THE APPLICATION OF PSYCHIATRY TO INDUSTRY
Formulated by the
Committee on Psychiatry in Industry of the Group for the Advancement of Psychiatry

Report No. 20 104 East 25th Street, New York 10, N. Y. July, 1951

CONTENTS

I. INTRODUCTION

II. TRENDS IN INDUSTRY AND PSYCHIATRY TOWARDS IMPROVED INDUSTRIAL HUMAN RELATIONS

III. THE INDUSTRIAL PSYCHIATRIST
   A. FUNCTIONS OF THE INDUSTRIAL PSYCHIATRIST
   B. QUALIFICATIONS OF THE INDUSTRIAL PSYCHIATRIST

IV. SPECIFIC CONSIDERATIONS
   A. THE PSYCHIATRIST AND EXECUTIVES AND SUPERVISORS
   B. THE PSYCHIATRIST AND PERSONNEL PRACTICES
   C. THE PSYCHIATRIST AND THE MEDICAL STAFF
   D. THE PSYCHIATRIST AND THE UNIONS
   E. THE PSYCHIATRIST AND COMMUNITY RELATIONS

V. CONCLUSIONS

I. INTRODUCTION

Industrial Medicine, over the past thirty years, has gradually developed a program of limited treatment, with a constantly increasing program of health maintenance through prevention and education. The treatment of injuries and disabilities incurred during employment is the responsibility of industry. Greater and greater emphasis, however, is being placed on prevention in the case of occupational health hazards. In the field of general health, the accepted practice is to render initial treatment, care for minor illnesses, give advice and counsel, and refer employees to their community physicians for further medical and surgical attention. The object of industrial medicine is, of course, to have a healthy worker on the job. Sometimes attainment of this goal is complicated by many factors, such as the unwillingness or inability of the employee to seek private medical care. Some industries provide complete medical care, which necessitates the addition of specialists to their organizations.

The addition of psychiatrists has been slower for reasons inherent both in industry’s development and in the long association of psychiatry with the custodial care of mental patients, rather than the improvement of the mental health of average persons in the community. The purpose of this report is to point out the beginnings which have been made in applying psychiatric knowledge and methods to industry, the specific ways in which these applications can and might be extended, and the prospects of further applications to the human relations problems of industry.

The industrial psychiatrist should be generally regarded and accepted first as a physician and member of the medical staff of the company, especially during his early association with the company, to avoid many of the feelings of reluctance to consult with the psychiatrist. (Often this reluctance is based on the popular misconception that psychiatrists work primarily with institutionalized patients.) This, however, does not imply that he should conceal his identity as a psychiatrist.

The industrial psychiatrist has the task of integrating and coordinating the contributions of medicine, clinical psychiatry, psychology, social work and education, so that they can be made to bear effectively on the personality adjustment and productivity of workers and their leaders. In the business or industrial setting, the psychiatrist must work in close association with other individuals in the organization who are actively engaged in the field of human relations. In this approach, as a member of the medical team, he should first utilize the time-honored method of interviewing employee-patients referred to him. From each contact with employee-patients, the psychiatrist can then further develop his company relationships by becoming acquainted with the employee’s supervisors, superintendents, and other executives. Where necessary, he may wish to meet with members of the industrial relations department, the employment and personnel departments and the counselors. In this fashion, over a period of months, he will be able to meet many members of management of all levels, who will learn to appreciate the unique insights and skills of the psychiatrist and will come to understand how he might be able to help and advise in the emotional and personality problems of individuals and groups in the industrial setting. In this way, his knowledge of his industry and its supervisory personnel will be continually expanding. He should work through and with people in industry who are already dealing in human relations. Psychiatrists should provide clinical training in a point of view which will constructively influence human relationships at all levels of the industrial organization.

In common with other specialists in industrial medicine, the psychiatrist has two chief functions: limited treatment, and prevention, the latter being by far the more important. There are many aspects of the psychiatrist’s preventive function, and new areas
are constantly being explored and developed. The one which seems most productive is his service as a consultant to those who deal with employees. The industrial physician’s accomplishments in physical health promotion have been enhanced by cooperation from departmental supervision and the personnel staff. This same cooperation is necessary in the promotion of emotional health.

II. TRENDS IN INDUSTRY AND PSYCHIATRY TOWARDS IMPROVED INDUSTRIAL HUMAN RELATIONS

During and following World War I, many industrial organizations introduced personnel or industrial relations departments. The most apparent problems which needed solution were: better methods of selection, placement, training, supervision, promotion, re-assignment where necessary, and compensation. In addition, the desirability of developing a sense of belonging or partnership in the undertaking was emphasized by building up social relationships within the organization through departmental or company-wide activities. Wise personnel managers believe that good industrial relations or good employee-company relations must be developed at the point where the contact exists; that is, in the departments where the work is done. Under this philosophy, departmental supervision, and for that matter, supervision at all levels, from foreman to president, must be held responsible for the relations with the employees. In the field of personnel relations, policies governing the relationship between the employee and the company must be carefully developed and must be promulgated throughout the organization in such a way that uniformity of understanding and, finally, uniformity of interpretation and application will be possible.

American management, although constantly seeking improved methods, is conservative in that it will not quickly make a change or accept something new, until it has been determined through experimentation that the change in method or the new method will work satisfactorily. For this reason, when the applied psychologist, after World War I, began to interest industrial management in the acceptance of a psychological approach to its personnel problems, he encountered resistance. Although psychologists were added to the personnel staffs of a number of companies, their efforts were confined to improving methods of selection, placement and reassignment, and to studies of fatigue, ventilation lighting, seating, etc. For a time, the use of psychological tests seemed to offer industry a panacea for its personnel difficulties in screening, placement and promotion. The results were disappointing, largely because of the unwise and over-optimistic use of these tests, and this tended to throw all psychologic procedures into disrepute.

Industry has gradually become aware of the fact that steps aimed at the improvement of the environment and the health of the worker may be of little avail if the mental attitude of the worker is not considered. The Hawthorne experiment gave striking proof of this fact. This experiment, which was carried out at the Hawthorne Works of the Western Electric Company, started out to investigate certain working conditions, such as the degree of optimum illumination, and their effects upon employee productivity. As the experiment progressed, it was discovered that, regardless of how good or how bad the working conditions were, it appeared that productivity depended tremendously on the esprit de corps of the working group. This esprit de corps seemed to depend upon getting along together, working together in a common effort, a sense of belonging to and of contributing to a particular project, and a sense of willingness of employees to help each other out and cooperate fully with supervision. The Hawthorne Experiment was a revelation to the investigators, in that they found themselves involved in studies of human nature, human relationships, group behavior, personality types working within groups, and the emotional component of the individual workers. They had started out, as noted above, to study the effect of certain types of working conditions. Since the experiment was concluded in the early 1930’s, industry has been more aware of the importance of the mental health, mental attitude, and emotional stability of the worker, together with the relationships of each individual employee to the group. His relations to his fellow workers, to his superiors, to his home, his aspirations and his frustrations, all have a bearing on the employee’s productivity at his work. He does not automatically check his worries, his "gripes," his hopes and his fears at the time clock when he punches in each day.

Even though a few companies had attempted to carry out further investigations in the field of emotional problems by the employment of a psychiatrist, progress was only sporadic up to the World War II period. Following the impetus given by World War I, psychiatrists became more active in community affairs, school programs, child guidance clinics, and social agency work. During World War II, psychiatrists and psychologists learned to apply their previously gained knowledge of selecting men and women, of factors of group dynamics, of morale, and of the application of psychological principles to the various functions of the group.

World War II once again emphasized the need for psychiatry in dealing with large numbers of people. One of the important developments was the broader utilization of group therapy techniques. Meanwhile, in industry, both psychologists and psychiatrists were called upon to assist in carrying out plans for the improvement of selection procedures, in developing training programs, and in furthering various activities which were aimed at maintaining morale at a high level. At the end of the war, because of the anticipated industrial cut-backs, a number of the services which were considered by industry to be auxiliary were dropped. Among these was psychiatry, which had not yet had time to prove its efficacy in developing industrial mental health and increased productivity.

Today there are scarcely more than a half-dozen psychiatrists employed by industry or labor on a full-time basis. A somewhat greater number of consult-
ants are engaged on a part-time basis, but it is obvious that they can fill only the barest fraction of the real needs. So far as available personnel with medical training is concerned, therefore, the brunt of the responsibility for handling psychiatric problems falls back on the industrial physicians and general practitioners who serve the industrial work force. The competence of these men in the psychiatric field varies widely, ranging from those who have a limited, purely organic and "surgical" concept of the physician’s function, with only a minimal interest in emotional factors, to those who have acquired a keen understanding of human nature and whose management of emotional problems, and borderline psychiatric material, is excellent. In many industries, as in most communities, standards of services provided for mental and emotional health fall far below those maintained with respect to physical health. Yet today there are no problems in industry more urgent than those directly and indirectly related to individual and group mental health. This is so whether considered from the standpoint of the immediate incidence of adjustment difficulties which individuals manifest on the job, or from that of the long-range relationships existing among working teams and between their leaders on the sides of management and labor.

III. THE INDUSTRIAL PSYCHIATRIST

A. Functions of the Industrial Psychiatrist

In industry the activities of the psychiatrist are broad and varied. He performs his usual roles of diagnostician and therapist, not only with individuals, but also with groups. As mentioned above, he should begin his work in industry first by seeing patients referred to him in the medical department. Broadly conceived, his patients are not only the workers within the industrial setting, but also the whole industrial group and its component parts. He must be a teacher and share his particular knowledge with industrial physicians, nurses, executives, personnel workers, and supervisors. By virtue of his special experience, he should become a consultant to supervisors at all levels and to union leaders on problems involving human relations. He should stress to management and union leaders the vital importance which personnel policies play in the mental health and productivity of all workers. He must stress to these leaders over and over again the basic fundamental important fact that each worker is a human being with hopes, desires, frustrations, and fears, not "just a hand" or "just a body." He should correlate and develop his data toward the increase of knowledge in this growing field.

The psychiatrist should point out the inherent limitations of psychotherapy. Neurotic patients often have unrealistic expectations of what psychiatrists can do for them. Industry should avoid the same pitfall. The psychiatrist can accept as a patient a research mathematician, for example, and work with him to discover those emotional factors in him which inhibit him in his work. The psychiatrist is thus able to help the mathematician to do better and more productive work, even though the doctor knows less than his patient about mathematics. In the same manner, a psychiatrist may help an industry to work out those unconscious and emotional factors which inhibit production and create social stresses, dissatisfaction and ill health. This does not imply that a psychiatrist is capable of managing an enterprise, establishing policy, conducting a labor-management conference, or operating a drill press. He should point out to management the importance of seeking and recognizing the sources of satisfaction or dissatisfaction in the worker. He should point out to management time and time again what workers want out of their jobs, namely: security, job satisfaction, individual recognition, opportunity for advancement, and a chance to belong to a group and to work within the community.

The industrial psychiatrist, like the industrial physician, is bound by the Hippocratic Oath and by the code of ethics of the American Medical Association. As an employee of management or organized labor, he will, therefore, devote himself to the prevention and treatment of illnesses, the maintenance of health of individual workers, and the promotion of wholesome group relationships. He will never permit his professional influence to operate to the disservice of any industrial worker or groups of workers or of those in charge of management or labor organizations.

B. Qualifications of the Industrial Psychiatrist

These may be listed under three headings: personal, professional, and industrial.

PERSONAL. The psychiatrist in industry should possess certain qualities which will enable him to be an effective person, to do a good job, and to be accepted by everyone in the company, from the janitor to the president. He must be accepted first as a person before he can be accepted as a psychiatrist. The employees should feel that he can understand them and that they can understand him. He should be humble, especially in the use of his language, which should be simple and understandable. His ability to get along with his colleagues must be unquestioned. He should have the adaptability to work within the framework of the organization, remembering constantly that there is always a company policy which must be considered before one decides to act. He must be able to work with groups, therefore his ability to mix easily should be pronounced. Conferences will consume much of his time. The psychiatrist's ability to confer graciously and effectively with his superiors, subordinates, and all others, both professional and non-professional, is a test of his adjustment flexibility. In short, he should be a mature, tolerant person who understands both himself and other human beings.

PROFESSIONAL. The psychiatrist who enters industry should have had a thorough, broad training in clinical psychiatry and neurology, and should either be a Diplomate of the American Board of Psychiatry and Neurology, or eligible for examinations by this Board. Experience in group therapy and
group dynamics would help him tremendously, as in industry there is constantly the necessity for dealing with groups of people. He should have a solid grounding in neurology, as he will be consulted often for opinions and decisions on medical and traumatic neurological problems. Compensation problems are often complicated by neurologic and psychiatric processes with which the psychiatrist should be capable of dealing. Teaching experience is almost a necessity, because the industrial psychiatrist should spend much of his time on educational and training programs for physicians, dispensary nurses, visiting nurses, counselors, industrial relations and personnel departments, employment interviewers, personnel supervisors, foremen, and other executives. Because of his position in the company and in the community, he will be expected to address all types of organizations upon a wide variety of topics, from counseling and interviewing in industry, to personality development as it pertains to an understanding of the employee's behavior at work. Therefore he should be capable of speaking plainly and effectively. Audio-visual aids and other teaching aids should be familiar to him. The industrial psychiatrist should develop an interest in community affairs, as industry today is playing a greater role in the community. The industrial psychiatrist dares not hibernate. He must move around within society and participate in community activities.

INDUSTRIAL. The psychiatrist's industrial qualifications should and will be broader than than they have been in the past. Most psychiatrists have had no industrial experience. However, due to the impetus given to the training of industrial psychiatrists by the School of Industrial and Labor Relations of Cornell University at Ithaca, New York, the industrial psychiatrist of the future will be well-versed in such topics as labor law, the history of industrial development, industrial relations, and the principles of the application of public health practices. He will have had training in group dynamics, psychology of group behavior, and the means and methods of handling groups. Grievance procedures, the structure of grievances, their manifest and latent content, selection, placement, transfers, promotions, will all be familiar to the future industrial psychiatrist before his placement in industry. He will learn about the various types of business and union organizations, their structure and their functioning.

IV. SPECIFIC CONSIDERATIONS

A. The Psychiatrist and Executives and Supervisors

Since the emotional environment of an organization is largely determined at the top, the psychiatrist needs the acceptance, sympathy, cooperation and understanding of top management if he is to be effective. The psychiatrist has a real need for developing excellent social relations with the executives, at least intramurally, because experience has shown that much real gain is accomplished by social (such as over the lunch table), rather than purely professional discussions. The psychiatrist in industry realizes that there may be special difficulties arising when it becomes necessary to give insight to individuals in the organization who are high in rank and whose resistance may be great. These people may also need his services, but it may not be until he has been personally, as well as professionally accepted, that the industrial psychiatrist can help them in overcoming fears, prejudices, blind spots, fixed opinions, and "rules of thumb," which usually have a deleterious effect on human relations.

The psychiatrist is in an excellent position to advise and counsel executives in regard to what some people would say are the three cardinal faults in human relations: over-ruling, by-passing, and undercutting in various procedures and policies, without consulting or informing the individual involved. The loss of face and the resentment suffered by lesser executives and supervisors when so treated can have damaging and lasting effects on morale, esprit de corps and cooperation. A minor personality problem in a member of top management can cause more trouble and be more difficult than a more serious condition in an individual of lower rank. The decisions of executives may tend to create situations which are tension producing, so that only if the psychiatrist can bring about consultation concerning motivations at any level, can he be of real help in solving such industrial problems.

The psychiatrist of course cannot reach personally every member of management on every problem that may arise. But he can, through consultations, make contributions to the formulation of policies and to their interpretation that will insure that employee feelings and necessary adjustments are taken into account.

The continuing educational and training program of executives, supervisors, foremen, personnel administrators, and labor leaders, who are all, in effect, practitioners of human relations, must be consonant with sound psychological principles. Much of this can be accomplished by informal contacts and methods.

The first-line supervisor stands in a peculiarly vulnerable position in industry, because, of all members of management, he has the closest and greatest number of contacts with employees. Therefore, he should be equipped with not only the know-how of production, but also with the know-how of human relations. The supervisor should be a versatile and humane person who commands the respect of his employees. Supervisors who, for some reason, have been promoted rapidly in spite of the fact that they lack these necessary and important personality qualities, must be given basic training in the art of supervision, with especial reference to human relations. A few may require special individual counseling by the psychiatrist. As in the case of executives who have such shortcomings, treatment can be effective only after resistances have been overcome and a sound working relationship with the individual has been established by the psychiatrist.

B. The Psychiatrist and Personnel Practices

Assuming acceptance on the part of management
of psychiatric consultation, the first step must be in
the direction of establishing trust and confidence,
with assurance to employees that the new develop-
ment will not jeopardize anyone's status and does
not stigmatize a participant. The psychiatrist will,
during this time, avail himself of every opportunity
to become thoroughly familiar with the various
levels of supervision and the human relations policies
in force. On this basis, he may proceed with the as-
sistance of others in the personnel and medical de-
partments, in the development of training and counseling
programs and in building up an effective mental
health program.

1. The psychiatrist should consult with employ-
ment interviewers and assist in training them in bet-
ter methods of recognizing personality deviations,
better interviewing techniques, and basic principles
of personality formation and motivations of behavior.

2. Psychiatrists should not have to engage in
routine placement of applicants. In special instances,
the psychiatrist may assist the placement officer in
reaching a decision.

3. The psychiatrically-trained industrial physi-
cian and the psychiatrist can assist in solving the
problems that may arise in the employment of the
emotionally or physically handicapped person. To
deal effectively with this delicate and complex prob-
lem requires a basic technical knowledge, experience,
common sense, and the ability to select the type of
supervisor who is best suited to work with the par-
ticular individual concerned. The handicapped per-
son should be hired for his assets and not for what
he lacks—for abilities and not for disabilities.

4. The industrial physician and the psychiatrist
can assist the personnel and safety departments in
understanding and managing the problem of the ac-
cident-prone employee.

5. The psychiatrist can assist psychologists and
personnel workers in making sure that the use of psy-
chological tests in placement and promotion will not
produce any harmful effects which, if present, might
over-shadow the usefulness of the test procedures.
Psychological tests should not be used unless they
have been validated for specific job situations and
unless clinically-trained individuals are available to
administer them.

6. An adequate follow-up policy on all em-
ployees should be instituted, so that the interviewer,
the supervisor, the counselor and the psychiatrist
may learn from their mistakes, may gather facts to
help the employee adjust, and also may learn better
methods of employee placement.

C. The Psychiatrist and the Medical Staff

1. The psychiatrist should be a member of the
medical staff, caring for those employees referred to
him for emotional disorders directly by the physi-
cians, and indirectly through the physicians from
the visiting nurses, dispensary nurses, supervisors, and
the personnel, employment, or industrial relations
departments.

2. The psychiatrist should actively assist in the
continuous training of the industrial physicians in
basic psychiatric principles and practices, through
discussion groups, conferences, and case analyses, so
they can give the required treatment to the majority
of workers having emotional problems.

3. Treatment of many workers having emotional
problems does not require advanced psychiatric tech-
niques, but it does require effective use of the simpler
psychotherapeutic methods. The psychiatrist has the
responsibility of assisting the industrial physicians
in the application of the proper interviewing and
counseling techniques, and in teaching them to staff
nurses and other aides, as may be needed.

4. Along with the industrial physician, the psy-
chiatrist should engage in the continuing training of
visiting and dispensary nurses, discussing such topics
as personality and emotional development, motiva-
tions of behavior, mental disorders, interviewing,
counseling, diplomacy in dealing with employees'
relatives, and techniques of referral to agencies, as
these pertain to their work in industry.

5. If and when clinical psychologists and other
especially-trained workers are added to the medical
staff, the psychiatrist will assist in their direction in
the application of their specific skills to industrial
needs.

D. The Psychiatrist and the Unions

With the rise of collective bargaining, the unions
have had an increasing influence on policy formation,
with the result that top management of unions as
well as top management of companies are responsible
for policies which affect the mental health of the em-
ployees of the organization. The psychiatrist should
be prepared to perform the same type of functions
for the union as for industrial management.

Although the application of mental hygiene and
psychiatry is of increasing interest to organized labor,
union leaders have not taken the initiative in estab-
lishing mental hygiene services for their members.
There has been comparatively little experience on
which to base conclusions as to how psychiatric
knowledge can be useful in labor settings. Labor's
avowed fight for material and economic security for
its members has been so long and so hard that little
time was left for effort in the direction of improving
the mental health of workers. Another reason for
labor's reluctance to ask help from psychiatry in
meeting the problems of the workers stems from the
fact that psychiatrists and psychologists in industry
have almost without exception been associated with
management, and there has been suspicion that their
skills have been used to the disadvantage rather than
to the benefit of workers. For these and other rea-
sons there is a special need to define the philosophy
and goals of any mental health program established
in an industrial setting, whether by labor or manage-
ment.

The goal of increased productivity and the goal of
meeting human needs are often seen as conflicting
ones, but a mental health program can contribu-
to the achievement of both goals. It is the opinion of
union workers in one setting that the emotional diffi-
culties of workers are based on traumatic early family relationships and growth experiences, and not primarily on working conditions. It was found that 82% of patients seen in the Health Institute, UAW-CIO, Detroit, Michigan* were continuing in employment in spite of neurotic sufferings. There was no question about the fact that the worker's efficiency on his job is diminished by his neurotic illness, and it was concluded that the worker who is free from neurotic anxiety because he has been able to secure help with his emotional problems is not only a more comfortable individual, but he is also a more effective worker.

Union leaders who have given thought to the mental health problems of workers agree that, both for their own sake and that of the community, it would seem appropriate that effective industrial mental health programs should be instituted.

E. The Psychiatrist and Community Physicians and Agencies

1. The industrial psychiatrist must function within the community, utilizing all community resources to aid him in his work, and in interpreting mental health to industry and to other physicians, social agencies, institutions, courts, etc.

2. The industrial physician and/or psychiatrist must continuously be a liaison officer between industry and the individuals in the community whose function is directly concerned with the health and welfare of industrial personnel. Community physicians, and especially psychiatrists, usually know very little of the industrial milieu in which their patients work, and thereby lose some of their potential therapeutic effectiveness.

3. The physician oriented in industrial psychiatry can transmit to the community physicians his formulations about the handling and mishandling of emotionally-disturbed employees. For instance, phys-

sicians, for many years, have advised their neurotic patients to take a month or two off from work and go South. The industrial psychiatrist feels that the neurotic is far better off working, unless he is extremely ill. The time-honored "request for transfer" is another suggestion that a community physician may make. The neurosis may actually be intensified by transferring the employee without investigating and treating the personality factor.

V. CONCLUSIONS

A review of the trends in modern industry reveals unmistakably that the mental health of individuals on all levels of employment should be of increasing concern to the leaders of both industry and unions.

Mental and emotional well-being is as essential as physical health is to consistent and continued effective effort and accomplishment. Industrial management should be as interested in one as it is in the other. However, appreciation of needs in the less tangible area of emotional welfare has been much slower, and progress is still fraught with much misunderstanding and resistance. Much of this resistance will disappear with the realization that many of the things that must be done in an emotional health program can and must be done by supervisors, personnel staff and medical staff in their day-to-day contacts with employees.

It has been the purpose of this report to summarize some of the contributions which psychiatry is making in its contacts with industry through industrial medicine, supervisory training, and human relations programs.

While psychiatry does not offer ready-made solutions to industry's manifold human problems, it can go far in assisting industry to a better understanding of the development of individual personality, motivation for work, and interpersonal relationships.

The challenge in the field of human relationships which industry presents requires a flexible, realistic adaptation of the clinical, advisory, therapeutic, and above all, the educational functions of psychiatry.

*Personal communication from The Health Institute, UAW-CIO, Detroit, Michigan.
### BIBLIOGRAPHY


9. **Cameron, D. E.: Life is for the Living. New York, Macmillan, 1948. (chapter on work has some interesting comments).**


37. **Terhune, W. B.: Mental Hygiene in Industry. (Silver Hill Foundation Publication No. 4). New Canaan, Connecticut.**


40. **Warner, W. L. and Lunt, P. S.: The Social Life of a Modern Community. New Haven, Yale University Press, 1941.**


### ARTICLES


(7)


DISTRIBUTION OF THIS REPORT

American Psychiatric Association, Request List from Members (Approx. 3,500)
Request List from Psychiatrists, Psychiatric Nurses, Psychiatric Social Workers, Psychologists, Medical Libraries, etc. United States and Foreign Countries
State Mental Hygiene Organizations
State Mental Health Authorities of United States
Provincial Directors of Mental Health Services in Canada
Member Organizations of the World Federation for Mental Health
Editors of Journals on Industrial Relations, Industrial Medicine and Indus
trual Nursing
Regional Directors of U. S. Public Health Service
Directors of Departments of Industrial and Labor Relations of Colleges and Universities, United States and Canada
Members of Division of Industrial and Business Psychology, American Psychological Association
Society for the Psychological Study of Social Issues, Fellows of American Psychological Association
American Management Association, Officers and Directors
Society for the Advancement of Management, Officers and Directors
National Association of Manufacturers, Officers and Directors
Industrial Relations Research Association, Officers and Directors
Officers and Directors of A. F. of L., C.I.O., U. M. W. and other Unions and Union Affiliates
Special list of Physicians, Medical Directors, Personnel and Manage
ment Executives in Industry

(9)
Group for the Advancement of Psychiatry

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 and human relations. GAP is an independent group and its Reports represent the composite findings and opinions of its members only, guided by its own standards and ethical codes. The work of the group is committed to the encouragement of research in all fields of psychiatry, and is under the direction of the executive committee of the group.

Committee on Academic Education
Dana L. Farnsworth, Cambridge, Ch.
Grady Baker, New York
Leo Berman, Boston
Carl I. Hittle, New Haven
Harrison Eddy, Poughkeepsie
O. Spurgeon English, Philadelphia
Clement F. Fy, New Haven
Herbert I. Harris, Cambridge
Edward J. Harris, Washington
Bruce Robinson, Newark
William M. Shanahan, Galveston
Harry H. Wagenheim, New Haven
Bryant M. Wedge, Chicago

Committee on Child Psychiatry
William S. Langford, New York, Ch.
Frederick H. R. Allen, Philadelphia
George E. Gardner, Boston
J. Cotter Hirschberg, Denver
Milton Kippel, New Orleans
Othilia Krug, Cincinnati
Marcia C. Putnam, Boston
J. Franklin Robinson, Wilkes-Barre
John R. Pray, Philadelphia
Mabel Ross, College Park, Md.
Stan Sreuer, San Francisco
Adrian Vanderveer, Chicago

Committee on Clinical Psychology
Paul Huston, Iowa City, Ch.
Daniel W. Badal, Cleveland
John Benjamin, Denver
Norman Cameron, Madison
James G. Miller, Chicago
Jack Weinberg, Chicago

Committee on Cooperation with Governmental (Federal) Agencies
Calvin S. Drayer, Philadelphia, Ch.
C. W. Allen, Washington
Benjamin H. Balfour, New York
Norman G. Doty, Washington
John J. Hall, Jr., Washington
Dale Cameron, Washington
Edward E. Chamberlain, New York
Thomas A. Harris, Washington
C. G. St. Charles, Ottawa, Canada
Raymond W. Waggoner, Ann Arbor

Committee on the Family
John P. Spiegel, Chicago, Ch.
Sidney Hertzman, Washington
Wilfred Bloomberg, Framingham
George S. Stevenson, New York
Jack Weinberg, Chicago

Committee on Forensic Psychiatry
Philip Q. Roche, Philadelphia, Ch.
Veron C. Bramham, Washington
Frank D. Gentry, Charlottesville
Lawrence Z. Freedman, New Haven
Manfred S. Guttmacher, Baltimore
James L. Maeder, Philadelphia

Committee on Hospitals
Harvey J. Tomsa, Washington, Ch.
Kenneth E. E. Appel, Philadelphia
Walter H. Baur, Peoria
Walter Barton, Boston
J. F. Bateman, Columbus
Robert B. Bennett, Trenton
Brian G. Burdett, Cleveland
Paul H. Charnoff, Washington
D. G. Alexander, Weyburn, Sask.
Julius Nielsen, Ingleside, Nebr.
M. A. Tarimans, Farmhurst
Dorothy A. Wisdom, Providence

Committee on International Relations
Florence Powderrmaker, New York, Ch.
Reynell Ayles, Philadelphia
Robert A. Clark, Pittsburgh
Raymond de Sauvage, New York
Frank M. Eisenstadt, New York
Otto Klineberg, New York
John A. P. Millet, New York
John M. Murray, Boston
Dallas Pratt, New York
Bertram Schaffner, New York

Committee on Medical Education
Milton Rosenbaum, Cincinnati, Ch.
Seaford S. Thompson, New York
F. G. Ebaugh, Denver
Herbert S. Gaskill, Indianapolis
Maurice H. Greenhill, Durham
Robert G. Heath, New Orleans
Hendrick R. Mix, New York
Mack Lipkin, New York
William M. Maloney, Boston
Karl Menninger, Topeka
Herbert C. Moore, Topeka
Norman Seigel, St. Louis

Committee on Preventive Psychiatry
Erich Lindemann, Boston, Ch.
John W. Appel, Philadelphia
Ivan Berlitz, Detroit
Hugh T. Carmichael, Chicago
Arthur M. Doyle, Toronto
Margaret Gerad, Chicago
Jacques S. Gottlieb, Iowa City
David M. Levy, New York
Rudolph G. Neigh, Chicago
Norman Reider, San Francisco
Milton H. Schein, New Haven

Committee on Psychiatric Nursing
Elvin V. Semrad, Boston, Ch.
Helen E. Gilmore, New Haven
Bernard H. Hall, Topeka
Harry Solomon, Boston
Lloyd J. Thomas, Winston-Salem
David A. Young, Raleigh

Committee on Psychiatric Social Work
Elsie E. Welsh, New York, Ch.
A. Z. Burghauser, New York
Jules Cole, New Haven
Irene Josselyn, Chicago
Marion F. New York
Hyman Lipman, St. Paul
Joseph J. MacNab, Toronto
Don P. Moers, Dallas
Peter Neuhauer, New York
Lewin L. Robbins, Topeka

Committee on Psychiatry in Industry
Ralph T. Collins, Rochester, N. Y., Ch.
Leo H. Barthemer, Detroit
Matthew Brody, Brooklyn
Frederick R. Hanson, New York
Leonard Himer, Ann Arbor
William A. Keller, Louisville
Graham C. Taylor, Pittsburgh
Hewitt Varney, Washington
Walter D. Velasky, Baltimore

Committee on Public Education
Robert T. Morse, Washington, Ch.
Edward G. Billings, Denver
Robert E. Daskas, Washington
John D. Griffin, Toronto
John P. Lambert, Kalamazoo
Paul Lenkei, Baltimore
William C. Menninger, Topeka
Howard P. Rome, Rochester
Julius Schreiber, Washington
Harry L. Wexler, New York
Kendall A. Zimmerman, San Francisco

Committee on Research
Jacob E. Finsinger, Baltimore, Ch.
George T. Johnson, Rochester, N. Y.
Thomas M. French, Chicago
Edwin F. Gildea, St. Louis
Merton G. Klein, New Haven
Joseph Hughes, Philadelphia
I. Arthur Misky, Pittsburgh
Jurgen Ruesch, San Francisco
Alfred H. Stauton, Rockville

Committee on Social Issues
Nathan W. Ackerman, New York, Ch.
Catherine Babcock, Chicago
Vinia Bernard, New York
Sol Ginsburg, New York
Helen V. McLean, Chicago
Gerbino P. Fleita, Chicago
Edward Stainbrook, New Haven
Ruthsider B. Stevens, New York

Committee on Therapy
Sydney Margolin, New York, Ch.
Bernard Bader, Boston
Henery W. Boslin, Pittsburgh
M. M. Frolich, Ann Arbor
Maxwell Giltinan, Chicago
Theodore Lidor, New Haven
Alfred O. Ludwig, Boston

Inactive Members
Franz Alexander, Chicago
A. E. Bennett, Berkeley
Douglas Bond, Cleveland
E. J. Bond, Pittsfield
David A. Boyd, Rochester, Minn.
Walter Bromberg, Reno
Temple Burling, Ithaca
Joseph O. Chasell, Stockbridge
Hervey M. Cleckley, Augusta, Ga.
James M. Cunningham, Detroit
T. E. Dancey, Montreal, Canada
William H. Dunn, New York
Francis J. Gerty, Chicago
Alan Gero, New York
John H. Greist, Indianapolis
Roy R. Grinker, Chicago
Donald W. Hastings, Minnesota
Ives Hendrick, Boston
Edward J. Humphreys, Trenton
Gordon H. Hatton, Vancouver, B. C.
M. Ralph Kaufman, New York
Robert P. Knight, Stockbridge
Lawrence C. Kolb, Rochester, Minn.
Lawrence S. Kubie, New York
E. E. Landis, Louisville
Alexander H. Leighton, Ithaca
Maurice Levine, Cincinnati
Bertram Lewin, New York
Willbur R. Miller, Iowa City
Frank J. O'Brien, Brooklyn
Douglas W. Orr, Seattle
George N. Rains, Washington
Thomas A. C. Rennie, New York
John Romano, Rochester, H. Y.
W. Donald Ross, Cincinnati
Arthur H. Ruggles, Providence
Leon Saul, Philadelphia
Henry C. Schumacher, San Francisco
Francis H. Sleeper, Austin, Me.
Lauren H. Smith, Philadelphia
George H. Spooner, London, Ontario
Edward A. Strecke, Minneapolis
Emmy Sylvester, San Francisco
Frank F. Tallman, Sacramento
Charles W. Tidd, Beverly Hills

Jack R. Ewalt, Galveston
PRESIDENT
Malcolm J. Farrall, Weaverley
SECRETARY
July, 1951