of Educational Research* 58: 112-17; November 1964.
13. Zimiles, H., and others. "Personality Aspects of Teaching, A Predictive Study." *Genetic Psychology Monographs* 69: 101-49; 1964.

## GENERAL REFERENCES

1. Biber, Barbara. "Integration of Mental Health Principles in the School Setting." *Prevention of Mental Disorders in Children*. (Edited by Gerald Caplan.) New York: Basic Books, 1961. Chapter 15, pp. 323-52.
2. Bower, E. M. *Early Identification of Emotionally Handicapped Children in School*. Springfield, Ill.: Charles C Thomas, 1960. 120 pp.
3. Caplan, Gerald. *Prevention of Mental Disorders in Children: Initial Explorations*. New York: Basic Books, 1961. 425 pp.
4. Erikson, E. H. "Identity and the Life Cycle." *Psychological Issues* 1: 18-171; 1959.
5. Goethals, George W., and Allinsmith, Wesley. *The Role of Schools in Mental Health*. New York: Basic Books, 1962. 337 pp.
6. Havighurst, Robert. *Human Development and Education*. New York: Longmans, Green & Co., 1953. 338 pp.
7. Hereford, Carl F. *Changing Parental Attitudes Through Group Discussion*. Hogg Foundation for Mental Health. Austin: University of Texas Press, 1963. 198 pp.
8. Hobbs, N. "Mental Health's Third Revolution." *American Journal of Orthopsychiatry* 34: 822-33; 1964.
9. Jahoda, Marie. *Current Concepts of Positive Mental Health*. New York: Basic Books, 1958. 136 pp.
10. Jersild, A. T.; Lazar, Eve A.; and Brodtkin, A. M. *The Meaning of Psychotherapy in the Teacher's Life and Work*. New York: Teachers College, Columbia University Press, 1962. 151 pp.
11. Jones, R. M. *An Application of Psychoanalysis to Education*. Springfield, Ill.: Charles C Thomas, 1960. 136 pp.
12. Ryans, David G. *Characteristics of Teachers: Their Description, Comparison and Appraisal*. American Council on Education Committee on Teacher Characteristics study. Washington, D.C.: American Council on Education, 1960. 416 pp.
13. White, R. W. *Lives in Progress: A Study of the Natural Growth of Personality*. New York: Dryden Press, 1952. 376 pp.

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