

who present no evidence of physical illness; and in diagnosing and treating weariness-fatigue cases in which emotional factors are involved.¹⁰⁷

In view of the importance of work adjustment for the total adjustment of an individual, it is desirable to reduce the emotional tensions between the worker, his job, and his human work environment. An intense feeling of boredom can be referred to as an individual-emotional problem, whereas the tension due to a resentment against the foreman belongs to the category of interpersonal or social-emotional maladjustment. The "extramural" factors leading to or aggravating personal maladjustment have to be considered also. The extent of this problem in industry is anything but trifling. It is estimated that in large organizations, at any one time, about 20 per cent of the employees suffer from some type of emotional disturbance.¹⁰⁸

McMurray describes five types of personality maladjustment frequently encountered in industry.¹⁰⁹

- (1) Excessive preoccupation with the self. The withdrawal from social reality may vary widely. It may be accompanied by preoccupation with health (hypochondriacal tendencies) and aggravated by beliefs that the individual is being persecuted (paranoiac tendencies).
- (2) Aggressive tendencies directed against the individual himself. Excessive and groundless anxiety, some types of accident proneness, alcohol and drug addiction, and self-induced failure belong to this category.
- (3) Attacks on the things and persons of the work environment, be they one's associates, superiors, or subordinates (sadistic tendencies).
- (4) Inability to find or hold a job because of a deep-seated desire for passivity and infantile dependence or because job failure is a means of revenge on one's family.
- (5) Feelings of insecurity and inadequacy compensated for by bravado, boasting, or living beyond one's financial means.

Although the problems of severe mental illness in industry deserve attention, there is a pressing need for assistance in cases of minor, but potentially dangerous emotional difficulties. These are conspicuous by their frequency rather than by the degree of the deviations from normality. The rapid expansion of industry in World War II and the many personal difficulties of the new workers, including such problems as transportation and housing, led to a rapid development of "employee counseling" programs. We share Cantor's apprehension that the sound idea of helping the worker with his personal problems might be discredited by an inadequate consultant staff.¹¹⁰ The demand for employee counselors expressed a real need. It is apparent that there is not and will not be available a proportionate number of trained psychiatrists. Graduate training combining the viewpoint and

¹⁰⁷ V. V. Anderson, *Psychiatry in Industry*. Harper, New York, 1929.

¹⁰⁸ L. G. Giberson, *Med. Clin. N. Am.*, 26, 1085 (1942).

¹⁰⁹ R. N. McMurray, *Handling Personality Adjustment in Industry*. Harper, New York, 1944, p. 78-100.

¹¹⁰ N. Cantor, *Employee Counseling*. McGraw-Hill, New York, 1945.

techniques of clinical psychology and psychiatric social work, with realistic field work in industry, appears as the ideal background for the industrial counselor of the future.

The serious problems of personal maladjustment are the professional concern of a psychiatrist. Yet the attempt to deal with these problems singlehandedly by the techniques of "office psychiatry" is in the majority of instances doomed to failure. The co-operative approach is the only workable alternative. Frequently there is need for psychometric evaluation. The actual placement or replacement of an individual is carried out by the personnel man who contributes his knowledge of the human and physical work environment. There are also the problems of industrial training and education. The psychiatric social worker assists the employees in coping with out-of-plant difficulties. The management, from the foremen to the top officers, should be "mental health conscious" and should apply the principles of mental hygiene in the large personnel policies as well as in the handling of individual cases.

An effective mental health program cannot be limited to the emotional health of the individuals, but must respect the importance of the interpersonal relationships and be concerned with the improvement of the human environment of the worker. Because of the frequency of personal contacts with the employees, the foreman's skill in handling people is one of the critical links in the maintenance of mental health in industry. In training the foremen to deal with problems involving personal relationships, group lectures and conferences can be effectively supplemented by consultation of the psychiatrist or the clinical psychologist with the foreman in specific cases presenting adjustment difficulties.¹¹¹

The need for increased attention to mental health is being appreciated more and more by progressive plant physicians. At the same time a greater individual happiness and personal effectiveness can well be identified with the basic objectives of the organized labor movement. Labor's goal of a program of mental health in industry is "to establish the dignity of the worker as a human being, to develop his or her personality, to safeguard his or her individuality, and to provide compensating cultural opportunities sufficient to offset the monotony of pushing buttons and pulling levers . . . to open up to the worker avenues through which to express his or her talents and capacities, so that they can feel that their job is important to themselves and to society."¹¹²

Occupational adjustment and maladjustment and satisfaction or dissatisfaction derived from work contribute to the general mental health of the individual and, indirectly, to his physical fitness. In recent years attention has been called repeatedly to the role of emotional and social factors in illness.¹¹³ It is known that intensive

¹¹¹ L. E. Himler, *Mental Hyg.*, 29, 106 (1945).

¹¹² C. W. Fountain, *Mental Hyg.*, 29, 95 (1945).

¹¹³ E. Weiss and O. S. English, *Psychosomatic Medicine*. Saunders, Philadelphia, 1943.

¹¹⁴ G. C. Robinson, in *New Steps in Public Health*. Milbank Memorial Fund, New York, 1945.