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ABSTRACT
                Addressed to vocational educators, this booklet
discusses topics relating to mental health and understanding
emotional disturbance. The following topics are covered: definitions
of mental health, normality, and mental illness; signs of possible
development of serious emotional problems; the number of people
considered emotionally disturbed; treatment for people with emotional
problems; the emotionally troubled person in the classroom and what
the teacher can do; communication; empathy; constructive use of
feedback; barriers to effective communication; job placement
considerations; improving mental health; coping with the milder
variety of depression; coping with stress; and prevention of mental
illness. A brief description of the Mental Health Association in
Wisconsin and listings of chapter presidents and addresses, where to
get help for emotional problems in Wisconsin, and a bibliography are
included. (TA)

It's About Time EMOTIONAL DISTURBANCE Came Out In The Open!

Written for Vocational Educators by

John J. Gugerty

A Part of the Project
"Modifying Regular Programs and Developing Curriculum Materials
for the Vocational Education of the Handicapped"

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WHAT IS MENTAL HEALTH?

If you saw your neighbor picking candy wrappings from the gutter and stuffing them in his pocket, how would you describe him? If your friend confided in you that she feared the police were attempting to control her mind with radio waves, how would you react? If your co-worker carried on conversations with himself during break-time, what would you say? Chances are, in each instance you would become somewhat uncomfortable and anxious. You might try to alleviate this discomfort by attempting to form a sensible explanation for the occurrence. If you can't, you may decide that the person is "nuts," "crazy," "wacko," "bananas," or "out of it" and let this label suffice as a full explanation of these events. If, on the other hand, you would like a more complete and accurate understanding, you must consider several concepts which have grown vague and sloppy with frequent use and misuse. Among these are the concepts of "normal" and "mental health."

What does it mean to be normal?

Is it normal to eat rodents? You might immediately say "no," but consider that certain forms of military and wilderness survival training specifically instruct their trainees in methods to catch and prepare rodents, insects, and snakes for use as life sustaining food. Is a person then normal who would eat rodent under these conditions? Here you might have to answer "yes," because the *context* and the *expectancies* of those involved have altered what is defined as "normal" behavior. Thus, you can see that "normal" behavior cannot be defined in absolute terms, but must be considered in both the context of its occurrence and in the light of expectancies held by the social group in which a particular action occurs or a particular opinion is expressed. Most of us continually moniter our own behavior,

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and that of others, without being fully conscious of doing so. We note that under specific circumstances, such as eating in a restaurant, certain table manners should be practiced, and we also note how well our manners, and those of others, meet these expectations. We then react accordingly. Thus, "normal" behavior can be described as a) *that which a given social group expects to occur under various circumstances,* and b) *that behavior which usually does occur in response to a given set of pre-conditions and circumstances.*

We frequently use the word "normal" when referring to people, ideas, and situations which we find familiar, comfortable, and non-threatening. We often describe as "abnormal" those with whom we disagree, those who are "different," or those who make us afraid.

The concept of "mental health," on the other hand, refers to the state of our functioning as human beings. It is a relatively abstract and ideal concept which refers to an ever changing process. We cannot accumulate mental health like funds in a bank account, but must continually strive for improved functioning in the many roles we fulfill during the course of our lives: friend, spouse, parent, employee, employer, student, teacher, citizen, and others. Many experts, such as Maslow, Rogers, Allport and Menninger have attempted to articulate what it means to be mentally healthy, and how a mentally healthy person behaves. Their descriptions vary, but contain many common threads. Menninger (1966) feels that emotional maturity is in many ways identical to the concept of good mental health, and that both emotional maturity and mental health are ideal states. He offers seven criteria of emotional maturity which could be used for personal self-examination or, to some degree, as life-time goals intended to help sustain and expand our personal growth.

1. *FACE REALITY.* Reality can be defined simply as the world we live in, with all its strengths and weaknesses, its joys, its satisfactions

and routines. *Reality also includes the hostilities, emotional hurts, misunderstandings, insensitivities, dishonesty, disappointments and losses that we experience.* "If we are reasonably mature, we can play the cards that are dealt to us in life, keeping in mind that we can have much to say about these cards, and even quite a little about the game to which we sit down." Facing reality also means coping successfully with frustration by operating from the premise that planning, effort and marshalling of resources are required in order to reach worthwhile and desirable goals. In addition, it implies that we refuse to avoid difficulties by getting sick, denying the situation, becoming violent, or other widely used means.

2. *HAVING THE CAPACITY TO ADAPT TO CHANGE.* Alvin Toffler, in his book <u>Future Shock</u>, contended that we are experiencing an increasing rate of change and transcience in our relationships to other people, places, goods, organizations, and ideas. Each of us is confronted daily with new experiences which require us to adapt and provide us with opportunities for personal growth or for regression. <u>Adaptability is perhaps the most crucial ingredient in emotional maturity.</u> The most striking difference between emotionally healthy and unhealthy persons is their degree of flexibility. The healthy person has the ability to adapt easily and accept a wide range of people and situations. The unhealthy person is notable for being rigid, judgmental, defensive, and rejecting. Adaptability, in turn, springs from personal traits which develop and blossom as one experiences personal growth. These include a) self-confidence, b) posession of and comfort with one's *own* value system, c) the inner security that makes it easier to accept personal differences and d) the ability to observe one's own attitudes and actions in a reasonably accurate fashion. (Most of us look closely at ourselves only when forced to do so by crises, anxiety, or a blunt confrontation with

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with unpleasant reality.)

3. Menninger's third criterion of emotional maturity can be described as "HAVING A RELATIVE FREEDOM FROM SYMPTOMS THAT ARE PRODUCED BY TENSION AND ANXIETIES." Our emotions often express themselves through our bodies. Some of us might find that we develop headaches during stress-filled situations. Others might find bodily expression of emotional distress in irregular or rapid heartbeats, ulcers, colitis, and, in some situations, asthma and allergies. "It has been found that 60 to 80% of all symptoms about which patients complain to their doctors are related to emotional distress." (Menninger, 1966).

4. Menninger's fourth criterion is "HAVING THE CAPACITY TO RELATE TO OTHER PEOPLE IN A CONSISTENT MANNER WITH MUTUAL SATISFACTION AND HAPPINESS." Most of us would probably agree with the cliche that people are important to people, yet we frequently fail to notice how often our interpersonal relationships are superficial, meager, and unrewarding. It is clear that the capacity to establish close, significant emotional ties with others is characteristic of emotional maturity. But the work, effort and psychic pain required to do so can become very discouraging.

Relating to others also involves the issue of emotional support. From whom do you receive it, and to whom do you give it? If you possess a very strong sense of responsibility you may discover that you have great difficulty in seeking or accepting emotional support from others. To do so might seem to be a sign of helplessness, weakness, or inadequacy. Or you might feel that the act of seeking and accepting emotional support contradicts your sense of strength and commitment to help others. Ironically, as your career advances you may assume in-

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creasing responsibility and provide increasing emotional support for others, but find yourself progressively more isolated, less able to ask for help, and less able to receive assistance if it becomes available. *Greater responsibility frequently generates greater personal need and imposes greater obstacles to receiving it.*

5. Menninger's fifth criterion is *"HAVING THE CAPACITY TO FIND MORE SATISFACTION IN GIVING THAN IN RECEIVING."* This form of giving is not the narrow view of the "check for charity" giver. Rather, the mature giver approaches each situation, whether at work, at home, as a volunteer, or a civic minded citizen, by asking "what has this to do with all of us?" "What can I contribute?" "What can I do to improve the situation?" In contrast, the less mature person asks "What has this to do with me?" "Why should I do anything?" "What do I get out of it if I do attempt to do something?"
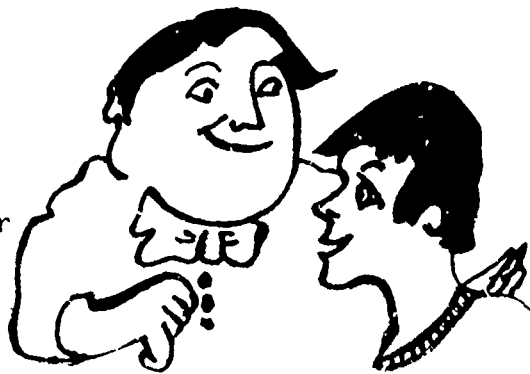
If we are mature, we also allow others to give to us without demeaning their efforts or apologizing for needing help. Even if we consider ourselves reasonably mature, we all need to depend on others periodically. We require psychological "refueling stations." These can include sharing our feelings and troubles with people we care about, taking vacations which are enjoyable rather than tests of strength and stamina, and utilizing rest periods of reflection and solitude which are not viewed as a "waste of time."

According to Menninger, individuals who manifest the best mental health and greatest emotional maturity have invested themselves in a cause, a mission, or an aim in life that is constructive and encompassing enough to last a lifetime. Good causes and constructive opportunities exist in every locale. They lack only sufficient numbers of dedicated, industrious advocates to see them through.

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6. The sixth criterion is "HAVING THE CAPACITY TO CHANNEL OUR HOSTILE
ENERGY INTO CONSTRUCTIVE ENDEAVORS." Those of us who are relatively
mature have learned to direct our hostile energies and our rage into
endeavors that benefit, rather than erode, our personal situation and
that of society. To do this we must recognize our own aggressive acts
and hostile impulses as we learn to accept anger as a natural emotion
which can be a cover-up for more subtle feelings such as hurt, rejection,
sadness, and loneliness. An acceptance of our anger, plus getting in
touch with the underlying feelings can help us immensely in our efforts
to channel it into constructive outlets. If we fail to recognize our
anger and hostility, we may turn it upon ourselves without being fully
aware of doing so. Unreasonable feelings of inferiority, tortuous
guilt which isn't proportional to anything we did or failed to do, and
chronic self-defeating behaviors such as habitual lateness, absenteeism,
overeating, or overuse of mind altering chemicals can all result from anger
turned inward. Many people who become heavily involved with alcohol or
other drugs have intense, often unrecognized feelings of rage coupled
with equally intense feelings of personal impotence. The psychic energy
drained off by such a behavior pattern is unavailable for use in more
constructive and fulfilling ways.

7. The seventh criterion, the one which Menninger feels is most important,
is "HAVING THE CAPACITY TO LOVE." In this context, love refers to a
capacity to care. It implies a willingness to
emotionally invest ourselves in others, to be
involved with them, to listen to them, to try to
understand their perspective -- in short, to care
about them. Those of us who find it difficult to
love others might examine how well we love ourselves.
Such love is not irrational, c _r-blown self-preoccu-
pation, but is a love which sees self as an object of
pride and self-esteem, a person of value and worthiness. If we can
love ourselves in this mature and realistic way, we can extend our

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love to others in ways which are not demeaning, not controlling, not condescending or patronizing, but respectful and genuinely caring.

In addition to the criteria of mental health offered by Menninger, Gordon Allport and others also consider a sense of humor important. One who has a healthy sense of humor can laugh at himself or herself, doesn't take himself or herself too seriously, and can see and appreciate the absurdities and contradictions found in daily life.

Victor Frankl, a psychiatrist who developed a treatment technique called Logotherapy as a result of his experiences in the Auschwitz concentration camp, feels that a human being's primary purpose in life is to pursue and find meaning in his or her existence. Frankl believes that a "will to meaning" is one criterion of mental health, and a lack of meaning and purpose is a sign of mental illness. He views pleasure and happiness as side effects of trying to find and fulfill meaning and purpose in life. Because Frankl describes pleasure and happiness as byproducts, he believes that the very pursuit of "happiness" as a goal in itself thwarts its achievement. He feels that once one has served a cause or is involved in loving another human being, happiness occurs by itself.

WHAT IS MENTAL ILLNESS?

In order to understand and accept people who are emotionally disturbed, they must be seen as people. Symptoms are expressions of people. An exclusive focus on symptoms does not result in an understanding or acceptance of troubled persons. The most overriding aspect of emotional disturbance is

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that the person has suffered a great deal.   The person hurts so very
much. The psychological pain is excruciating and as a consequence,
the person develops symptoms in order to cope. In view of the
extreme hurt which is present, the development of symptoms is under-
standable. They don't make the situation any better, but they repre-
sent an attempt to relieve the pain. In most situations, internal
suffering develops first, an   ⎿ peculiar behavior appears later.

In instances when odd or peculiar behavior develops first, it
is probably due to some organic condition. In such circumstances,
the psychological pain follows. Unfortunately, peculiar behavior
of any type can provoke further rejection by others, and thus evoke
even greater psychic pain.

Imagine the hurt that must be present
when one believes that "everyone in the whole
universe is against me." We label this pain
"paranoia." Imagine the pain and anguish present in one who believes
himself to be so useless and worthless that the only solution is to
sit and do nothing, except possibly contemplate suicide. We label
this pain "depression." Imagine the depths of personal hurt that must
be present in one who believes that
the only way to get another person
to feel concern is to attempt self-
destruction. We label this anguish
"suicidal tendencies." (Lustig 1977).

Others attempt to cope with
their psychic agony by being very
excited, moving and speaking rapidly,
and leaping from one activity or idea
to another. Still others might find
temporary relief from their emotional hurt by ceaselessly repeating
acts such as handwashing, checking locks, or organizing daily routines

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into detailed rituals. A person in pain may act very aloof. He or she may try to hide the hurt under a facade of cold independence.

Some of the most desperate attempts to cope with personal hurt are made by those whom professionals might label "schizophrenics." These persons will manifest their internal pain by exhibiting severe disturbances in perception, thought, emotional expression, or motor activity. Their contact with reality may ebb and flow, or may become chronically lost. These manifestations are not fixed and constant, but vary in kind, intensity, and duration. The most reliable indicator that a person may be developing serious emotional trouble is a change in personality. The person may find the emotional pain of daily living so great that he or she begins to live in a private personal world.

Not everyone who develops severe emotional problems changes in the same way, nor are all problems equally extensive. For example, the troubled person may experience serious changes in mood. His or her emotional response may be much more extreme than the circumstances warrant. On the other hand, emotional expression or affect could be "flattened" or almost completely absent. Emotional expression could also be inappropriate to the occasion. Serious depression is often a component of mood changes, but at times it can be concealed behind a mask of elation which is unrelated to external events. Serious emotional disturbance might also manifest itself in marked alterations in the sufferer's thinking process. Thoughts may flood the person's consciousness, or they may come too slowly or not at all. A person whose thoughts crowd his consciousness may talk very rapidly, leap from idea to idea, and interrupt the train of thought with irrelevant or bizarre statements. The content of the troubled person's thoughts might be loaded with delusions of persecution, grandeur, or divine mission, to

name a few.

A person who is trying to cope with severe psychic pain and turmoil may also experience perceptual changes. These could be manifest in distortions of one or more of the five senses (illusions). Colors, shapes, faces may charge before the person's eyes. Hallucinations may also occur. The person may see imaginary bugs, doors, or germs. Auditory hallucinations such as music or accusing voices are most common. The person might also be hyper-sensitive to ordinary sounds and smells,and consequently feel that, for example, he or she has a very bad body odor. The troubled person's sense of time may also be altered. His or her sense of self may be twisted awry, causing the person to feel uprooted, out of space, out of time - an ethereal spectator who is outside of self watching self. That is, the troubled person may experience depersonalization.

An acute state of serious disturbance can develop rapidly, but might also grow insidiously over a long period of time. Professionals distinguish these two types by the terms acute or "reactive," and chronic or "process." The acute or reactive condition is of short duration (one week to a year), and is usually precipitated by some very serious trauma or painful event such as failing an exam, a death in the family. or the departure of a loved one. A chronic condition is one which lasts for several years. It usually starts in childhood or adolescence.

Emotional disturbance. then, is a multi-faceted phenomenon in which the troubled person finds effective functioning difficult, experiences great personal discomfort, and exhibits unusual behavior patterns - inadequate, bizarre, or exaggerated. He or she can be best described as one who is suffering constant psychic pain, anguish and

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alienation and who views life's events as being frought with danger, hostility, pain, suffering, and conflict.

SIGNS OF POSSIBLE DEVELOPMENT OF
SERIOUS EMOTIONAL PROBLEMS

Because emotional disturbance is a complex process that manifests itself in a variety of ways and with a marked fluctuation of intensity. *there are no easy "black and white" indicators which point to the development of serious problems.* For this reason, intensity and duration of the symptoms are given strong consideration. If an indicator is manifest very strongly over a long period of time, the likelihood of that person developing, or having, serious emotional problems is much greater than a person who has a less intense symptom which is transient and which may be a perfectly normal response to a specific event or problem in the person's environment. With the above considerations in mind, the following are offered as possible indicators that the person exhibiting them may be developing difficulties.

1. Frequent, extensive expressions, verbal or otherwise, of a "boxed in" or "trapped" feeling. This is one of the first indicators that "things may go wrong" if the person's present life activities continue unchanged.

2. Marked changes in personality (frugal to extravagant, outgoing to sullen, etc.).

3. Crying jags that defy rational explanation.

4. A loss of self-confidence or self-reliance, and lowered self-esteem.

5. A constant feeling of being watched.

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6. Difficulty in controlling one's thoughts.

7. Severe and prolonged depression.

8. Growing edginess, tension, and unexplainable fears.

9. A sharp slump in academic or job performance.

10. Increasing withdrawal from people.

11. Growing excesses such as hypercleanliness, food fadd'sm, or religious fanaticism.

12. Hearing voices.

13. Abrupt and unexplainable changes of plans or job.

14. Regular headaches and insomnia.

15. Indications of suicidal intent; for example, talking about being dead, ending it all, or killing one's self, or giving away valued possessions.

Even in combination, the appearance of these symptoms may <u>not</u> be indicative of serious emotional disturbance. Many people, if not most, will develop one or more of such symptoms under stress. Alternatively, the symptoms could arise from an overworked imagination and be fantasized. The crucial issue is whether or not the person can "turn them off" or take measures to alleviate them.

Gordon & Conant (1975) offers six indicators which they feel are indicative of very poor personal adjustment if at least one is present to a great degree over a period of time.

1. An inability to learn at a level close to what a person's intelligence would call for, when this learning gap is <u>not</u> caused by brain damage or other health problems, by language barriers, by a move from an area having a poor educational system, or by temporary conditions such as grief over the ending of an important interpersonal relationship.

2. A *long term* inability to bui ' and maintain satisfactory relationships with other peo, e, especially people in one's peer group.

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3. Continued inappropriate or immature behavior in everyday circumstances. Such behavior might include bizarre mannerisms, frequent aggressive outbursts or chronic apathy.

4. A persistent mood of unhappiness and depression. This does not include temporary, normal reactions to events such as death of a loved one, nor does it apply to the occasional bouts of anxiety, tension and unhappiness which are part of one's normal daily existence.

5. Fears or physical symptoms such as stuttering, tics, pains, and phobias that develop in response to personal, employment or school problems.

6. Compulsive behavior such as heavy use of alcohol or other drugs, overeating, or hyper-orderliness which gets out of control and becomes a major focus in the person's daily life.

A seriously troubled person doesn't necessarily show all these symptoms, and may, to a <u>casual</u> observer, seem to have no major difficulties. A seriously troubled person may have adequate areas of personal functioning or even demonstrate talent and accomplishment in specific endeavors such as writing, music, art, philosophy, or finance.

Not everyone who develops difficulty in emotional functioning loses touch with reality or becomes totally dysfunctional in major spheres of living, (family relations, school, employment, personal care). However, such people might find their daily living is made much more unpleasant because their anxieties, obsessions, compulsions, phobias, or depressions offer only temporary partial relief of their psychic pain. In "neurotic" anxiety, the person is anxious about generalities and unknowns. This free floating anxiety can be very intense and persistent, and can make a person miserable as he or she muddles through the day's activities. In obsessions, the individual's thoughts are dominated by a single or very restricted number of thoughts (e.g., that cleanliness is all important, or that the person is always overweight). Compulsions are repetitive, non-logic directed actions, postures and behaviors such as washing one's hands unnecessarily several times a day, or chronically undereating to lose weight when

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such a weight loss isn't needed. A phobic person has
unreasonable, strong and persistent fears about specific
objects or circumstances such as heights, closed places,
open fiel '-, snakes, or needles to name a few. Depres-
sive react.ons flow from strong self-depreciating feelings
and result in a self-evaluation of worthlessness, coupled
with an outlook of hopelessness. Frequently, depressive states are
precipitated by an actual loss in the depressed individual's life,
but many times depression stems from long-felt self-concepts of
inadequacy, worthlessness and other self-depreciatory viewpoints.
The depressed person may view himself in this way without being
fully aware of it, and may not be able to provide a fully accurate
description of his or her self image.

These "neurotic" symptoms are but a few of the possible dys-
functions found in people. In real life, such problems are not as
clear cut and definitive as they appear in these brief descriptions.
Very frequently, a troubled person may be plagued by many relatively
minor emotional troubles, or may have several problems of varying
degrees of intensity. Psychological problems tend to interact with
practical problems (such as loss of one's job) which can precipitate
or aggravate psychological problems. and vice versa.

HOW MANY PEOPLE ARE CONSIDERED EMOTIONALLY DISTURBED?

As you read through this booklet, the
thought may have struck you that "I don't
know anyone who seems to fit the descrip-
tions of troubled people mentioned above.
Are there really that many troubled people
around?" The answer to this question is
provided by the U.S. Department of Health,
Education, and Welfare. As quoted in a report to the Congress by
Comptroller General of the United States (1977), HEW estimates that

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about 10% of our population, or over 20 million people, has some form of mental illness. HEW also estimated that mental illness cost the country 36.7 billion dollars in 1974. This figure included both direct costs of treatment and economic losses due to the dysfunctioning of the troubled people. In 1971, federal agencies spent approximately $4 billion to help provide services to mentally ill people. For humanitarian, pragmatic, and financial reasons, the trend over the past several years has been away from institutional care (often primarily custodial) and toward community based treatment. Because of this trend, many community agencies, including schools, are becoming involved in efforts to enhance the emotional functioning of those with whom they come in contact.

A comprehensive prevention and treatment approach is necessary because emotional disturbance is a complex problem with a variety of possible causes and an equally large variety of treatment methods which are effective under various conditions.

Many experts feel that serious emotional disturbance has a *genetic* component, an *organic* component, and an *environmental* component (including both one's internal environment and the interpersonal or social environment). Some experts feel that conflicting cultural expectations and demands also play a part in the development of emotional disturbance. Genetically, a given person might *inherit* a predisposition to certain types of mental problems which may or may not develop, depending on the environmental factors which influence the person's daily functioning. Serious emotional disturbance can also result from *organic factors* such as hardening of the arteries serving the brain, or other brain damage due to disease and accident. A third source of organically based emotional disturbance stems from *biochemical irregularities* in the person's body. Various chemical agents and poisons (e.g., alcohol) can cause toxic reactions manifest by mental irregularities. Chronic dietary deficiencies can also contribute to mental instability.

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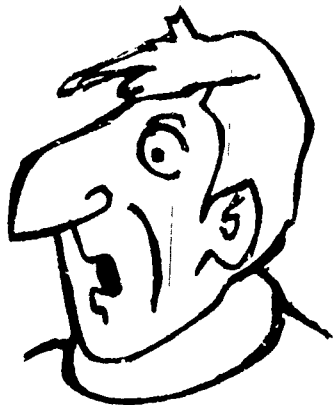
Emotional disturbance which cannot be traced to a biochemical, organic, or toxic cause is considered a problem of functioning. The person's early emotional experiences, present experiences, or environmental stresses may, alone or in combination with genetic or biochemical factors, bring about the development of serious emotional difficulties.

What is not so easily recognizable, however, is that our culture embodies certain contradictory elements which in part form the basis for the assumptions underlying our view of reality. What we see as reality and what we label as the "way things are" can be influenced greatly by the assumptions we hold and the language -- English -- that of necessity, or convenience, many of us use. Not every language speaks of time as we do: all English statements are in a tense -- present, past, future, etc. We are a very time conscious people. In addition, English allows us to develop very elaborate descriptions for technical functions and pragmatic concerns. But how easy is it for us to express accurately the various shades of meaning we might wish to convey when we try to explain love?

If we are unaware of culturally based conflicts which we haven't reconciled in our own personal existence, we run the risk of stress which could develop insidiously from attempting to function either in a fragmented, compartmentalized fashion, or in a style which haphazardly strives to cope with contradictory cultural demands.

What are some of these culturally based contradictions which could induce hidden stress? One prominent example is the contradiction between the teachings to love one another, share, and help our fellow humans and the incentives and pressures which spur us on to competitive success at the expense of others. (All winners need losers, or else the concept of "winner" is meaningless). A second cultural contradiction seems to flow from the contrast between the ideal telling us we are free to make our mark on society if we wish, and the reality of limits and restrictions embodied in social conventions, customs, legal requirements,

and personal circumstances.

Treffert (1975) spells out additional culturally based contradictions in describing what he calls the American Fairy Tale. As director of a Midwestern psychiatric hospital, he felt impelled to speak out on the cultural views we hold because "more than 50% of the patients in public and private psychiatric hospitals are under 21 years of age," and because for increasing numbers, the fairy tale ends in suicide. For most of us, Treffert feels the fairy tale never ends at all; "It continues throughout a whole lifetime, perhaps as a feeling of growing emptiness and loneliness, or a meaninglessness expressed not as a fear that something awful will happen in life but that *nothing* will happen" (p.20). In his view, the American Fairy Tale has four themes.

The *first is that "happiness is things."* If we are trying to live according to this theme, we assume that the more things we have, the happier we will be. We also tend to measure ourselves more by what we own than by who we are without distinguishing between these two concepts at all. We may have to learn the hard way that an identity built only on things crumbles when we try to get in touch with it, and collapses in times of crisis.

Treffert's *second theme is "happiness is what you do, not who you are."* Many of us have become preoccupied chiefly with doing and producing, instead of with being. This doesn't imply that what you do is unimportant; it is just not all important. "There should be a balance between what you do and who you are. Take away all that you do, your roles, your diplomas and citations, your net earnings, your titles and your b(   )s -- and what is left is what you are. And the extent to which you feel good about what is left -- your identity, your core, your I-am-ness, your uniqueness -- to that extent you feel comfortable, worthwhile, and able to say 'I count'"(p. 20).

The *third theme of the American Fairy Tale "peddles the myth of*

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the All-American soul, mass-produced so that one size fits all."
We acknowledge verbally that we allow others to be different, but
if someone is really *different* we tend to almost instinctively judge
that "different equals inferior" or "different equals evil" and act
accordingly. If we ever hope to put the "same equals good" or
"sameness equals holiness" myth into proper perspective, we will
have to begin by admitting how scared we are when we bump into
someone who is *really* intellectually, ideologically, philosophically,
physically, behaviorally or religiously different from ourselves.

Otherwise we will probably continue to mask our
unacknowledged fears with high sounding motives
which serve to rationalize and "justify" whatever
actions we undertake to alleviate those fears
by excluding the "different" from the mainstream
of American life.

*The fourth theme is that "happiness is mental
health, and mental health is the absence of prob-
lems."* In actuality, mental health is not the
absence of problems, but the capacity to cope constructively with
problems. Many of us have developed great rage and frustration
because we have failed to eradicate all frustration,
boredom, loneliness, emotional hurt, and drudgery
from our lives. Our expectations for a painless
existence are whetted by a daily bombardment of
commercialism which implies or states openly
that if we are lonely, unhappy, shy, unmasculine,
unfeminine, sexually inadequate or alienated, all we have to do is buy
something, drink something or take a pill and our problems will disap-
pear effortlessly, painlessly, and immediately. Unfortunately, "cures"
for psychic malaise which are instantaneous, effortless and external
are almost always phony. If we personally assimilate the fact that some
loneliness, boredom, frustration, and emotional pain are a permanent
part of the human predicament, then we can hope to integrate that fact
into the thinking, expectations and behavior of our kids, and begin to

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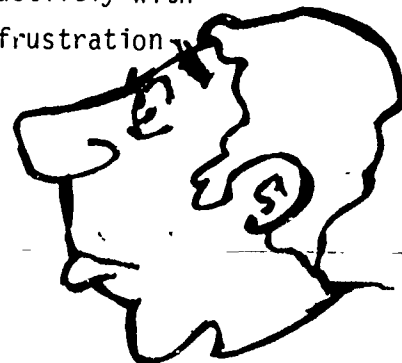
break the cycle of psychic pain which flows from futile efforts to gain esteem, approval, love, respect, and regard by upholding the myths of the American Fairy Tale.

WHAT ABOUT TREATMENT FOR PEOPLE WITH EMOTIONAL PROBLEMS?

In general, treatment can attempt to change one or several modes of the patient's functioning. It can involve the use of drugs or diet to alter the person's bio-chemical makeup. It can involve changes in the patient's home, employment, or social environments, or it may attempt to produce changes in the patient's conceptual framework, self-esteem, feelings (both towards self and others), and expression of those feelings. Specific treatment strategies can range from complex intervention covering many aspects of the patient's functioning to attempted adjustment in one specific problem area. Therapists operate from many theoretical models of human functioning, such as psychoanalytic, behavioral, rational, or feeling centered. Arnold Lazarus, for instance, operates from a behavioral framework, but addresses a person's specific problems in several areas: behavior, affect, sensation, imagery, cognition (including spiritual and philosophical values), interpersonal relationships, and drug (viewed either as an adjunct to treatment, or as a problem area which needs correction). In his BASIC ID approach to treatment, Lazarus assumes that patients are usually troubled by a multitude of specific problems which should be dealt with by a similar multitude of specific treatments. He also operates from the assumption that durable, long lasting therapeutic results depend upon the amount of effort expended by the patient and theapist across at least 6 or 7 paramenters. Even though humans, functioning in a therapeutic or any other role, tend to assign causative properties to only the last event in any sequence, and also tend to search for unitary

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treatments, cures, and solutions, it is most likely that durable
therapeutic results are in direct proportion to the number of specific
problem areas addressed in the treatment process. For example,
insight, self-understanding, and the correction of irrational beliefs
usually precede behavior change whenever a patient's faulty
assumptions govern that individual's behavior. In other instances,
a person must change his behavior before insight can develop. Thus,
cognitive or emotional restructuring and overt behavior and skill
training are often reciprocal. *At the very least, comprehensive
treatment calls for the correction of irrational beliefs, deviant
behaviors, unpleasant feelings, intrusive images, stressful relation-
ships, negative sensations and possible biochemical imbalance or
chemical abuse.* To achieve some or all of these goals a person may
participate in treatment as an in-patient or an out-patient. He or
she may be involved in one-to-one therapy, group
therapy, family therapy, drug therapy, or a
combination. The person may also engage in recre-
ational therapy, occupational therapy, vocational
counseling, or vocational training as part of
therapy or as the main mode of treatment. Pro-
gressive treatment centers individualize their
approa...es to suit the needs and capabilities of each patient.

If the person taking part in treatment needs them, services such as
part-time hospitalization (day, night, or weekend), emergency psychiatric
service, halfway houses, Foster Family care, therapists in private
practice, and social clubs are available in many communities. Social
clubs for ex-patients, such as Recovery, Inc., help meet one of the
biggest problems for former patients -- loneliness and lack of social
contacts. The club is a place where the former patient can feel wel-
come, where he or she can relax and join in social activities if
desired, and where he or she doesn't feel the need to hide the fact of
being an ex-patient. These clubs offer people an opportunity to help
themselves and help each other. Members operate parts of the program

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and plan the activities (<u>Helping the Mental Patient</u>, no date.)

Work, whether performed as part of treatment, as the primary mode of treatment, or as a routine of post-treatment living, can be very therapeutic under certain conditions. <u>In one form or the other, work is central to the lives of many people</u>. All societies expect its mature and healthy members to perform some form of labor related to the preservation and well being of the societal group. Social acceptability and its internal counterpart, self-acceptance, are to a significant degree based on the willingness to perform gainful work. *If a person is unable to work due to disability, age, discrimination, retirement, or lack of jobs, his or her self-concept can be eroded seriously by feelings of uselessness, powerlessness, superfluousness, and alienation from the mainstream of society.* If, as most of us do, the non-working person hinges his or her self-definition on a vocational role, the damage to self-esteem caused by enforced idleness can be severe. On the other hand, a vulnerable individual may find the competitive work milieu especially stressful. The relations between emotional problems and work are complex and interdependent, because under some conditions work can contribute to the development of emotional problems, yet in different circumstances work can help develop one's self-esteem through increasing his or her perceived competence and accomplishment. Work can be an effective therapeutic tool with which a recovering psychiatricly disabled person can rebuild self-concept, motivation, emotional control, energy expenditure, learning capacity, and interpersonal relations. Because the capability and willingness to work exerts strong influence on us, both as a society and as individuals, we can begin to see the role of suitable vocational training in fostering mental health not only in those of us who are recovering from emotional difficulties, but also in those of us who have survived life's psychic strains relatively intact. The following section will look at the

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classroom situation and present some suggestions which could improve the odds that studc~ts recovering from emotional difficulties can achieve skills needed for competitive employment.

THE EMOTIONALLY TROUBLED PERSON IN THE CLASSROOM-- WHAT CAN A TEACHER DO?

In our classroom, on the job, or in our homes, we expect those around ~s to behave in ways which suit the situation. When someone deviates from our expectations of ncrmal behavior, we often beccme a bit tense, nxious, and possibly a little afraid or angry. In many of these situations we may not be fully aware that others' actions affect us in that way. We n,ay not realize that, for instance, we are irritated with our student Joe because *he* is always a few minutes late, and *we* are always a little early for our appointments. Alternatively, a co-worker may eat french fries with his or her hands, instead of with a fork as we had been taught to do. We may develop a slowly increasing irritation with this person as the meal progresses, and may never realize why. As teachers who are likely to encounter students either developing emotional difficultics, newly returned from therapy or currently undergoing treatment for emotional problems, we cannot afford to let ourselves get agitated for reasons which escape our awareness. Thus, before examining some approaches to interacting with emotionall: troubled (and troubling) students in the classroom, we shoul? take the time to examine ourselves in regard to the following issues:
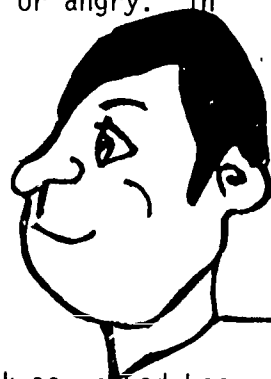
1. *What do I expect from my students in terms of:*
    a. *promptness?*
    b. *attendance?*
    c. *personal appearance?*
    d. *responding in class?*
    e. *interacting with others in class?*
    f. *completi~~ assignments?*
    g. *relating to me as their teacher?*
    h. *any other issue pertinent to my own situation?*

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2. *How much deviation will I allow in any of my students' attendance, promptness, appearance, classroom behavior, and course work before I become upset? How can I tell if I'm getting upset? How could I increase my awareness of how others' actions affect me?*

3. *What will I do if a student's behavior deviates beyond my tolerance level in regard to:*

   a. *attendance?*
   b. *promptness?*
   c. *appearance?*
   d. *classroom behavior?*
   e. *class work?*
   f. *any other issue of importance to me as a teacher?*

4. *What will I do if my first response to the student's behavior doesn't either alleviate my upset and/or alter the student's behavior? What possible responses could the student have to my actions? (Possible responses include, among others, feeling resentful, childish, ridiculed, alienated, unconcerned, or angry; feeling respected, helped, wanted, or cared for.)*

   Now, if you have taken some time to reflect on your expectations as a teacher, your tolerance level for deviations from these expectations, and your usual responses to students whose behavior exceeds your tolerance level, ask yourself "Am I expecting too much? Am I expecting too little? Do I get easily upset by events which do not meet my expectations? Do I find that I seem to get upset a lot by certain students, or certain types of students? Why? Do I overlook too much? Am I known as an easy teacher (as opposed to a good teacher)? Do I respond in the same fashion to each student who gets me upset? Do I get results? Are there any other approaches that might help me deal more effectively with students whose actions bother me? Am I too rigid? Is my tolerance level too low? Am I too loose in tolerating various actions in class? Do I let my students 'get away with murder?'"

   It is important for you to examine your expectations, tolerance for deviances, and response patterns when such deviations occur, because

students who have had emotional problems may not function at a level equal to that of someone who is considered "normal" or in good mental health. He or she may still be receiving treatment (on an out-patient basis, for example) and may have attained the best level of functioning of which he or she is capable at the present time. Because a person who is "in good remission" from serious emotional difficulties has probably had dysfunctions in his or her thought processes, perceptions, emotional states, and motor activity, residual quirks of no great consequence may be present. These quirks, if any, may take the form of mannerisms or nervous habits. They may manifest themselves in the form of social ineptitude -- not really knowing the subtleties of interpersonal relations such as when it's acceptable to interrupt a conversation and when it isn't, when it's o.k. to be exuberent or when it isn't, or when it's necessary to speak out as opposed to waiting in silence. *How you respond depends in part on your awareness of what behavior you expect, what you will tolerate, and what you do when someone's actions exceed your tolerance level.*

Even if a student (or a colleague) with a recent history of emotional difficulties has no idiosyncrasies, he or she may be quite normally insecure and anxious about a) how well he or she will fit in; b) how well he or she can do in school, especially on tests; and c) how well he or she will get along with the teachers. Interpersonal relationships can be a two-fold source of tension for a newly recovered psychiatric client because a) frequently, his or her difficulties were manifest most prominently in relations with family, friends, co-workers, or neighbors, and b) he or she has learned that it is often unwise to tell people about having been treated for emotional problems. Thus, the issues of fitting in, being accepted, making friends, and being honest about one's past experiences can evoke a fair amount of very normal anxiety in a newly recovered person.

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Authority issues may also enter the picture. A person who has recently completed therapy may become very dependent on the teacher for direction and approval. But in some cases, the teacher may evoke some resentment and hostility as an authority figure. In either case, the instructor's response can aggravate or ease the problem. Medication prescribed for the psychiatric problem may induce side effects such as sleepiness or shakey hands, to name a few.
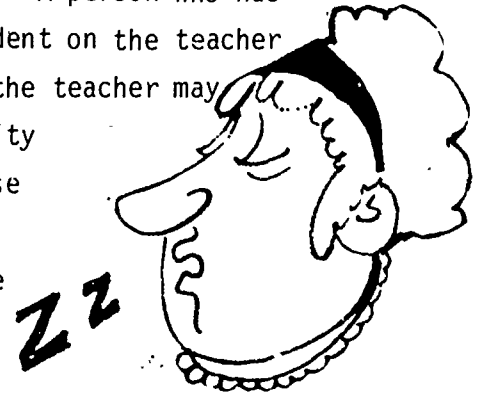
A more subtle problem could arise in relating to a student who confides to you that he or she is seeing a psychiatrist, psychologist, social worker, or other therapist and then proceeds to downgrade the therapist's efforts or attribute his or her classroom troubles to the "stupid shrink." While you listen with attention and empathy try not to undercut the therapist's efforts. If you realize that you are being enmeshed in such a situation, limit your focus to the classroom and problems that you and the student can work on in that context.

Unfortunately, not every student you instruct will have a handle on his or her emotional problems. You may encounter a student whose emotional stability may be weakening, whose hold on reality may be slipping, or whose overall functioning may be deteriorating noticeably. What should you do? A sensible approach consists of the following four steps:

A. OBSERVE
B. LISTEN
C. CONFER
D. REFER

Observe. Pay attention to how the student acts. What is being done differently? What isn't being done that formerly was part of the person's usual pattern of behavior? (Refer again to the signs of developing problems given earlier in the booklet.)

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Listen. If you feel the student's classroom performance is slipping, you can, in keeping with your role as a teacher, hold a conference with the person. Then pay attention to what the person says, or fails to say if warranted by the situation. Don't do all the talking. Give the person a chance to think, to respond to your statements. Reflect for a minute. If you yourself were having troubles, how easy would it be to tell them to your supervisor? How bad would it have to get? How scared would you be? How hesitant? Chances are you would be scared, hesitant, reluctant, and fearful, so there is no reason to think a student will rush up to you with a well-organized speech about his or her difficulties. Allow the person a chance to express what's inside. A thirty second silence on your part is really a very short time, but it can seem like an eternity. Even so, judicious pauses in a student-teacher conference can be very productive.

Confer. Don't be too afraid, or too proud, to seek out the opinions of your colleagues whether fellow teachers, counselors, psychologists on staff, or whomever you respect and have confidence in. You should protect student confidences in seeking others' views. Keep in mind though, that asking co-workers for advice or suggestions will be much less productive if you haven't observed the details of the student's situation nor taken the time to listen to the student's perspective. But seeking help in regard to alternative courses of action may "go against the grain." You may have been teaching a long time, and handled many difficult situations. But asking for another opinion isn't demeaning, nor does it mean you can't handle your own students anymore. (Many doctors ask each others' advice quite regularly, and they most likely do better treatment because of it.) Then too, it can be flattering and a boost to your esteem to help a student over the rough spots, especially if the student initiates the request for help. But before doing so, if you

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do; ask yourself whether you are helping this person or trying to be his savior. Sinc. you are <u>not</u> a mental health professional, you could unwittingly slide into a problem situation that is more complex and difficult than it looks on the surface. Responding to a troubled student in a warm, accepting, empathic manner is practically always beneficial, but trying to become an "amateur analyst" can lead to a surprising amount of emotional turmoil for both parties. Then too, <u>you don't have to feel guilty about not being someone's "savior" and don't feel bad about getting help if you feel a person's problems are too serious to wait (as in the case of someone who gives indications of suicidal intent</u>).

<u>Refer</u>. If, in the course of interacting with a troubled student, it becomes apparent that he or she needs assistance that is beyond your professional role and training, you might ask the student whether he or she has considered getting help from any other agency and suggest that such assistance be considered. You shouldn't refer people to outside agencies without their knowledge and consent, but it shouldn't be inappropriate to tell the person that he or she might receive better and more complete help from another source. Two cautions are in order here. *First, if you immediately suggest other sources of help without fully listening to the student, you may convey the impression that you really aren't interested in the student, and are just trying to get rid of him. Second, you must be alert to overextending yourself, or implying that you are capable of determining the nature and scope of the student's problem.* Neither a hasty brush-off nor a sentimental over-involvement is beneficial. Empatic listening and concern, coupled with a low key presentation of alternatives from which the student could choose, are most always beneficial. Not infrequently, a good listener is all a person needs to regain the will to carry on and a renewed sense of self-esteem.

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A WORD ABOUT FLIPOUTS

A flipout or violent episode, is a rare occurence. *Only about 1% of people with a history of emotional problems also have a history of violence.* In the unlikely event that you would be faced with such a problem, consider the following:

1. Look to the safety of yourself and the other students.

2. Get back-up help as needed. The police in many localities have received training in appropriate handling of violent disturbed persons.

If it seems to you that someone is undergoing intense stress and you wish to forestall a possible flipout, consider the following:

1. Give the person a chance to tell you the problem; listen to what is said, and avoid cliches such as "calm down;"

2. Elicit responses with statements such as "tell me about it;" try to be comfortable with , not threatened by, the person's responses;

3. Try to be calm yourself;

4. After developing an initial rapport, remove the person from the situation to a more relaxing one.

You may want to consider having the other students take a break if it would provide more privacy and improve the chances of helping the troubled person. Be aware of your own anxiety so that your actions are not done solely to meet your own needs. If someone is obviously under the influence of alcohol or other drugs, you will probably have little or no positive effect by trying to communicate with him or her. In such situations, assistance will probably be needed.

COMMUNICATION

In performing your functions as a teacher, you spend a great deal of time communicating with your students. To be effective, this process demands two active participants who send and receive messages

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and solicit and provide feedback as to whether or not these messages have been sent and received as intended. *Communication involves two sets of messages simultaneously: The content of the communication and the relationship between the people communicating.* In your role as teacher, much of the content of your communication revolves around the subject you teach. The relationship aspect of your communication, however, is made up of your feelings, expectations, biases and reactions to what you perceive your students' feelings, expectations and biases to be.

In communicating the content of your messages to students who have a history of psychological difficulties, the key to success is *consistency.* Consistency in what? In your *statements, standards, expectations,* and *behavior.* When you give assignments, are you vague or precise? If you express yourself clearly and precisely it will help you determine whether or not you are consistent in your expectations of classroom decorum, your standards of quality, and your evaluation standards (grading or other). If you give conflicting, vague, or contradictory directions, allow wide unintended fluctuations in the acceptable standards of work, or react unpredictably to students who are late, absent, or loud you can provoke great anxiety in a person who may not have the secure anchor of a well disciplined living pattern based on an internalized and functional value system. You may be comfortable with ambiguity, but others may find it almost intolerable.

You can also contribute to the success of emotionally insecure students by helping them learn or develop the skill of problem solving. In doing this you might structure the learning environment so that it flows as a step by step process to desired goals. You might provide cues to the desired responses; you might reinforce appropriate acts with praise or other recognition. You might even

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spend time on the process of analyzing a problem, separating it into component parts, exploring alternatives, choosing the most likely ones, and implementing them. Problems to be examined would naturally arise from academic and other class related issues. Quite frequently, persons who have had serious psychological problems feel helpless and without control over their lives. By imparting problem solving skills through which the students can achieve academic and employment successes, you can help them overcome feelings of impotence and assist them in building feelings of confidence and competence.

But, as stated earlier, communication consists of content and relationship. The relationship aspect can enhance, distort, or destroy the intended effect of the entire message. *Someone who has had emotional difficulties often misreads the communication of others.* Such a person may be very alert for signs of rejection, and may interpret joking and flippancy as a sign of dislike or a put down.

Assuming that you yourself are basically happy with your work and are not greatly insecure when dealing with others, you may find the following hints for more effective communication helpful. With practice, they can be of value to you each time you communicate, whatever the context.

THE COMMUNICATION OF EMPATHY

When you have empathic understanding you are able to do two things:

a. perceive the other person's viewpoints, feelings, and general situation as *he or she perceives them* (empathic perception), and

b. *communicate* that perception to the other person (empathic expression). To do this well usually requires that you:

1. CONCENTRATE WITH INTENSITY UPON THE OTHER PERSON"S EXPRESSIONS,

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BOTH VERBAL AND NON-VERBAL. You are no doubt aware of the classic non-verbal signs of boredom and disinterest that students can exhibit, but students, and teachers, often express these and other feelings (anxiety, fear, and anger) in subtle ways well before their emotional expression would, if allowed, become obvious. Take a few minutes to examine how you can determine non-verbally that a person is angry;...sad;...anxious;...afraid;...disinterested.

Now ask yourself how you act, *non-verbally*, when you are angry, anxious, afraid, bored, or displeased with something. Does your emotional state show up in your tone of voice? Your volume of speech? Your pace of speaking? Your facial expression - flickers, twitches, eye movements? Your posture? Your eye contact patterns? Your touching paterns (self or others)? Your gestures? Your spatial distance? *Whether or not you are aware of it, your emotions are being expressed in the non-verbal as well as the verbal medium.* Empathic communication requires that you be alert not only to the non-verbal messages of the other person but also to your own non-verbal statements, to see how consistent they are with other aspects of the communication.

2. STRIVE FOR SIMPLE INTERCHANGEABILITY WITH THE OTHER PERSON'S COMMUNICATION DURING INITIAL INTERACTIONS. By making responses which are restatements of the other person's responses, you can test the accuracy of your perceptions, and also lay the groundwork for the development of mutual trust and understanding.

3. STATE YOUR RESPONSES IN LANGUAGE THAT IS UNDERSTANDABLE BY THE OTHER PERSON. By letting the person know you are aware of his or her frame of reference, you provide that individual with an experience of being understood. Feeling understood is an important foundation for developing rapport. When responding in understandable language, avoid using slang which you normally do not use. If you are not thoroughly familiar with it you are likely to appear silly or condes-

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cending.

4. COMMUNICATE RESPONSES IN A FEELING TONE SIMILAR TO THAT OF THE
OTHER, BUT EXPRESS YOUR AWARENESS OF THE OTHER PERSON"S FEELINGS IN
ANY CASE. By doing this, you are making the other person aware that
he or she is being "heard" at a feeling level. When appropriate,
you may even express a wider range of feelings than the other person,
and express them more intensely. In this manner, you can help the
other person to experience and express feelings that may have been
out of awareness or denied.

5. BE RESPONSIVE. Responsiveness
provides a model for an active approach
to problems and also increases accuracy
in communication. The more frequently
you respond, the less likely you will
fail to perceive the other person's
viewpoint. This doesn't imply that you
should talk a lot. If you do most of
the talking (over half) you probably will have little positive
influence. Silence or relative inactivity can be quite effective
when used appropriately.

6. CONCENTRATE ALSO ON WHAT IS NOT BEING EXPRESSED. This is not as
easy as it sounds. Does the person avoid expressing his or her own
feelings? Does the person direct the conversation away from his or
her part in the situation being discussed? Does the person seldom
if ever seem to notice the feelings of others, or the effect of his
or her actions on them? These are but a few examples of the many
possible areas which might remain unexpressed by a person seeking your
help. Paying attention to what might be unexpressed is important.
The deepest level of empathy involves filling in what is missing
rather than simply dealing with what is present.

7. USE THE OTHER PERSON'S BEHAVIOR AS A MEASURE OF THE EFFECTIVENESS
OF YOUR OWN RESPONSES. If a good communication base is created before
your move to deeper level empathic responses, the other person will

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most likely shift to deeper levels also. In fact, the other person may become intensely and accurately attuned to your verbal and non-verbal expressions as you are to him or her. (The above hints are based on information provided by the Digital Information Access System, University of Wisconsin, Madison).

In attempting to aid students who seek your help in dealing with their problems, you may note that the person with whom you are talking seems depressed. If so, it should not be surprising, for depression itself often impells a person to seek help informally from someone he or she respects, likes, and trusts. Then too, depression is one of the most common symptoms found in the clients of professional counselors, psychologists, and other helping professionals. It is present in nearly all diagnostic categories of personal and emotional problems, and its causes are multiple.

In talking to a student who is experiencing depression, you will at some time have to address the question of whether or not your understanding and skills are sufficient and whether or not a referral is called for. However, at the outset your primary concern is to get the person to talk to you so both of you can begin to gain an understanding of the troubling situation.

Getting the person to talk openly to you about his or her feelings may not be as easy as you think, since a depressed person is often non-communicative. Whatever the source of the depression, he or she has real, subjective reasons to be discouraged and negative. In trying to help, do not do the following four things:

1. Do not make flat statements of assurance, such as "Oh, you're o.k.;" "Everything is o.k., don't worry." In fact, such statements are sometimes interpreted as evidence of your insensitivity or tactlessness.

2. Do not tell the depressed person to "snap out of it," "pull yourself together,; or "keep it up and you will really need help." Such phrases are ineffective at best and at worst are interpreted

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as disclosures of your callousness.

3. *Do not ask probing, interrogator-type questions concerning the causes and occasions of the person's feelings.* Such questions will probably evoke only standard, superficial replies and may convey the impression of ignorance and lack of understanding on your part.

4. *Do not offer interpretations like "your're depressed because you are doing poorly in the course."* Such interpretations are offensive, even if accurate, and may evoke hostility.

You can, on the other hand, do the following:

1. *Take advantage of the probability that the person you are trying to help is interested in his or her current feelings.* Show that you recognize and understand how sad he or she is, how hurt, how dejected. Estimate the type and extent of these feelings and describe them. Do so with a rising inflection so that if he or she chooses to interpret your assertion as a question he or she will be free to answer, and free to disagree and clarify if you are not accurate. The closer you come to the correct character- ization of the other person's feelings, the more you will streng- then his or her belief that you understand and are not being judgmental, punishing or condescending.

2. *If, as a result of this approach, the person begins to respond, you will then have the opportunity to evoke a fuller emotional expression and release of feelings by expressing your concern through posture, facial expression and caring comments.* In doing so, you should avoid reinforcing any inappropriate beliefs the person may hold regarding the source of his or her feelings. You can do this by prefacing comments with "you think," "you feel," "you gathered" or "it seems to me that you feel" and "I hear you saying," rather than telling the person "I don't see how you could stand it," or "I wouldn't want that to happen to me." Use good judgment in deciding whether or not to pursue this because you may bring strong negative emotions to the surface only to find

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that both of you have difficulty coping with them.

3. *Temporarily accept the depressed person's dependency needs because he or she is probably in a situation where his or her own resources are insufficient.* Whether the problems were generated by the person or by an overwhelming chain of events, he or she is in a position of frustration and impotence.

4. *Realize that in a depressed person there is almost invariably a loss of some type which affects how the person views himself or herself.* We all need periodic reconfirmation of how good, how lovable, how strong, how intelligent, or how powerful we are. A threat in one or more of these areas, unmatched by the ability to ward off the danger or recover from the damage, produces feelings of depression. Frequently, guilt feelings, self-reproach and shame flow from a self-perceived loss of goodness. If, on the other hand, the depressed person has experienced the loss of health, possessions, or loved ones, he or she will probably have intense feelings of grief and despair.

In talking with a person who is undergoing an intense depression you should strive to explore this experience with him or her. It can also be helpful to explore with the person a more realistic and authentic way to view himself or herself. You can also help the person look at the reality of his or her environment, and what he or she can do now to influence that environment. However, don't insist on giving prescriptions for change ("you should do this, you should do that"). Rather, present alternatives and options. The person can then begin to retake control of his or her life by deciding what will be done to alleviate or remedy the situation. (Digital Information Access System, University of Wisconsin, Madison, 1976).

If you try to implement any of the above suggestions, you may find that you are not helping the situation any. If this is the

case, encourage the person to seek assistance from a helping professional. Serious depression can be masked by a false elation, by anger, or by general anxiety and agitation. Your responsibility as a professional educator is to instruct your students in the areas of your expertise. Your responsibility as a concerned human being is to listen in an empathic fashion when someone needs a listener, help the person clarify his or her feelings about what is troubling them, and present alternative courses of remedial action. You are not, nor expected to be, a therapist, and you should feel no guilt or sense of inadequacy if you acknowledge this fact to the person seeking your help.

CONSTRUCTIVE USE '. . EEDBACK

In the process of educating students, one of your major duties is to provide feedback regarding their skill development. In working with students who seek your assistance with m.re personal problems, you can also provide feedback concerning the effect of their behavior on others.

In this sense, feedback is a way of giving help, a corrective mechanism and a means for helping the person focus on answering the question "Who am I?' Criteria for useful feedback include the following:

1. *It is descriptive rather than personally evaluative.* By describing one's own reaction or how others might react, you leave the individual free to use it as he or she sees fit. By avoiding personal evaluative language (e.g., "You are childish; You are no good"), you reduce the need for the individual to react defensively.

2. *It is specific rather than general.* If, for example; you tell someone that he or she is "dominating" you will probably evoke a hostile or defensive reaction. You are more likely to have a positi.e erfect by making a tatement such as "just now when we were deciding the issue I felt you didn't seem to listen to what others said, and I felt forced to accept your arguments or face an

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attack from you."

3. *It takes into account the needs of both the receiver and the provider of feedback.* Feedback can be destructive if it serves only your own needs (e.g., to be viewed as an expert, a good analyzer, or whatever, and doesn't consider the needs of the person on the receiving end. Ask yourself how the listener might feel and respond before you provide feedback on a given issue. Use the answer to this question as a guide in deciding whether or not to provide this feedback, and if so, how to structure it.

4. *It is directed at behavior which can be altered by the receiver.* If you continually remind someone of a problem over which he or she has ontrol, you can be a source of intense frustration.

5. *It is soli ted rather than imposed.* Feedback is most useful when the receiver has stated a question which you can answer. If this doesn't occur, you can still provide the type of feedback described in #1.

6. *It is well-timed.* In general, feedback is most useful when provided as soon as possible after the behavior of note has occurred. Whether or not it can be provided rapidly depends on factors such as privacy or lack of it, and the person's apparent readiness to receive it.

7. *It is checked in order to make sure it was understood as intended.* One way to do this is to ask the person receiving the feedback to rephrase it in order to see if it corresponds to what you intended to say.
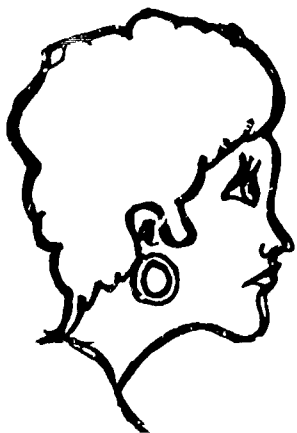
BARRIERS TO EFFECTIVE
COMMUNICATION

As you no doubt have experienced, it is very easy to misunderstand others, be misunderstood by them, and

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even become involved in hostile or unproductive patterns of communication. Students and non-students alike who have experienced emotional problems often have difficulty in interpersonal relations. They may be very shy, anxious, or withdrawn. They may not always be aware of the many customs and conventions of interpersonal interaction that most of us use routinely. In addition they may not realize how many of these customs and conditions they have failed to follow. Many persons who have experienced major psychological problems have also experienced rejection. Hence, they are often sensitive to being rejected again, put down, and viewed as having a contagious disease. Because of this mind-set, your actions and statements may be viewed as carrying more negative import than intended. Thus, one potential barrier to communication with anyone, but especially with someone sensitive to being personally rejected by others, is the "mixed message." A mixed message is one that can be perceived as containing two different, contradictory meanings, one stated verbally and one implied either through tone of voice, gesture, or other non-verbal means, or through the content itself. Frequently, sarcastic statements, flippant remarks, direct unsolicited advice, and joking remarks can be viewed as degrading. Unsolicited advice, for instance, might be taken to mean that the advice giver feels that the advisee is stupid, incapable of handling the situation, and inferior to the advice giver. A well meaning advice giver might irritate people without even realizing why.

In addition to intentional or unintentional mixed messages, several other conditions may create communication barriers. The first of these is self-preoccupation. An individual who is focusing almost entirely on the impression he or she is making may miss most of the message. The self-preoccupied person will often indicate this by responding in an inappropriate or irrelevant way to what was said.

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A second barrier to effective communication may be the *presence of an emotional block* to the intent or implications of the message. Words may have become emotionally charged for an individual because of childhood experiences or current circumstances. For example, an unaware white person might evoke a great deal of hostility in a black man by using the term "boy" or "colored boy." It would be doubtful that the intended message could be received accurately when coupled with such a provocative term.

A third potential barrier is *hostility*. This barrier may be present when you attempt to communicate with someone with whom you are angry. Hostility may also carry over from recent prior events, or it may arise from the subject matter itself. When people engage in a hostile confrontation, they often distort messages from each other in a way that contributes to the development of greater hostility. How often have you heard discussions tinged with hostility where both parties were so busy defending themselves that they apparently didn't realize they were not even discussing the same issue?

The *charisma* of a speaker may serve as another barrier to effective communication. A charismatic person can often package clichés in such a way that they seem very significant. Such charismatic ability can get listeners emotionally involved with the ideas presented, but can hinder effective communication by numbing the listeners skepticism and critical reasoning to the point where he or she fails to question underlying assumptions, or fails to ask for clarification and elaboration. Successful politicians often possess highly developed charismatic traits. Unfortunately, the utter lack of charisma may cause listeners to "turn off" a speaker whose ideas are significant and relevant to

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their concerns.

The speaker's or listener's *past experience* can also serve as a very effective barrier to accurate communication. If, for example, you have found professional staff meetings to be quite devoid of important ideas, you will soon come to expect future staff meetings to be equally empty. Such expectations may lead you to treat lightly ideas that, in another context, you would find worthy of your undivided attention.

An additional communication block is posed by the individual who has a *"hidden agenda"*. Someone with a hidden agenda may hear all messages only in reference to his or her own needs, or may screen out any communication which doesn't relate to his or her own interests. If a person's "hidden agenda" is to undercut a fellow worker, for instance, he or she may attempt to manipulate others' perceptions of that person's value and competence by seemingly off-hand remarks, such as "we all know the boss wouldn't buy that idea," or "you know that /idea stated/ is pure speculation." or by praising the person in a condescending fashion which implies that the recipient is really performing above his or her capabilities by some fluke of luck.

Cross cultural differences in language and speech patterns may present another barrier. Slang, phrasing, and use of idioms may vary greatly between, for instance, a resident of Appalachia and a resident of Palm Beach. Since it seems to be a human tendency to view anything "different" as inferior, unfamiliar speech patterns can greatly hinder interpersonal communication for reasons beyond simple unfamiliarity.

Stereotyping, whether by race, job category, economic class, or nationality, can hinder or block effective communication. If, for instance, we view somebody as radical or reactionary because of their personal appearance, we might treat anything they say as radical or reactionary without even examining their statements.

The *physical environment* alone may create barriers to effective communication. A hot, smoke-filled room can make it very difficult for people to focus their attention on anything.

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The final common barrier to effective communication is *defensiveness*. An insecure, threatened individual tends to view questions as accusations, and consequently answers them with justifications. Such defensiveness might be present when people of different authority or perceived status levels try to communicate. "If the boss is asking about my work, he probably thinks I'm doing poorly, so I'd better be careful about what I tell him." Status itself can lead to the erection of several communication barriers. One person may be preoccupied with impressing the source of power, while another may be defensive because he fears that his own job or status is threatened. In addition, any high-status individual must deal with the hostility of the envious, the stereotyping of the power worshipper, and the emotional elements generated by all of the conditions.

"The means to alleviate the conditions which interfere with the communication process are as varied as the individuals who must deal with them. The key, however, lies in becoming aware of the conditions which are interfering with the process and attempting to modify behavior in such a way that messages are less often and less severely refracted." (The 1973 Annual Handbook for Group Facilitators).

JOB PLACEMENT CONSIDERATIONS

For most students, the untimate objective of vocational training is employment. Many of these students, including those who have been treated for emotional problems, lack only specific job skills. In other instances, however, students with a history of psychological problems may need assistance in at least three job related areas: a) *clarification of expectations*, b) *the process of seeking and obtaining employment*, and c) *on-the-job behavior*.

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One of the most important things you as a teacher can do is to
help the student clarify why he or she is in school, in that particular
program, and in your particular course. This involves assisting the
person in determining and defining occupational and employment goals.
The occupation and specific job suitable for a person recovering from
psychological problems is solely a function of that individual's
interests, aptitudes, skills and personality. Each individual will
vary in these characteristics, and will also vary in the degree to
which he or she is able to function interpersonally and in stress situ-
ations. No job or occupational area should be closed to someone with
a history of psychological difficulty solely because of that fact. To
do so would be to stereotype and discriminate
in a most unfair manner. In helping a person
clarify what he or she likes to do, and deter-
mining what tolerance for stress he or she
might have, the following elements of employ-
ment situations can be reviewed. Depending
on the individual, each of these elements
can be a source of gratification or a source
of stress and tension:

1. different duties with frequent changes;

2. unvaried recurring operations;

3. close supervision with definite instructions;

4. contacts with people which involve more than receiving instruc-
   tions;

5. planning and supervising the activities of others;

6. working alone;

7. influencing other peoples's opinions;

8. working under pressure, urgency, or haste;

9. making decisions on the basis of personal judgment;

10. making decisions on the basis of facts, data, or objective
    standards;

11. making accurate measurements or evaluations with low error
    tolerance;

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12.   *Interpreting ideas from a personal viewpoint.*

(These factors drawn from Interviewing Guide for Specific Disabilities: The Mentally Restored, 1969)

Some vocational teachers who have had success with troubled students found that they could learn very much about <u>all</u> their new students in a short time by having them write a 1-2 page essay during the first class in answer to the question "Why am I here, and what do I hope to get out of this program?" Such an essay can help you determine which students have vague or inappropriate expectations. (,ome students feel that school and/or a job can be a magic cure for all their difficulties. Such an attitude would, if maintained, condemn its holder to frustration and disappointment.) An initial essay will also give you a clear indication of the person's ability t- think, organize information, and communicate in writing. If you have an early indication of the students who might have difficulty, you can take steps to assist them and thus improve their chances of completing your course successfully..

The process of seeking and obtaining employment can also present major obstacles to the person who is recovering from psychological problems. This person may need assistance either from you, from another department such as student services, or from an outside agency such as the Division of Vocational Rehabilitation in learning where to look for job openings, how to apply for them and how to act in a job interview. In dealing with problem questions on an application blank, for instance, the person who decides to be candid about periods of hospitalization could leave blank any questions asking about treatment for emotional difficulties. Another alternative would be to write "will discuss." In either case, the interviewer will most likely wish to know more, so the person should be helped to prepare and <u>practice</u> responses which will:

a. *explain in <u>non-technical terms</u> what happened or what was wrong;*

b. *indicate that the person sought treatment voluntarily if such were the case;*

c. *note that the problem is in the past and that the person is ready, willing, and able to work.*

For example, in explaining a "will discuss" response, the person might say "Yes, I did have some treatment for my nerves. I became upset after my divorce, my mother's death (or any other significant shock) so my doctor and I decided I could use some help. I went to the hospital for awhile, and they helped me a lot. I'm fine now and ready to work." Such an answer helps a person explain his problems in terms of a precipitating external situation which has been dealt with successfully through treatment. It also allows the person to avoid technical language which could mystify and frighten the interviewer. Such an answer also stresses (if such were the case) the person's role in choosing to obtain assistance, and also indicates that this help cleared up the problems and thus eliminated any barriers to successful employment. (Job Seeking Skills Reference Manual, 1974).

It has been found very helpful to provide the person seeking work with an opportunity to role play job interviews in which he or she answers questions dealing with issues such as:

a. *gaps in the work history, whether due to hospitalization or not;*

b. *factors leading to resignation from previous jobs;*

c. *factors leading to discharge from previous jobs;*

d. *relationships with previous supervisors;*

e. *relationships with former co-workers;*

f. *absenteeism patterns from previous jobs.*

It can be very productive to videotape such practice interviews, because many persons who have had psychological problems lack self-confidence and often feel they present themselves worse than they really do. A person who can see himself or herself perform well in a practice interview will receive a big boost in self-confidence over and above that which the practice itself instills. Videotaped interviews also provide

the trainer and trainee with an excellent mechanism to pinpoint and correct flaws in the trainee's interview behavior.

The third job related area which might require special assistance from you, from another school department, or from an outside agency is on-the-job behavior. *In general, 50-80% of all people are dismissed from jobs because of interpersonal difficulties with their supervisors or co-workers.* Since people who have had emotional difficulties are often unskilled in relating to others, their current level of interpersonal functioning becomes an especially significant determinant of whether or not they will remain successfully employed.

As a classroom teacher, you can obtain a unique preview of the person's likely on-the-job behavior by observing how the person relates to his or her fellow students and to you as an authority figure. In keeping with your role as an instructor, you can still exert a positive influence on the development of the person's interpersonal skills by the manner in which you teach, communicate, and provide feedback. You might wish to review the specific suggestions offered earlier regarding each of these areas.

Follow-up after employment can also contribute greatly to the successful employment of a graduate who has had emotional difficulties. The school-to-job transition is a time of anxiety, tension, and doubt for most graduates, but especially so for the person newly recovered from emotional problems. Whether this follow-up is provided by you, by another department in the school, or by an outside agency would have to be determined for each specific case, but the importance of such follow-up cannot be minimized. It would be silly to allow one or two years of effort on the part of educators and other professionals to be jeopardized for lack of appropriate support for the new job holder during a crucial and potentially stressful transition period. The follow-up issue highlights the need for efficient delivery of educational and mental health services, as well as the need for coordinated efforts to prevent the service recipients from riding an inter-agency merry-go-round or "falling through the cracks" at major transition points.

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CAN WE IMPROVE OUR MENTAL HEALTH?

We Americans usually demand fast, permanent
solutions to our problems. Because we also desire
these solutions to be as effortless and painless as
possible, many of us join movements and follow
charismatic individuals who promise us instant and
unending bliss. Unfortunately, there are no quick and permanent solutions
to the problems of daily living. Sustained and systematic effort, on a
daily basis, seems to be the most feasible and effective approach to
coping with problems such as stress and depression. If you keep in mind
the caution about the futility of embracing quick, effortless, permanent
"solutions", you might find the following suggestions helpful.
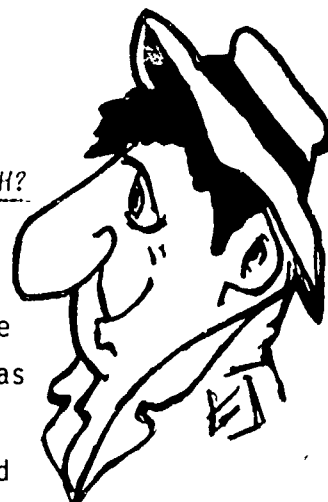
Coping With Depression - The Milder, Normal Variety:

The first step in attempting to cope with depression is _recognition_.
How can you tell if you are depressed? What do you say and do, or fail
to say and do, that would indicate the presece of depression? Common
signs of depression include the following: moodiness, boredom, inability
to make decisions, constant tiredness, loss of interest in family and
friends, diminished sex drive, and a feeling that something is missing
in life. Anger, recognized or unrecognized, is often a large component
of depression. Frequently, the anger isn't fully recognized, nor ex-
pressed in a constructive fashion. If the above signs sound like an
accurate summary of your mental and physical condition, you might be in
the midst of a depression. If so, the following suggestions might
prove useful:

1. Realize that depression is often simply a sign that you need to rest
   and recuperate after a period of physical or mental stress.
   Act on this sign like you would act on the signs of pain or hunger.
   Sleep. Sleep as long as you can, and as long as you wish to. You
   might awake to find that your depression has lifted. If your
   depression persists, you might want to get a physical check-up or

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contact someone trained to assist depressed people.

2. *If you can, find the cause of your depression.* Review the
time just before your depression started. Look for factors
such as fatigue and frustration. Also look for guilt feelings.
If you lose someone you love, are hurt by someone, or move into
a new living or employment situation, you may also become depressed.
If you frequently feel inferior, unloved, lonely, or of no inte-
rest to others, you may also develop a depression.

3. *Express your grief openly, at least to yourself.* Recognize
and accept your loss, disappointment, or the conditions which
are causing the depression. If there is an immediate cause,
seek out a quiet place where you can be alone and have a good
cry. Crying won't change the external situation, but it will
change you by serving as an emotional and physiological release
for tension. After crying, you will frequently find that you are
able to think things through much more clearly. If you have a
friend who is understanding and accepting, express your grief,
disappointment, or hurt to him or her. If you write out in
detail how you feel, why you feel that way and anything else that
comes to mind in relation to your feelings, you will often gain
a clearer perspective of your situation.

4. *If possible, see if you can modify or remove any specific causes
of depression.* Can you figure out how to get what you want, or
how you can do what you want to do? If not, can you find a good
substitute? Do you *really* want what you think you want, or is
the source of your frustration only a means to an end that you
could achieve in some other way? If you feel guilty and ashamed
because you have hurt someone or done something you wish you hadn't,
is there anything you can do to make the person feel better, make up
for the hurt, or change the effect of what you have done? If so,
do it! If not, can you accept what you have done as an error that
is common to all persons who are learning and growing? If you have
lost someone or have been hurt by another, can you take steps to
find someone with whom you could build a close friendship - not as

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a substitute but as a new person who offers warmth, companion-
ship, and love? If you feel as though you have nothing to offer,
think of something you can do for someone. If you can, do it,
even if it seems like a small thing to you.

5. *Experiment to see if you can change your feelings of depression.*
You could try physical activity, dancing, or sports, especially
outdoor sports or activities. Your depressed feelings may dis-
solve through involvement in intense physical exercise. If you
feel really down, you may not think you have the energy and strength
to get out of your chair, much less engage in physical exertion.
Even so, try anyway, and keep at it for awhile before you quit.
It is sometimes amazing how your mood can change for the better
as your blood begins to race and your breathing becomes heavy.
(The author's personal remedies for depression, which he has
found to be quite effective, are sleep, walking outdoors, and
physical activity strenuous enough to cause physical tiredness,
sweating, and hard breathing.) You might also try reviving some
old interest, taking a trip, or even joining a friend in his or
her hobby. Try being with friends who are _not_ depressed to see if
conversation and current interests will alleviate your depression.

Experiment to see if _acting_ happy will help.
This can work well, especially for mild
depression. By putting on the external signs
of happiness you may arouse happy feeling in
yourself.

6. *If you really try some or all of the above,
and you are still depressed, try relaxing
and letting it happen with the awareness
that all depressions, including this one,
will come to an end.* If you can, move
to a different environment for a few days, rest, relax, and try not to
feel guilty about "wasting time." Any effort and time spent in improving
your state of mind is well worth it.

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7. *The more thoroughly you understand the real roots of your feelings, the less depressed you will be, and the more easily you will be able to handle yourself when you do become blue.*
   If necessary, you can obtain the help of a profes-
   sional conselor to facilitate this understanding.
   If you find that your own efforts are not effective,
   you may benefit from professional help. Asking for
   help isn't a sign of weakness. It indicates that
   you have the good sense to realize when you are "in over your head"
   and the courage to do something about it. (Digital Information
   Access System, University of Wisconsin - Madison, 1976).

COPING WITH STRESS

In our contemporary society, stress and stress-related problems
seem to be commonplace. But to get a more precise understanding of
the problem, we must differentiate stress from tension. Tension is
the physical reaction of the body to perceived emergency situations.
Stress is what the person sees as causing his tension. Tension is
always real, but stress can be at times illusory, distorted, or magni-
fied. The two extremes occur when one over-reacts, that is, "makes
a mountain out of a molehill," or when one doesn't react at all to a
genuine emergency.

When people magnify the stresses they perc ve, their tension
rises and can become chronic. Many medical authorities believe that
chronic stress-induced physiological tension can make a person more
vulnerable to heart attacks, high blood pressure, and "nervous break-
downs." *In the opinion of mental health authorities, fear of losing
love is one of the biggest causes of stress.* This fear is frequently
coupled with a fear of failure in school and at work. These fears
often go together because many people feel that if they don't succeed
according to the standards set by themselves and/or those important
to them, they will lose the love of parents or spouse and lose status

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in the community.

. Often. an adult's habitual reactions to stress follow behavior
patterns he or she developed at an early age. For example, when a
youngster develops the feeling that nothing he does can fully please
his parents, he usually grows up to be an anxiety-ridden adult. Many
students are under crushing pressure to get better grades than they
really can. As these students grow up and enter the work force, they
frequently fail to realize that they could be happy living within
their capabilities.

If you would like to cope with stress situations a bit better,
the following suggestions might help:

1. *No matter how difficult your problems may seem, remind your-
   self or, better yet, have someone else tell you that you have
   experienced rough times before and overcome them.* Optimism is
   essential in combatting stress.

2. *Keep a detached view of any problem situation.* There is no need
   to put your entire self-esteem, masculinity, or femininity on
   the line when taking an exam or trying to meet a job quota.
   Failing in one subject or line of work might be a clue to try
   something else.

3. *If at all possible, rehearse situations that you anticipate will
   be stress producing.* Public speakers who practice aloud in front
   of a mirror reduce their stress and improve their speaking skills
   at the same time.

4. *Before entering any problem situation, try to obtain as much or
   information or experience as you can.* Fear of the unknown fre-
   quently magnifies stress.

Suggestions such as the above can be very effective in coping
with the bigger stresses which we all encounter periodically. But
what about the day to day tension producers? How can we adjust our
routines so that our cumulative exposure to stress is lessened? U.S.
News and World Report. in a May 10. 1976 article, offered ten sugges-
tions which we could use to lessen our daily stress. They are:

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a. Plan some idleness every d "

b. Listen to others without interrupting them. (Be careful. You may do this without even realizing it.

c. Read something which demands concentration yet isn't job related.

d. Learn to savor food. (To do this. it helps to eat at a leisurely pace.)

e. Set up a place at home which you can use for solitude. Then use it for at least a few minutes each day.

f. Avoid irritating, overly competitive people. They tend to confuse perfectionism with the pursuit of excellence. This confusion can result in chronic dissatisfaction with their own and others' efforts and accomplishments, and can lead to a spiralling cycle of effort-dissatisfaction-increased effort, which is accompanied by increasing stress levels. Frequently, this cycle is broken by phenomena such as heart attacks, nervous breakdowns, ulcers or accidents.

g. Plan and take leisurely, less-structured vacations.

h. Concentrate on enriching yourself with new psychological, cultural, and aesthetic experiences.

i. Live by the calendar. not the stop-watch.

j. Concentrate on one task at a time.

As noted earlier, happiness is quite often the by-product of sustained commitment to a worthy cause or purpose, and involvement with others whom we love. Simple solutions which require minimal effort to implement are very tempting, but will usually frustrate those of us who try them. "A journey of a thousand miles must begin with a single step."

PREVENTION OF MENTAL ILLNESS

Mental health concerns the effectiveness of an individual's emotional and behavioral functioning in the family, employment and other environments. The mentally healthy person functions well. Emotional disorder grows out of a person's inability to cope successfully and appropriately with internal and external stresses.

Most of the major advances in the general state of peoples' physical health have been made as a result of preventative break-throughs such as the development of sanitation systems, vaccines, and pest control. There is no reason to automatically assume that widespread systematic efforts to prevent mental illness and promote the growth of mentally healthy individuals wouldn't have a similar dramatic impact over a period of years.

Serious attempts at preventative measures begin by fostering family life wherein the parent-child relations are happy and relaxed, and the "emotional climate" is warm and supportive. Parents also foster the development of mentally healthy people by balancing the freedom they give their children with the responsibilities demanded of them. Such parents also recognize that their older children are developing urges to be independent and assist rather than resist these efforts. These parents also work to overcome their own anxieties when answering their childrens's questions on sexual issues. They also gear these factual answers to the questioner's level of development. Parents who raise mentally healthy offspring also show them, by personal example as well as by instruction, how to develop both self expression and self control. In matters of discipline, these parents do not base it on fear, force, repression or ridicule. Instead they concentrate on building the self confidence, coping skills, and competencies their children will need to meet life's realities. They provide their kids with opportunities to cultivate hobbies and challenging, absorbing interests. These parents also love their kids without trying to possess or live vicariously through them. They provide models of consistency and quality in their moral standards, expectations, and behavior. These parents also remember that, despite their best efforts, not all of their children may turn out as hoped, because their children are also human beings who have a substantial role in the scope and direction of their own development.

While parents play a major role in the development of mentally healthy offspring, others can, and should, play a role in the development of practices which foster mental health and help prevent mental illness. For instance, mental health professionals can put more effort into developing and teaching strategies of prevention rather than concentrating almost exclusively on treating emotional casualties and handling crises. Researchers can begin to study prevention with the same intensity that they examine treatment. Government agencies at

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all levels can provide funds to support prevention efforts. Such a use of money could have the greatest potential cost-benefit ratio of any effort in the field of mental health. Educators and clergy can teach by word and by example the practices known to be associated with the development of good mental health.

The greatest obstacles to a focus on prevention could well be the inertia and self-perpetuating efforts of current agencies and organizations. These obstacles must be overcome if preventive measures are to gain widespread acceptance and utilization. Preventive efforts might seem ideal and they would definitely be very demanding, but the potential benefits would be extensive and far reaching.

THE MENTAL HEALTH ASSOCIATION IN WISCONSIN

The Wisconsin Mental Health Association (MHA) is equipped to refer people to appropriate agencies in the community for assessment and treatment of their problems. Many local chapters publish and distribute directories of mental health services in their communities. An individual can locate and obtain needed resources or assistance by consulting one of these directories or by directly contacting the local chapter's information service. The local chapter can also help organizations develop internal mental health programs. Examples of their services include training supervisors and managers to recognize mental health problems, and showing them what to do when such problems may be present. The local chapter can also assist an organization by providing information, literature, and films. The association itself does not provide direct mental health services, but it works to insure that quality mental health services are available to anyone who needs them. The following list of chapter presidents was provided by the State Office of the Mental Health Association in Wisconsin, 119 East Mifflin Street, P.O. Box 1486, Madison, Wisconsin 53701. Since chapter presidents hold that position for only a limited time, some of those listed below may no longer be functioning in that capacity. They should, however, be willing to help interested persons contact the current chapter president.

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WHERE TO GET HELP FOR EMOTIONAL PROBLEMS
IN WISCONSIN

If you have access to a phone, you can begin the rocess of
obtaining help easily and quickly. Many communities have mental
health centers. They will usually be listed by name in the phone
book, such as "Dane County Mental Health Center." If you don't
have a phone, walk in. A staff person can listen to your troubles
and schedule further visits if you wish. Their charges for services
are usually based on an "ability to pay", so lack of money should be
no barrier to receiving assistance. For crisis situations, you can
call a crisis line   if one is available in your area, and talk to
an empathic person who can help you cope. He can then refer you to
another agency for more extensive help if needed. In Dane County,
the crisis line is listed under "Crisis Intervention Services",
telephone number 251-2345. Many public hospitals have psychiatric
units which are equipped to deal with psychiatric emergencies.
For non-crisis situations, you can also obtain help from profes-
sionals in "private practice" Many are listed in the yellow pages
of the telephone book under "psychologists", "physicians & surgeons"
(psychiatrists are listed here), and "social workers". These
professionals tend to charge fixed fees for their services. They
may specialize either in 'types of problems handled' or 'types
of treatment offer 1'.

Universities also make counseling and psychiatric services avail-
able to their students.

Before you are faced with an emotional emergency, it is wise to
prepare for one by looking up appropriate telephone numbers and listing
them near your telephone along with other emergency numbers such as fire
police, sheriff, and medical rescue.

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VOCATIONAL EDUCATION RESOURCE MATERIALS COLLECTION AND FREE LOAN SYSTEM

PURPOSE-The Vocational Education Resource Materials Collection, housed in the IMC at the Teacher Education Building, University of Wisconsin-Madison, has been designed to encourage and support curriculum development and instructional activities in vocational education through identification of resources and materials which may be of use to educators.

AREAS -In addition to the Handicapped and Special Education Bibliography, bibliographies exist for each of the following vocational education areas: 1) Agriculture, 2) Business Education, 3) Career Education, 4) Distributive Education, 5) Health Occupations, 6) Home Economics, 7) Industrial Education, and 8) Research and Development. Bibliographies for each of the vocational education areas are available on request. _Materials are available for free loan to vocational educators and others in Wisconsin._

USES -Potential uses for materials include workshops, student and teacher references, curriculum aids, undergrauate and graduate student references, administrative planning, and examination for purchase. You may have additional uses.

LOAN PROCEDURE-An order form is printed below. If you wish to borrow any of the materials listed in the bibliography of this publication or would like a copy of the bibliographies in any of the vocational education areas listed above, simply make your request below. Clip or duplicate and mail the order form. Requests will be filled by mail on a first-come-first-served basis. In additi n to mail requests, materials are available for examination and loan at the School of Education, IMC, located in the Teacher Education Building, 2C5 North Mills Street, Madison, Wisconsin 53706.

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The Wisconsin Vocational Studies Center at the University of Wisconsin-Madison was reorganized with the support of the Wisconsin Board of Vocational, Technical, and Adult Education within the School of Education in 1971. The function of the center is to serve the State of Wisconsin in a unique way by bringing the resources of the University to bear on identified problems in the delivery of vocational and manpower programs—vocational education, technical education, adult education, career education, and manpower training—to citizens of all ages in all communities of the state. The center focuses upon the delivery of services including analyses of need, target groups served, institutional organization, instructional and curriculum methodology and content, labor market needs, manpower policy, and other appropriate factors. To the extent that these goals are enhanced and the foci of problems widened to encompass regional and national concerns, the center engages in studies beyond the boundaries of the state.

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