REPORT ON HOMOSEXUALITY WITH PARTICULAR EMPHASIS ON THIS PROBLEM IN GOVERNMENTAL AGENCIES

Formulated by the
Committee on Cooperation with Governmental (Federal) Agencies of the Group for the Advancement of Psychiatry


CONTENTS

Objective
I. Introduction
II. History of Homosexuality
III. Definition
IV. Etiology of Homosexuality
V. Treatment of Homosexuality
VI. Homosexuality in Military and Other Federal Agencies
   A. Military
   B. Non-Military
VII. Summary
     Bibliography

OBJECTIVE

There is widespread concern and misunderstanding regarding the nature, cause, and meaning of homosexual behavior. It is our purpose, therefore, to define and describe homosexual behavior and homosexuality from a medical and social point of view in accordance with accepted scientific principles. It is hoped that the material thus presented will result in a more effective appraisal and management of the practical problems that homosexuality creates in society in general and in Governmental agencies, military and civilian, in particular.

PART I

INTRODUCTION

The incidence of homosexual behavior in America has never been accurately determined. Studies by social scientists suggest that homosexual activity of some kind, pre-adolescent, or adult, is far more prevalent than had generally been suspected. Kinsey (39) states that while 60 per cent of the males interviewed admitted some form of homosexual activity by the age of 45, some 37 per cent of the males past puberty had some homosexual experience ending in orgasm. There is evidence to indicate that segregation of individuals in groups of one sex tends to increase the incidence of homosexual behavior. In general, in western culture overt homosexual behavior in men is less well tolerated by society than it is in women.

Although some homosexual activity is not an unusual pattern of behavior in the developmental period of life, and although it is the expression of emotional disturbance when it occurs in the adult, society does not approve of or condone it, and often assumes a hostile and punitive attitude. The core of the problem is the need to comply with the mores of society while making it possible for the individual who has such a specific psychological problem or illness to receive proper medical care and to function with satisfaction to himself and to others.

PART II

HISTORY OF HOMOSEXUALITY

Available evidence indicates that homosexuality has appeared in many human cultures throughout the ages. Primitive groups today in widely separated parts of the world are known to approve some forms of overt homosexuality. In a recent review by Ford and Beach (19), forty-nine present day primitive cultures are listed which accept homosexuality in more or less restricted forms. Twenty-eight similar cultures condemn these practices, but it is far from certain that no homosexuality exists in these twenty-eight groups. Primitive peoples who accept homosexuality justify it on various grounds. Some incorporate these practices into their religion; a few use it to restrict population growth; and certain groups regard homosexuality as helpful in the proper development of young men.

Homosexuality can be traced in the culture of Western Civilization back to some of the earliest written records. The laws of Hammurabi, recorded during the 22nd Century, B.C. in Babylon, speak with some disfavor of such behavior. At about the same period, an Egyptian papyrus referred to homosexuality as being then so ancient that it was ascribed to the Gods, Horus and Set (13). As Symonds (55) has pointed out, by the time of the Golden Age of Greece, homosexuality had reached a level where it could be idealized by Socrates (469-399 B.C.) in a manner somewhat similar to that by which chivalrous love of a lady was held up as a goal by the troubadours of the Middle Ages in Europe. Although the Greek ideal of aesthetic homosexuality was actually no more attained on a wide
scale than were the ephemeral goals of medieval chivalry, overt male homosexuality, as practiced in classic Greece, contained much that seemed good to men of deep feeling. This "Greek love" in its "heroic" form did not attempt to simulate heterosexual relationships by fostering feminine traits in one partner. On the contrary, masculinity, as such, was the quality admired by each partner in the other. In this respect it reflected its probable origins in the camaraderie of the Dorian warriors who are thought to have brought such a concept of male love for male to Greece. Other warlike men (such as the Carthaginians, the Tartars, and the Celts) are known to have experienced such feelings toward their comrades in arms, and Lawrence of Arabia (42) has described the development of these relations in a military force of a modern Western power. The ancient Greeks were able to transfer such sexual experience from military into other areas of their society. In Sparta, the older man was called inspirer and the boy the Hearer who in turn sought to emulate the male virtues of his mentor. In athletics, the love of a man for man was centered about a concept of masculine beauty.

In all eras, however, there seem to have been many who regarded homosexuality as undesirable. In 338 B.C. Greek homosexuals (The Sacred Band) died to a man in resisting the invasion of Philip of Macedon. Philip, when he learned of their valor, seems to have been keenly aware of strong social disapproval of such men, for he said, "Perish any man who suspects that these men either did or suffered anything that was base." (49). Apuleius (34), a Roman satirist of the second century A.D. (who was clearly antagonistic to Christianity) referred vividly to a homosexual orgy as "disgusting" in the eyes of the pagan community. It is therefore inaccurate to ascribe our modern taboos against homosexuality chiefly to the influence of our Jewish and Christian religious tradition.

Through the Dark Ages, the Renaissance, and down to the modern age, homosexuality has continued to manifest itself, in various forms in spite of repeated efforts to suppress it. In 1102 an English writer said of sodomy, "... this sin has been so public that hardly anyone has blushed for it" (13). The Normans made sodomy "almost fashionable", and the Templars were known to indulge in this practice commonly. Medieval punishments for sodomy included castration and death by fire or hanging. As Havelock Ellis (13) has pointed out, medieval Christianity regarded homosexuality as a form of heresy and it remained an ecclesiastical offense for centuries. In England, temporal courts were not empowered to deal with sodomy until Henry VIII made the act a felony in 1533. Nevertheless, homosexuality continued to be widespread and perverted. In more modern times, evidence has appeared again and again that homosexuality flourishes, as it always has, though its place in the social structure remains as ill-defined as ever.

A general broadening of sexual prohibitions and restraints occurred at the time of the Reformation and reached a peak in the Victorian Era. The attitude of the medical profession reflected this cultural pattern and resulted in clouding of scientific concepts by prejudice, revulsion, and hostility. Today, however, homosexuality is more generally accepted as a medical as well as a social problem.

During the past fifty years, with the gradual lessening of the social restrictions concerning the discussion of sex and its manifestations, there has been accumulating a rapidly growing mass of information and opinion on all phases of human sexual activity, including homosexuality. Much of this information is incomplete, and many of the opinions are of questionable scientific validity. Psychiatric knowledge regarding the etiology and adaptive function of homosexual tendencies and behavior has increased as a result of studies and research. The attitudes of the general public and representatives in the various legislative bodies have rarely kept pace with this increase in knowledge.

PART III

DEFINITION

Homosexuality and homosexual behavior are not synonymous. The term homosexuality is ordinarily used to indicate persistent emotional and physical attraction to members of the same sex. As such, it is an abnormal personality development. Homosexual behavior, on the other hand, must be considered in the light of circumstances in which it occurs. Sexual play between individuals of the same sex is common in young children and so frequent during adolescence that it is considered a phase of sexual development -- a common detour on the road to sexual maturity. Homosexual behavior, even in adults, need not be a manifestation of homosexuality as it is defined above. For example, an individual who is isolated from members of the opposite sex over a long period of time, or is under the influence of alcohol, or one who is prompted by curiosity or by the desire for a "thrill", may participate in a single or isolated homosexual act which may never be repeated. Such an act without the element of persistence and preference should not be considered as homosexuality. When such homosexual behavior persists in an adult, it is then a symptom of a severe emotional disorder. It is extremely important, therefore, to distinguish between occasional homosexual behavior and homosexuality.

Remnants of homosexual impulses from childhood exist in everyone. The average individual is usually not conscious of these feelings and reacts with disgust or revulsion toward the thought of any such impulses in themselves or others. It is possible that in periods of prolonged or acute emotional stress, an individual, yearning for the comfort and protection that characterized his childhood, may experience an emergence of these childhood sexual wishes and may seek their gratification. Such wishes may vary from the desire to be physically close to actual genital contact. If such a reaction in an individual is a transient or isolated
one, it would be a serious mistake to consider such a person “a homosexual”. An individual should be considered “a homosexual” only when sexual activity with the same sex is repeatedly or exclusively preferred after adolescence.

There are gradations in sexuality from dominant heterosexuality to dominant homosexuality. Some individuals engage in both heterosexuality and homosexuality actively. Many such people are married and as parents may make an apparent success of marriage; the spouse may be totally unaware of the homosexual problem. There may be intervals of months or years between homosexual contacts, with heterosexual life in the interim. Homosexual behavior may occur for a period of a few months or years and then be abandoned, never to be resumed.

Many homosexuals live out their lives without coming into conflict with the law. Some find outlets for their sexual drives in non-sexual, socially acceptable, and constructive ways. Others live their homosexual existence quietly and unobtrusively attached to one person for a protracted period. The aggressive homosexuals who solicit sexual experiences, while more familiar to society, may be only a small proportion of the total homosexual population.

The diagnosis of homosexuality is relatively simple in the case of individuals who recognize and admit their abnormality, and are able to describe their symptoms and the development of their difficulty. There are, however, persons who, while recognizing their abnormality, deny its existence because of shame, fear of ostracism and punishment. A person furthermore may be emotionally and physically attracted to his own sex but never give any expression to these tendencies by any overt sexual act or general behavior. Since there is no test, either biological or psychological, which is specific for identifying overt homosexuals, diagnosis can be extremely difficult unless it is admitted or evidence of such behavior is incontrovertible. Mannerisms and characteristics resembling those of the opposite sex do not in themselves warrant a diagnosis of homosexuality.

Perversion and homosexuality are not synonymous terms. Perversion is a general term which includes any clear deviation from usual sexual behavior, be it homosexual or heterosexual. Homosexuality is therefore a form of sexual perversion.

The vast majority of these individuals do not know why they are homosexual. This is just as true of the so-called confirmed overt homosexual who makes no attempt to conceal his perversion as it is of the one who is ashamed of it and attempts to conceal it. In both instances it represents an abnormality in psychological development which is a result of factors which are often outside the awareness of the person. It is a substitute for heterosexuality which in the individual’s unconscious seems more dangerous or impossible to attain and therefore must be avoided. Through unrealistic thinking, homosexuality appears to be the lesser of two evils.

PART IV

ETIOLOGY OF HOMOSEXUALITY

Overt sexual activity between members of the same sex is a “natural” form of behavior in the sense that it occurs in many species of animals. Insofar as can be determined, no vertebrate species has ever been studied fully without some evidence of homosexual behavior being found.

Among animals, absence of members of the opposite sex often seems to contribute to the use of members of the same sex as substitutes. Observers have often noted reversal of the normal sexual role in many animals such as horses, cattle, and pigs. Beach (19) has reported that some young male monkeys will present themselves in a female fashion to older, stronger males, apparently to obtain “social advantages such as easier access to food.” Female animals appear to have no objection to being mounted by other females in contrast to the fact that some males do object to this form of behavior (13, 19). Such evidence tends to refute the claim sometimes made by homosexuals that homosexuality is a sign of cultural advance analogous to other developments such as the wearing of clothes or the creation of artistic masterpieces.

Although there is evidence of a biological precedent for homosexual behavior in man, it is still necessary to explain the persistence of homosexual behavior and homosexuality in certain individuals in a society which strongly disapproves of this type of behavior. This persistence is explained by some on the basis of hormonal or endocrine factors, but the evidence thus far obtained does not support this contention in most instances.

It has been repeatedly demonstrated that sexual attitudes are formed at an early age before the child acquires definite factual knowledge about sex (51). A disposition to normal sexual development exists before the appearance of deviant behavior, thus the perversion represents an arrest in the psychosexual development of an individual as a result of imagined fears and irrational feelings usually in relationship to his mother and father. As the understanding of the various psychological causal factors of homosexuality has increased, it appears more and more evident that the homosexual is an emotionally immature individual who has not acquired a normal capacity to develop satisfying heterosexual relationships, which will eventually in marriage and parenthood. For an elaboration of the many factors involved in the arrest in development leading to homosexuality, the attention of the reader is called to the following references: 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 33, and 51.

Overt homosexuality stated simply may be an expression of fear of the opposite sex, of inability to accept adult responsibility, and an attempt to deal with competitive attitudes towards members of the same sex. It should be emphasized that resolutions and attempts to give up homosexuality so often fail because of the great force of these fears which under-
lie and perpetuate it, even though the individual may have no conscious awareness of the fears as such.

PART V

TREATMENT OF HOMOSEXUALITY

Like the individual with a physical illness, the homosexual should be encouraged to seek treatment, and a therapeutic attitude should be maintained even when such individuals are segregated by society. Numerous types of treatment have been advocated. Some appear to have merit, others are of questionable value, while still others are useless and even harmful. To make a practical approach to the treatment of homosexuality, each patient must be carefully studied for an evaluation of his type of difficulty, the genetic and dynamic factors involved, and the likelihood of response to therapy.

It is well known that many people, including physicians, react in an exaggerated way to sexual deviations and particularly to homosexuality with disgust, anger, and hostility. Such feelings often arise from the individual's own conflict centering about his unconscious homosexual impulses. These attitudes may interfere with an intelligent and objective handling of the problem.

The homosexual who has no apparent anxiety and who admits no concern about his problem will be thoroughly resistant to treatment, and the threat of punitive measures will not render him amenable to treatment. With the use of a psychotherapeutic approach some homosexuals can benefit from treatment. This is particularly true of those individuals who demonstrate anxiety associated with their problem and are sincere in their desire for therapy.

Various types of shock therapy and psychosurgical procedures have been used without producing adequate evidence of their effectiveness as a cure for homosexuality (7, 8). Endocrine therapy is frequently recommended, but as a general method of treatment for homosexuality, it is not effective. In those infrequent patients, however, where actual evidence of significant hormonal deficiency can be demonstrated, the use of endocrine substances may be of some value, but only as an adjunct to psychotherapy.

Psychotherapy, particularly psychoanalysis, offers the greatest probability of benefit. There is little valid evidence that treatment other than psychotherapy is effective. Because of the primary importance of the psychological factors in homosexuality and the already established behavioral pattern, the effectiveness of treatment will depend to a large extent on the patient's desire (motivation) to modify his behavior, his willingness to enter into intensive treatment, as well as on the skill of the therapist. Although the treatment of the homosexual is difficult and the prognosis is guarded, it should be stated that treatment can be of value and that the opportunity for proper treatment should be made available for those individuals with adequate motivation. There is a common misconception that homosexuality cannot be successfully treated.

Awareness of this fact that some homosexuals can be successfully treated should lead to a revision of some present-day methods of handling this problem. It should also be emphasized that there is need for more public education and understanding of those individuals who are involved in isolated homosexual behavior but who are not homosexual as defined in this report.

PART VI

HOMOSEXUALITY IN MILITARY AND OTHER FEDERAL AGENCIES

A. Military

Many homosexuals enter the military services, a large number of whom go unrecognized, and some serve with distinction.

According to existing regulations any military person who has valid reasons to suspect another service person of being a homosexual, or who has knowledge of service personnel engaging in a homosexual act, is required to bring the fact to the attention of command. The command must then follow certain existing policies and directives, which, in general, require the separation from the military service of those individuals who have strong tendencies for, or have engaged in, homosexual acts (1, 3). When the individual's homosexual act is accompanied by assault or coercion as characterized by an act in or to which the other person involved did not willingly cooperate or consent, trial by General Court Martial is mandatory. In those cases wherein personnel have engaged in one or more homosexual acts or where evidence supports proposal of, or an attempt to perform an act of homosexuality, and which did not fall into the category above, disposition is accomplished by administrative separation under conditions other than honorable, unless the individual resists separation from the service under such conditions, in which case he will be recommended for trial by Court Martial (4). An officer whose disposition is to be accomplished by administrative separation, is required to submit a statement to the effect that he is tendering his resignation for the good of the service and thus may escape trial by General Court Martial. If his resignation is accepted, it will be under conditions other than honorable. An enlisted man whose disposition is accomplished by administrative separation, is required to submit a signed statement to the effect that he accepts an undesirable discharge for the good of the service and thus may escape trial by General Court Martial. This separation will be effected by conditions other than honorable.

Personnel who exhibit, profess, or admit homosexual tendencies and wherein there are no specific provable acts or offenses, or Court Martial jurisdiction does not exist, shall be carefully evaluated individually with a view toward prompt administrative separation
or retention on duty. The type of disposition to be given by the department will take into consideration all attendant facts and circumstances. It is extremely important that every attempt be made to distinguish between personnel who are homosexual and those who profess such tendencies solely for the purpose of avoiding military service. All individuals who profess to be homosexual are advised to set forth such tendencies in writing or, if they do not desire to submit such a statement, to set forth that fact in writing. Examination of all such individuals is required and written evaluation must be submitted by a psychiatrist, or in his absence, by another medical officer. Final decision regarding disposition of such cases shall be made at Department level and depends upon all attendant circumstances, with special emphasis on the apparent motivation and candor of the individual, and upon the character of his previous military service. Regulations provide for disposition through medical channels in those instances when homosexual behavior is a symptom of mental illness such as a psychosis.

In any governmental agency the implementation of established policies and directives pertaining to homosexuality may lead to undesirable complications. For example, in an endeavor to eliminate homosexuals from the service, innocent individuals may become involved; overzealous investigators may resort to "witch hunting": seventeen- and eighteen-year-olds who have engaged in isolated homosexual acts out of curiosity may not be distinguished from homosexuals.

B. Non-Military

This GAP Committee, in an attempt to learn the effect of the presence of homosexuals in Governmental agencies other than the military services, made an extensive survey of the literature and interviewed many individuals in positions of authority directly interested in this question. From this survey the most comprehensive source of information is that of the Senate Investigations Sub-Committee on Expenditures in the Departments, which was directed under the authority of Senate Resolutions 280 (81st Congress, adopted June 7, 1950), "to make an investigation into the employment by the Government of homosexuals and other sexual perverts. This resolution was the result of preliminary inquiries made earlier that year by a Sub-Committee of the Senate District of Columbia Sub-Committee."

Such an investigation, on a Government-wide scale, of homosexuality and other sexual perversions was unprecedented. The material to follow is taken from that report except where otherwise indicated.

In the opinion of the Sub-Committee, "homosexuals are not proper persons to be employed in the Government for two main reasons: first, they are in general unacceptable, and second, they constitute security risks". The Committee expounds on these two reasons as follows: "Overt acts of sex perversion, such as homosexuality, constitute a crime under our Federal, State, and Municipal statutes, and persons who commit such acts are law violators. Aside from the illegality and immorality involved in sex perversions, such behavior is so contrary to accepted standards that persons who engage in such activity are commonly looked upon as outcasts by society." The investigating committee felt that the presence of homosexuals in a Government Agency tends to have a "corrosive" influence upon their fellow employees. In their opinion the homosexual is likely to seek his own kind because the pressures of society are such that he feels uncomfortable in a heterosexual social setting; they contend, therefore, that if a homosexual obtains a position in Government where he can influence the hiring of personnel, it is almost inevitable that he will attempt to place other homosexuals in Government jobs.

The Sub-Committee came to the conclusion that a homosexual is a security risk. This conclusion was based upon a review of the opinion of the intelligence agencies of the Government - FBI, CIA, and Intelligence Agencies of the Army, Navy, and Air Force. These agencies were in complete agreement that sexual perverts in Government service constituted unnecessary security risks because "the lack of emotional stability, which is found in most homosexuals, and the weakness of their moral fibre make them susceptible to the blandishments of foreign espionage agents." Some intelligence experts report that homosexuals are unusually vulnerable to breakdown under interrogation by the skilled questioner. This Committee, however, is not aware of any such material from a scientific study of this problem.

It is not possible to determine accurately the number of homosexuals in Government service, nor in the general population. Until relatively recently the armed services were the only Government agencies who traditionally and aggressively ferreted out and removed homosexuals from their ranks. Their statistical records are fairly complete.

An examination of the statistical data gathered from the Armed Services and civilian agencies of the Government indicates that from January 1, 1947, to October 31, 1950, 4,954 cases involving a charge of homosexuality or other types of sex perversion had been handled in these agencies. The bulk of these (4,380) were in the Armed Services, while only 574 were in civilian service.

In April, 1950, as a result of the preliminary studies by the Senate Appropriation Sub-Committee, the presence of sexual perverts in Government was given widespread publicity. Shortly after that time records of persons arrested on charges of sexual perversion were made available to the various Government agencies. Following this there was a marked increase in the number of cases handled by Government Departments.

Under present procedures applicants for Government positions are screened by the Civil Service Commission soon after their appointment. If the applicant has a police record of homosexual behavior or sexual perversion, further investigation is conducted to determine the complete facts.
The Senate Sub-Committee submitted the following recommendations: "1) All reasonable complaints of sex perversion should be thoroughly investigated by qualified investigators. Those agencies without trained investigative staffs should request the Civil Service Commission to institute the necessary investigation. 2) The present rules and procedures of the Civil Service Commission, concerning the employment and discharge of sex perverts should be enforced and carried out by all agencies of the Government. 3) Consideration should be given to the establishment of a Board of Review outside of the employing agency so that all persons who are ordered dismissed on charges of sex perversion may appeal the findings of the employment agency."

The material from the Sub-Committee report has been included to indicate present-day attitudes in the Government toward homosexuality and homosexual behavior. Responsible representatives of both Government and civilian investigating agencies have personally reported to members of this GAP Committee that homosexuals have been found by them to constitute serious security risks. Nevertheless, because there is a tendency to equate homosexuality and homosexual behavior and because of the wide range of sexual deviation, it should be emphasized that inflexible application of the rules now in effect in most Government agencies, including the Armed Services, in many instances results in injustice. Investigations are prone to turn into "witch hunts" which may involve individuals who have innocently associated with homosexual persons.

PART VII

SUMMARY

1. Evidence of homosexuality and homosexual behavior have been recorded in the history of mankind since earliest times, with varying degrees of social condemnation.

2. Homosexuality is a sexual pattern in which there is an erotic interest in one's own sex, replacing a greater or lesser degree of heterosexual interest and behavior. An individual should be considered to be a homosexual, who after adolescence repeatedly or exclusively prefers sexual activity with the same sex.

3. The diagnosis of homosexuality can be made only after total evaluation of the situation in each individual case. The psychiatrist, in his capacity as a medical expert, can be of help in the evaluation of the individual involved, as in all types of socially deviant behavior.

4. It is generally believed that homosexuality is psychological in origin, and that there is no valid evidence that homosexuality is inherited. Homosexuality is an arrest at, or a regression to, an immature level of psychosexual development.

5. While the treatment of homosexuality is difficult and time-consuming, success has been reported. Psychotherapy offers the best chance of success, particularly in the turbulent transition period from adolescence to maturity wherein sexual goals have not been finally established.

6. In the governmental setting as well as in civilian life, homosexuals have functioned with distinction, and without disruption of morale or efficiency. Problems of social maladaptive behavior, such as homosexuality, therefore need to be examined on an individual basis, considering the place and circumstances, rather than from inflexible rules.

BIBLIOGRAPHY

3. Army Regulation 600-443.


42. Lawrence, T. E., Seven Pillars of Wisdom, New York, 1935.


50. Personal information based on reviews of records of homosexuals processed through the Office of the Surgeon General - General Rawley Chambers.


54. Sex Hygiene for Women Officers and Women Officer Candidates of the Armed Forces, Department of the Army, the Navy, and the Air Force, November, 1950.


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 health and human relations. 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 one of GAP's working principles. The group has worked closely with such other specialists as anthropologists, biologists, economists, psychologists, sociologists, social workers, and experts in mass communication, philosophy, and semantics.

Since the formation of GAP in 1946 its members have forecasted closely with such other specialists as anthropologists, biologists, economists, 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 test new ones;
3. To apply the knowledge thus obtained for the promotion of mental health and good human relations.

COMMITTEES

Committee on Child Psychiatry
Olinda Kug, Cincinnati, Ohio
Frederick H. Allen, Philadelphia
George E. Garber, Boston
J. H. Cotter, New Haven,
Milton Kirkpatrick, Kansas City, Mo.
William L. Langford, New York
J. Franklin Robinson, Wilkes-Barre, Pa.
John W. Mock, Philadelphia
Mabel Ross, New York
Evelyn R. Rod, Boston
E. E. Welsch, New York

Committee on the College Student
Leo Berman, Chestnut Hill, Mass., M.A.
Harriett Eddy, New York
Diana S. Buc, Cambridge
Herbert J. Harris, Cambridge
Edward J. Horr, New York
William Peltz, Philadelphia
Beatrice Cooper, Newark, N. J.
William M. Shamah, Denver
Helen Smethe, Philadelphia
Harry Wagenheim, New Haven
Bryant M. Wedge, New Haven

Committee on Cooperation with Governmental (Federal) Agencies
Raymond W. Waggoner, Ann Arbor, Mich.
Carlo C. Alden, Jr., Alexandria, Va.
David H. Bailey, New York
Norman Q. Brill, Los Angeles
John M. Caldwell, Jr., San Francisco
Elmer C. Caveny, Washington
Rawley E. Chambers, Washington
Colin S. Drayer, Philadelphia
Edward O. Harper, Cleveland
Thomas Williams, Oakland, Calif.
Edward Kollar, Washington

Committee on the Family
Seymour Berman, Washington
Wilfred Bloom, Boston
Carl H. Stevenson, New York
Jack Wenberg, Chicago

Committee on Hospitals
Walter H. Baer, Peoria, Ill.
Kenneth A. Appel, Philadelphia
Alfred B. Pye, Topeka
Robert E. Bennett, Trenton
Daniel Blain, Washington
John E. Davis, Jr., Philadelphia
Robert J. Draper, Princeton, N. J.
Paul Haun, Winston-Salem
George W. Jackson, Topeka
Zigmond M. Levenson, Washington
D. G. McKerracher, Detroit, Mich.
Harvey J. Tompkins, Washington
Gale H. Walker, Palo, Fa.

Committee on International Relations
Bernard Schaffner, New York, N. Y.
Boyden Ashby, Havre, Mont.
Frank D. St. John, New York
Florence Fogden, New York
Brandt F. Steel, Philadelphia
Morton B. Town, Washington

Committee on Medical Education
Maurice H. Greenhill, Baltimore, Md.
Charles H. Kaplan, Salt Lake City
Jerome Frank, Baltimore
George H. Camp, Chapel Hill
Walter W. Hamburgo, Rochester, N. Y.
Robert G. Heath, Binghamton
Henry D. Ledder, Cincinnati
Herbert C. Modlin, Topeka
Russell Monroe, New Orleans
George Sassow, St. Louis

Committee on Preventive Psychiatry
Irwin B. MSom, Detroit, Mich.
Jerald Caplan, Boston
Joel C. Fleck, New Haven
James S. Cutler, Miami
Ernest M. Greenberg, Syracuse
Roger W. Hall, Chapel Hill
Eric Lindemann, Boston
Buddington, Chicago
Lloyd J. Thompson, Winston-Salem
Warren T. Vaughan, Jr., Westmin.

Committee on Psychiatric Nursing
Elvin V. Semrad, Boston, Mass.
Helen R. Collins, New Haven
Bernard H. Hall, Topeka
Jay L. Horsley, Washington
Fred P. Robbins, Chicago
David A. Young, Raleigh

Committee on Psychiatric Social Work
Irene Josselyn, Chicago, Ill.
Anne Benjamin, Chicago, Co-Chr.
C. Kenneth A. McLaughlin, Minneapolis
Edward C. Frank, Louisville, Ky.
Maxine Kuehler, New York
Hyman Lippman, St. Paul
Peter N. Neubauer, New York
Robert L. St. John, Topeka

Committee on Psychiatry in Industry
Walter D. Woodward, New York, N. Y.
Matthew Brody, Brooklyn
Ralph T. Collins, Rochester, N. Y.
Frederick R. Housson, New York
Leonard G. Houston, Ann Arbor
Alvan McLean, Lexington, Ky.
Graham T. Taylor, Oakmont, Pa.
Louis E. Johnson, Los Angeles

Committee on Psychiatry and Law
Lawrence Z Freedman, New Haven, Conn.
Edward Auer, Philadelphia
Frank G. Atwood, Chicago
Bernard H. Hebb, Chicago
Leonard B. Goldstein, Baltimore
Philip O. Roche, Philadelphia

Committee on Psychopathology
James G. Miller, Chicago, Ill.
Daniel W. Radal, Cleveland
Eugene Brody, New Haven
Norman Cameron, New Haven
Paul Houston, Iowa City
William Lhamon, Philadelphia

Committee on Public Education
John P. Lamb, Kalamazoo, N. Y.
Leo H. Bartemee, Baltimore
Jack Ewalt, Boston
Alan Gregg, Sci. Calif.
Paul Lemkau, Baltimore
Sidney Margolin, New York
Peter J. Martin, Detroit
William C. Menninger, Topeka
Robert T. Morse, Washington
John J. Schlep, Topeka
Kent A. Zimmerman, Berkeley, Calif.

Committee on Research
Alfred H. Stauton, Boston, Mass.
Jacob E. Finberg, Baltimore
Thomas M. Flynn, Chicago
Edwin F. Gildes, St. Louis
Lucie Jessup, Boston
Ralph Nofman, Boston
Eleanor Pan, Pittsburgh
Morton F. Reiser, Washington
Richard E. Rennecker, Chicago
James S. Yehle, Montreal

Committee on Social Issues
Viola W. Bernard, New York, N. Y.
Ruth W. Acker, New York
Charlotte Babcock, Pittsburgh
Mabel B. Cohen, Chicago
Sol W. Ginsburg, New York
Joel S. Heidt, Chicago
H. J. Holf, New Orleans
Helen V. McLean, Chicago
Joseph J. Michael, Beloit, Wis.
Angel N. Miranda, New York
Edward Slavinsky, Brooklyn
Rutherford B. Stevens, New York

Committee on Therapy
Bernard Bundler, Boston, Mass.
Henry W. Brod, Denver
Hugh T. Carmichael, Chicago
O. Spurgeon Earle, Philadelphia
M. M. Frohlich, Ann Arbor
Alfred D. Ludwik, Boston
Lewis L. Robbins, Topeka
Milton Rosenbaurn, Cincinnati

Committee on Finance
Frank J. Curran, Charlottesville, Va.
Lee H. Bartemee, Baltimore
Viola Bernard, Baltimore
Wilfred Bloom, Boston
Malcolm J. Farrell, Waverley
Manfred S. Guttmacher, Baltimore
Helen V. McLean, Chicago
John F. Spiegel, Cambridge

Contributing Members
Spafford Ackley, Louisville
Franz Alexander, Chicago
Grace Baker, Chicago
A. E. Bennett, Berkeley
Edward G. Billings, Denver
Carl Binger, New York
Walter Bromberg, Sacramento
Dale Cameron, St. Paul
Jules V. Coleman, New Haven
Franklin G. Daugh, Denver
Clement E. Cry, New Haven
Herbert S. Darrow, Wyoming
Maxwell Gimbol, Chicago
John H. Great, Indianapolis
J. D. M. Griffin, Toledo
Roy F. Grunke, Chicago
Joseph Hughes, Philadelphia
Lawrence S. Kibbe, New York
Alexander H. Leighton, Rhaea
Maurice Levine, Cincinnati
David J. Levy, New York
Mack Lepkin, New York
LeRoy Mase, Philadelphia
William Malamion, Topeka
Karl Menninger, Topeka
John A. M. Millot, New York
John A. P. Morris, Dallas
John M. Murray, Boston
Douglas W. Orr, Seattle
Gerhard J. Piers, Chicago
Norman Reider, San Francisco
W. Donald Ross, Cincinnati
Leon J. Saul, Medin, Fa.
Francis R. Sleeper, Augusta
Harry C. Solomon, Boston
Edward A. Streecker, Philadelphia
Emery Styer, Batton, N. Y.
M. A. Tamulane, Farnhurst
Charles W. Trefi, Beverly, Calif.
Adrian H. Van Veen, Chicago
David G. Wright, Providence

Walter F. Bartou, Boston

January, 1955