THE SOCIAL RESPONSIBILITY OF PSYCHIATRY, A STATEMENT OF ORIENTATION

Formulated by the Committee on Social Issues of the Group for the Advancement of Psychiatry


The Committee on Social Issues, since the beginning of its function as a unit of GAP, has faced the need to define its purposes more clearly and to establish a frame of reference within which those purposes could effectively be pursued. The achievement of a clear orientation to its functional position was difficult, but indispensable to progress. Two factors immediately complicated this task: (1) the tremendous role played by prejudice—individual and class prejudice—in determining attitudes towards social problems and (2) the incompleteness of scientific knowledge regarding the relations between society and personality.

The establishment by GAP of a Committee on Social Issues carried with it the tacit admission of the principle that the psychiatrist has a pertinent role in the study of social problems. Beyond this, however, no more specific definition of this role was provided by GAP. Here and there, individual psychiatrists and other social scientists offered conjectures on the significance of that role; but no standard had as yet been formulated.

Additional impetus toward clarification came from a series of discussions in the general meetings of GAP. These discussions reinforced the conviction of the Committee on Social Issues that the mission of GAP itself is in large part a social one: that the very birth of GAP was motivated not only by the pressing need for study of mental health problems, but also by a sense of urgency in the application of valid psychiatric knowledge to the critical problems of a changing society. All the issues raised in GAP had an immediate bearing on problems of mental health, but also had a wider relevancy to problems of human welfare, as shaped by the patterns of our own social organization.

Accordingly, it seemed important for GAP to take a valid and explicit position on the social responsibility of psychiatry. At one pole, psychiatry is linked to biology and medicine; at the other pole, it is linked to the social sciences. To meet the challenge of some problems of present-day psychiatry, an implicit reference to the question of social responsibility is simply not sufficient. This means that two things are needed: a clear formulation of a set of values and scientifically derived and tested principles appropriate to the task of applying the knowledge of psychiatry to the ills and shortcomings of present-day society; and, secondly, an explicit hypothesis regarding the relationship between society and personality.

GAP found it necessary to attempt a better understanding of some aspects of the relationship between mental health and certain types of social phenomena. The social phenomena which GAP considered were: the relation of prejudice and civil rights to mental health; the emotional effects of certain types of mass communication (radio, screen, press); the mental health principles disseminated through schools, books, advertising media; the problems of censorship and "loyalty" tests; trends of ill will, suspicion, and other evidences of mental ill-health among those who determine public policy; universal military training; the backwardness of social and educational legislation in some parts of our country; and, finally, the whole problem of education for living.1

When one views this range of psycho-social phenomena, it becomes evident that any rigorous attempt to modify their pathogenic aspects would be affected not only by the large role played by prejudice and by the handicap of insufficient knowledge regarding the interaction of society and personality, but especially by the difficulty of defining the specific connections between social forces and community mental health.

In this report the Committee on Social Issues attempts to establish a working hypothesis for the relations between society and personality. In the present state of limited knowledge, we can achieve at best only a set of tentative principles, to be amended as the tested knowledge grows. Such an effort is a necessary prerequisite for delineating the social responsibility of psychiatry.

In assuming this task, the Committee on Social Issues is aware that certain trends inherent in our current social structure tend to encourage emotional sickness. It believes that many of the warps and twists of our society have significant relevance for the issues of mental health, viewed from the standpoint of both the individual and the group. It believes that certain changes in the pattern of interaction between individual and family, and individual and society, may provide a more nourishing matrix for the cultivation of mental health.

Relationship Between Personality and Society

Personality and society are viewed here not as closed systems but as continuously interacting. Each

1Sociologists might hope that the Committee would include among the social phenomena, consideration of population pressures as these pressures affect various groups and therefore also affect the individual in terms of levels of achievement and aspiration.
influences the other selectively toward change. While the intactness of personality is reflected in relatively fixed propensities of behavior, it is simultaneously in continuous interaction with, and is influenced by, the environment. Behavior is determined both by stimuli derived from the internal organization of the person and the external organization of the social environment. Constitution sets limits to behavior potentials, but structured behavior is always conditioned by social experience. The development of personality is influenced both by biological make-up at birth and by the process of internalization of elements of the social environment. All behavior, beginning with birth, therefore, is bio-psycho-social.

Individual Personality and "Social Role"

As the person matures, he achieves an identity that is at once both individual and social. Individual identity is represented in the organized behavior characteristics of the intact self, as determined by a particular set of biological dispositions and early social experience. The individual component of a person's identity reflects his specific biological tendency patterned in its expression through his total character, which is socially conditioned. It is the core of the personality: it is relatively the more personal, more private, more fixed aspect of self. On the other hand, in a strict sense, individual identity is an abstraction, highly useful, to be sure, but an abstraction nevertheless. In growth and maturation, the process of individuation is never complete or absolute. The phenomena of social dependence run parallel with those of biological dependence. The full development of individuality does not imply isolation from or immunity against social influence; rather, it connotes an increasing sense of responsibility for social participation.

The "social role" of a person, or the "social self," is by contrast, more variable, less private, less personal. "Social role" is conditioned by the phenomena of group belongingness and by temporal factors. "Social role" represents a component of the total identity of a person brought into action at a given time by a special set of group phenomena. At a given time, certain aspects of the total self are mobilized into action by the elements which prevail in a given social situation, while other aspects of the total self are temporarily subordinated. Thus it is possible for a particular person to express himself in a variety of "social roles." This is a phase of the phenomenon of social adaptation, involving compliance with some group forces and protest against others. Inevitably, this process of social adaptation activates changing patterns of defense against anxiety, which have variable expedient value. The vicissitudes of a particular group situation determine whether one or another "social role" will be activated, within which the more individual aspects of self are called into play in greater or lesser part.

These principles apply to each phase of individual development, first within the family group, and, after that, the school, the neighborhood, and finally, in the relations of the adult person with wider society. In this sense, the dynamics of personality are conceived in terms of a bio-psycho-social continuum, beginning with birth and continuing through all the vicissitudes of social conditioning throughout the course of life. In each phase of personality maturation, the pattern of interaction between biological and social forces varies, thus imparting certain unique characteristics to social behavior in each era of development.

"Social Reality"

By "social reality" we mean the prevailing social institutions and the standards of interpersonal relationship which shape the adaptive efforts of each individual growing up in this society.

"Social reality" patterns the opportunity either for satisfaction or frustration of individual need. It influences the kind and degree of possible self-expression and self-fulfillment. It plays a critical role in determining the balance between self-expression and conformity to social compulsion. It conditions the capacities of persons for recognition and respect of the needs of others. Finally, it determines the specific content of dangers which the individual must face in his struggle for successful adaptation.

Social institutions are the expression of group customs, standards and goals. These provide avenues along which the individual can adapt to the group. They determine selectively the channels into which individuals may release emotion, as well as those standards which determine the inhibition of emotion. Within the frame of these social institutions, the person succeeds or fails in the assertion of his mastery drives. Within the frame of these social institutions, unconscious drives may be irrationally "acted out." A continuous impact with group experience (family, school, civic, others) is the experiential matrix in which the person grows and develops his sense of reality. In a similar manner, the individual tests and assimilates selectively the moral and ethical standards of his environment, through a process of observing responses of environmental approval or disapproval to the spontaneous expression of his urges.

When a person feels unequal to the situation with which he must cope, anxiety is aroused. The degree of anxiety activated is in inverse proportion to the degree of skill acquired in understanding and mastering reality.

"Social reality" not only influences channels chosen for release of inner drives and the quantity of
anxiety generated with that release, but also exercises a selective influence on the choice of defense against anxiety (projection, reaction-formation, symptom formation, sublimation and others). 4

"Social reality" is the matrix in which the individual identity of all persons is strengthened or weakened. A "give and take" process characterizes the individual's relatedness to his group. Social participation of a responsible kind is one measure of maturity of personality. This implies the capacity of the healthy person to contribute to his group. Conversely, he requires from his group a measure of emotional support. On the negative side, the weaker a person's sense of individual identity, the greater the need for support of the self from the group. Identification with groups, an extension of the childhood identification with parents, is a necessary part of healthy adaptation. Acceptance by the group, vital for emotional security, should not be achieved at the prohibitive price of excessive tension, self-destructive conformity, or denial of the opportunity for maturation of personality.

Opportunity for Self-Fulfillment

The patterns of self-expression and self-fulfillment are shaped by the coincidence of social opportunity and the individual's inner disposition to fulfill a given "social role." Choice of mate, occupation, membership in a variety of social groups, all contribute to shaping the "social role" of the individual in the manner indicated. Conflict between social opportunity and inner disposition is one ready source of anxiety. Instability or unpredictability of the patterns of social opportunity have the same anxiety-provoking effects. Under unfavorable circumstances, conflict between the person and the environment may become progressively internalized and thus contribute quantitatively to the intensification of psychopathological dispositions.

The Role of Social Danger

"Social reality" patterns the dangers against which the forces of personality must be mobilized. These dangers may be direct threats to life or limb, or they may represent economic privation, or frustration of basic personality needs. These needs may relate to security strivings, pleasure drives, sexual expression, or they may represent aspects of the striving for self-fulfillment in society. If such dangers and frustrations are excessive, the adaptive energies of the person may be absorbed in the negative task of counteracting such threats. In such instances, the pathological defense reactions of the personality may be so strongly mobilized as to leave the positive aspects of emotional living and self-fulfillment relatively impoverished. The greater the psychic energy required for this negative aspect of the task of adaptation, the less the emotional capacity to enjoy the positive aspects of living. Thus, the constructive drives become progressively

4 Some members believed that this point should be expanded with the discussion of social group defenses and individual defenses, recognizing that social reality is not the only agent which exerts a select influence on the choice of defenses against anxiety.

subordinated to the compulsory need to counteract anxiety. The sicker the personality, the more do these defensive responses to external danger correspond to the symbolic context of inner psychic threats. One result of this process is the production of rigid, constricted personalities who in turn inflict on their environment the same rigid restrictions, or else the loss of hope and of feelings of self-worth and confidence seriously impairs the capacity for constructive mastery of reality.

The opposite form of danger in the social environment is what is spoken of as the "over-protective" situation. There are two kinds of over-protective environment. In the one, the over-protection may be reflected in actual over-indulgence of the individual. If this takes place in the crucial phases of personality maturation, it may weaken the personality, discourage growth and reinforce psychopathic conduct. In the other type of over-protective environment, alleged symbols of security and indulgence are offered to the individual, but they are false, and actually represent denial and disguise of a hostile rejection. In such instances, the over-protection is simply a device for the denial of hate.

For the healthy maturation of personality, a proper balance between environmental protection and the free opportunity to test out one's strength for dealing with and mastering new experience is a prime requisite. "Neurotic over-protection" smothers the growing personality. However, camouflaged in its intentions such over-protection may be, it weakens and infantilizes the person.

Those forms of social danger which involve economic privation and frustration of basic human needs may exert their effects on personality either directly or indirectly, or both. If such dangers are imposed on an individual during the crucial era of childhood, the child may suffer directly through actual want and may be harmed psychologically in an indirect way through the insecurity and defensive hostility reflected in the parental attitudes. At later stages in growth, the harm imposed on the individual through actual want and the corresponding psychological injury may be quite direct.

Social Environment, Healthy or "Sick"

It is thus evident that the understanding of human behavior and human relations, both healthy and sick, requires not only a concept of individual development, but a unitary concept of social organization as well. Psychiatrists are increasingly aware of the sociological implications of mental health problems. They are aware that the concept of "normal" behavior, based on the statistical average of behavior in our culture, is distinct from the psychiatrist's hypothesis of a "healthy" or "normal" personality. While practicing psychiatrists have a working concept of what is "normal" in human behavior, an ideal, if you like, of "normal" personality functioning, we tend, as a group, to be less cognizant of the need for criteria for an ideal of "normal" for social structure as well. Whether we admit it or not, in our everyday psychotherapeutic work with patients,
we are continuously applying both an ideal of "normal" for the individual and "normal" for the social environment. This immediately makes explicit the emotionally-weighted and elusive problem of what constitutes a "normal" environment.

Here we enter unfamiliar territory, and the fear of what we do not yet know constrains us. A science of social psychopathology is still to be developed, though the beginnings of such a science are already evident. It is exactly at this point that we feel the need for tangible help from the fields of sociology, social psychology, and cultural anthropology. Scientific data from these specialized fields demonstrate that the qualitative content of mental illness varies with the character of the given culture. From one culture to another, the content of what is repressed in the developing personality varies and, parallel with this, the content of neuroses and psychoses varies. But in every society, the quantitative aspects of mental illness, both in frequency and intensity, are conditioned by the prevailing patterns of social organization and the corresponding forces of repression of the individual. It need hardly be said that this begins with the organization of the family group and the patterns of childrearing that characterize that group.

While the specificity of emotional disability is determined primarily by the internal dynamics of the personality, this inner balance itself is continuously affected from birth on by the vicissitudes of the social environment. In general, a nourishing, supportive environment tends to strengthen the integrative powers of the personality, provided the environment contains also a challenge to the maturing capacities of the personality: likewise, in general, a harsh, restrictive environment in the formative stages of personality tends to weaken those powers and thus indirectly undermines the individual's capacity for coping with conflict. In special circumstances, a harsh environment may mobilize in an adult, a higher potential of integrative powers, provided such capacities have been earlier induced by a favorable emotional environment. Psychodynamic considerations such as these are of immediate relevance to the critical problem which presses upon us all; namely, the defective control of aggression in individuals and between groups, which imminently threatens a new World War.

The Basis of Evidence for Concepts Concerning Society and Personality

All types of challenging questions may be raised regarding the scientific validity of the ideas herein suggested. The only suitable answer one can make at this stage is that many critical objections will be clearly justified. The evidence derived from psychiatry and the related sciences is by no means complete, but the only sensible approach is to test the adequacy of such hypotheses in the actual field of everyday psychiatric investigation and social living.

The evidence we do possess derives from several levels of experience: (1) experimental data collected in the fields of psychiatry, sociology, social psychology, social statistics, economic and cultural anthropology; (2) empirical data derived from clinical practice.

Research in the field of human behavior has demonstrated the difficulty of devising controlled experiments in the more limited traditional scientific sense. We do not yet have reliable methods for scientific validation of the laws of human behavior. While endeavoring to improve such methods, we must, for the present, rely largely on empirical data derived from the direct observation of personality function in the fields of psychiatry and psychotherapy.

In particular, the largest body of evidence on which the practicing psychiatrist relies is really empirical in nature. It comes from the accumulated body of experience based on observations in psychotherapeutic situations. The subjective reactions of suffering patients registered in such situations are widely accepted as clinical evidence. It must, of course, be plain to everyone that a psychiatrist treating a person struggling toward healthy living in this society is motivated by his own personal values; these are partly derived from his own position in society, and from his wisdom built up from his scientific training and empirical experience. Thus, empirically-derived evidence with a reasonable probability of correctness grows in importance when we attempt to translate knowledge of human behavior into social action.

Once more, it must be stressed that the application of such evidence in the social field is qualified by what are generally described as value judgments. Value judgments serve as the motivational base for the execution of social responsibility. They are the immediate incentive for social action. They represent the person's orientation to the organization of society, and its attitude toward human relations and welfare.

Concepts Concerning Mental Illness and Mental Health

This view of the fluidity of the interaction of the individual with society tends inevitably to broaden the concepts of mental illness and mental health. It necessitates a more elastic view of illness as a qualitative and quantitative deviation from a hypothetical norm of bio-social adaptation. Such a concept of mental illness differs from previous definitions in that the earlier tendency was to make a dichotomy between biological and social causation. Illnesses were either organic or functional. The biological and social components of causation were dissociated, whereas in the present concept these elements represent partial facets of a continuous unified process.

The Social Responsibility of Psychiatry

At the time of Robert Koch, it was enough for the medical researcher to locate the tubercle bacillus, to fixate it, stain it, study its morphology under the microscope. But soon it became imperative to study the environmental conditions under which the noxious agent could thrive. The pathologist became an ecologist and eventually a public health officer who, together with other public agents, strove to
eliminate dust, dirt and darkness from the environment.

The frame of reference for psycho-social phenomena which we have given above would suggest that concepts of psychiatry should be broadened in the following directions:

1. Redefinition of the concept of mental illness, emphasizing those dynamic principles which pertain to the person's interaction with society.
2. Examination of the social factors which contribute to the causation of mental illness, and also influence its course and outcome.
3. Consideration of the dynamic processes in intra- and inter-group relations.
4. Consideration of the specific group- psychological phenomena which are relevant, in a positive sense, to community mental health.
5. Development of criteria for healthy and pathological patterns of social organization.
6. Development of criteria for social action, relevant to the promotion of individual and communal mental health.

Perhaps the most problematic aspect of this whole question is the implementation of such social-psychiatric concepts in the field of social action. The Committee on Social Issues has the conviction that social action, in this context, implies a conscious and deliberate wish to foster those social developments which could promote mental health on a community-wide scale.

Within all the reasonable limits appropriate to the status of our profession, we advocate those changes in social organization which have a positive relevance to the mental health of individuals and groups.

Specifically, we favor the most intensive study of the psycho-social factors influencing human welfare. We favor the application of psychiatric principles to all those problems which have to do with family welfare, child rearing, child and adult education, social and economic factors which influence the community status of individuals and families, inter-group tensions, civil rights and personal liberty.

The social crisis which confronts us today is menacing; we would surely be guilty of dereliction of duty did we not make a conscientious effort to apply whatever partial knowledge we now possess in the interests of countering of social danger and promoting of healthier being, both for individuals and groups.

This, in a true sense, carries psychiatry out of the hospitals and clinics and into the community.

EDITORS NOTE: March, 1957

Since the writing of this report in 1949 many events in our country have further illustrated the importance of informed participation by psychiatrists in the social changes of our time. For example, before rendering its decision on the desegregation of schools in 1954, the United States Supreme Court heard testimony from social scientists bearing on the psychological aspects of segregation. This precedent has since been followed by lower courts, legislatures, and school administrators who have frequently appealed to psychological principles in support of their decisions and actions. This places on psychiatrists (among other social scientists) some of the obligation of clarifying and interpreting the psychological aspects of social issues. The growing awareness by psychiatrists of their role in the community mental health and of the ways in which social changes affect the well-being of their patients has to some extent reduced the urgency which motivated the writing of Report #13. Nevertheless, the need to support the principles described in this report remains.

Towards the discharge of its responsibility in this connection the Committee on Social Issues of the Group for the Advancement of Psychiatry has published two studies of psychological aspects of current social issues. These are "Considerations Regarding The Loyalty Oath as a Manifestation of Current Social Tension and Anxiety" (GAP Symposium #1) and "Psychiatric Aspects of School Desegregation" (GAP Report #37). Other committees of GAP have published additional reports which relate to social aspects of psychiatry.

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The Group for the Advancement of Psychiatry has a membership of approximately 150 psychiatrists, organized in the form of a number of working committees of about 10 members each, which direct their efforts toward the study of various aspects of psychiatry and toward the application of this knowledge to the fields of mental health and human services. GAP is an independent group and its reports represent the composite findings and opinions of its members only, guided by its many consultants.

Collaboration with specialists in other disciplines has been and is of GAP's working principles. Since the formation of GAP in 1946 its membership has worked closely with such other specialists as clinicians, pathologists, psychologists, sociologists, social workers, and experts in mass communication, philosophy, and semantics. GAP envisages a continuing program of work according to the following aims:

1. To collect and appraise significant data in the field of psychiatry, mental health and human relations;
2. To re-evaluate old concepts and to develop and test new ones;
3. To apply the knowledge thus obtained for the promotion of mental health and good human relations.

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